

Name:

Off-Campus Location:

Semester:

Period Preference:

Course to Drop:

Date Approved: \_\_\_\_\_\_\_ (Coordinator will complete)

**Application Check List**

The following items must be completed and submitted before students can be registered and start an internship.

1.\_\_\_\_\_\_\_ Internship Application – Application must be completely filled out to be considered for review.

2.\_\_\_\_\_\_\_ Internship Agreement – Must be signed by student, parent, and business sponsor.

3.\_\_\_\_\_\_\_ Teacher Recommendations – Must submit 2 teacher recommendations.

**Internship Overview**

An internship is an experience in which a high school student learns by taking on a responsible role as a worker in a company or organization and then reflects on what happened while in the workplace. The Internship Program is a supplement to formal classroom instruction. The intent is to significantly add to the vitality of the student’s instructional program. Internships are completed by juniors or seniors and students must complete at least 135 hours. Students will earn a credit (1) for the internship. Students may earn up to a maximum of (2) internship credits with (2) different internship locations. Honors credit is available.

**Internship Requirements:**

**Pre-Internship**

* Consider transportation, scheduling, counselor approval, expectations, and possible placements
* All internships will be off campus
* **Complete items 1 – 3 above with all signatures** and return to Mrs. Beaster in the media center.
* Internships are a CTE class and correspond with the school calendar. Interested students should work with the Internship Coordinator and their Counselor to begin the application process at least one semester before they are interested in interning. Credit and grades are assigned after the student completes all requirements and submits all work to the Internship Coordinator. Hours can be earned over the summer prior to the school year. Credit is awarded only if the Internship Coordinator is available to oversee this experience.

**During the Internship**

* Complete all intern paperwork with supervisor signatures
* Track and complete a minimum of 135 contact hours
* Complete two (2) of the four (4) enhanced internship lessons (for honors credit)
* Complete 10 journal entries with weekly hours worked
* Maintain communication with your Internship Coordinator by attending scheduled meetings
* Internship Coordinator will complete site visits

**Post-Internship**

* Complete electronic summary of experience

(PowerPoint presentation, Prezi, Animoto, Video or other presentation mechanism as appropriate)

* Participate in final presentation
* Complete student evaluation & composite time sheet
* Turn in completed final evaluation from business supervisor
* Complete thank you card
* Internship Coordinator will award final credit

**Contact: Mrs. Beaster, Internship Coordinator,** [**dbeaster@wcpss.net**](mailto:dbeaster@wcpss.net)**, 919-570-5600 Ext. 20654**

**INTERNSHIP APPLICATION**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_ Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/ Guardian(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Work Phone: \_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/ Guardian(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Work Phone: \_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Briefly describe how this internship is related to your career goals. Be very specific. This is required!**

Career Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly explain your plans after high school graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any CTE or other courses you have taken or are currently taking related to the Internship and your career goals:

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Briefly describe any paid or unpaid work experience you may have had:

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Describe any industry tours, visits, or job shadowing experiences you have had and your thoughts on those experiences:

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I hereby certify that the information on this application is true and accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date Parent Signature Date

**INTERNSHIP AGREEMENT**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Student Intern agrees to:

1. Undertake activities that provide a comprehensive view of the organization and that focuses on the roles, responsibilities, and functions of the Business Sponsor.
2. Consult with the Career Development Coordinator on a regular basis.
3. Be regular in attendance and on time to assigned Internship.
4. Notify Career Development Coordinator and Business Sponsor should accident or illness occur.
5. Conform to the regulations of the sponsor organization (dress, conduct, etc.)
6. Understand that dropping the Internship will result in a failing grade.
7. Understand the Career Development Coordinator and the Business Sponsor must give permission to terminate the Internship.
8. Complete Journals, Portfolio, and other assignments and submit them as required at the designated time.
9. Keep a notebook (portfolio) of all forms, correspondence, journals, time sheets, etc. for the Internship.
10. Abide by any regulations, practices, and procedures of the Wake County Public School System and the Internship Program at Heritage High School.
11. Provide the Career Development Coordinator with a copy of the Internship schedule.

The Career Development Coordinator agrees to:

1. Monitor student performance during the Internship.
2. Read and evaluate student assignments including the Journals, presentation, and portfolio.
3. Maintain regular contact with the student intern and advise on appropriate behavior, performance standards, and academic information.
4. Maintain a file on each student’s performance.

The Parent agrees to:

1. Provide transportation for the student to and from the internship location.
2. Encourage the student to complete all requirements of the Internship program.
3. Provide automobile, health and accident insurance for the student.
4. Report any concerns regarding the internship to the Career Development Coordinator.

The Business Sponsor agrees to:

1. Provide a challenging learning situation for the student intern.
2. Assist the student intern with gathering knowledge about the internship site.
3. Assign a mentor/supervisor to work with the student intern and evaluate all work products.
4. Confer with the student intern to provide feedback on strengths and areas to be improved.
5. Keep a record of student intern’s hours.
6. Notify the Career Development Coordinator if the student intern is not attending the internship promptly and regularly.

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| --- | --- | --- |
| Business Sponsor | Parent | Student |
| Signature: | Signature: | Signature: |
| Date: | Date: | Date: |

Teacher Recommendation Form

This recommendation is being completed for a student who is applying to participate in the internship program. Each applicant must have two teacher recommendation forms completed and signed. Please rate the student honestly on the characteristics below and return this to Dawn Beaster, Internship Coordinator. Thank you!

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name:** | | | | |
| **Teacher Name:** | | | | |
| **Please rate this student honestly on the characteristics below.** | | | | |
|  | **Excellent** | **Above Average** | **Average** | **Needs Improvement** |
| **Attendance/Punctuality** |  |  |  |  |
| **Cooperation/Teamwork** |  |  |  |  |
| **Follows Direction** |  |  |  |  |
| **Solves Problems** |  |  |  |  |
| **Takes Initiative** |  |  |  |  |
| **Responds to Suggestions** |  |  |  |  |
| **Works well with or without supervision** |  |  |  |  |
| **Completes Assignments and tasks on time** |  |  |  |  |
| **Treats others with Respect** |  |  |  |  |
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| **Student Strengths:** | | | | |
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| **Student Areas for Improvement:** | | | | |
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| **Other Comments:** | | | | |
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Teacher Recommendation Form

This recommendation is being completed for a student who is applying to participate in the internship program. Each applicant must have two teacher recommendation forms completed and signed. Please rate the student honestly on the characteristics below and return this to Dawn Beaster, Internship Coordinator. Thank you!

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name:** | | | | |
| **Teacher Name:** | | | | |
| **Please rate this student honestly on the characteristics below.** | | | | |
|  | **Excellent** | **Above Average** | **Average** | **Needs Improvement** |
| **Attendance/Punctuality** |  |  |  |  |
| **Cooperation/Teamwork** |  |  |  |  |
| **Follows Direction** |  |  |  |  |
| **Solves Problems** |  |  |  |  |
| **Takes Initiative** |  |  |  |  |
| **Responds to Suggestions** |  |  |  |  |
| **Works well with or without supervision** |  |  |  |  |
| **Completes Assignments and tasks on time** |  |  |  |  |
| **Treats others with Respect** |  |  |  |  |
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| **Student Strengths:** | | | | |
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| **Student Areas for Improvement:** | | | | |
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| **Other Comments:** | | | | |
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