

Woodsville High School Internship Program for High School Elective Credit

Credit Objectives - The 21st Century Educational Commitment to all individuals in high school includes the promise that all students will graduate from High School College and Career Ready. Regardless of the direction a student chooses, they must make their own decisions and an educational plan must be in place to meet the goals and provide a learning structure. The Woodsville High School Internship Program allows students with paid jobs and/or unpaid internships to prepare for the world of work AND earn high school elective credit. New Hampshire's commitment to "extended learning opportunities" encourages students to take advantage of the learning experiences outside of the classroom. The program also provides opportunities for students to demonstrate college and career readiness skills.

Program Requirements Checklist:

Parent Approval/signature _____
Student Program Acknowledgment Agreement /signature _____
Resume _____
Goals and Objectives _____
Other Required paperwork by hosting organization _____
Internship/Work-Study Business Partner Approval/signature _____
Guidance Counselor Approval/signature _____
Department of Labor Pre-Screening Approval _____
Principal Approval/signature _____

Hourly Requirements for Elective Credit:

30 hours = 1/4 credit 60 hours = 1/2 credit 120 hours = 1 credit

Hourly Verification: Students must use the provided hourly log-in sheet initialed by the business or agency partner daily and signed by both student and business supervisor at the bottom of the form when submitting to certify the total number of hours worked/logged. Hours must be verified during the last week of each of the four quarterly grading periods. Students seeking an extension should contact their guidance counselor. Students may earn up to 3 credits with this program.

Grading Criteria and Record Keeping: Evaluation of student performance for grading purposes will be conducted with the "Career Skills Evaluation" that is included in this packet, as well as an evaluation of individual learning goals set forth in the student's internship plan. These forms are to be filled out by the student's direct supervisor, and turned into the Guidance Office prior to the close of grades for each term. Grades will be listed as "P" for a passing grade and credit earned, otherwise an "F" will be listed with no credit assigned. Students who earn a failing grade must reapply for the internship for proceeding terms.

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Parent Approval

This form is the first step in securing approval for your son or daughter to participate in the Woodsville High School Internship Program. Participating students must agree to the provisions, procedures and requirements of the program, and secure approval from a business or agency partner, parent(s), guidance counselor and principal. Students can participate as a volunteer in an Internship Program or as a paid employee. Students must keep a record of their hours and complete all paperwork in compliance with the program. Students, who participate, do so by their own choice, accept full responsibility for their transportation, safety and any cost for participation upon leaving school property. Students may have a modified class schedule allowing him/her to arrive late or leave school early. All internship students must be enrolled in a minimum of two classes in addition to the internship. Students enrolled in the internship program are subject to all rules and conditions as listed in the WHS Student Handbook, the NH Department of Labor, and rules and conditions required by the employer.

I have reviewed the information packet and I approve participation in the internship program at Woodsville High School for all or part of the 2016-17 school year.

Student's name _____ Grade _____ Date _____

Parent signature

Parent Phone(s)

Student Agreement I acknowledge that I have reviewed the information packet, discussed the program in detail with my parents, and I agree to all provisions, procedures and requirements. I agree to be completely honest to the best of my knowledge when submitting all documentation, I understand that all WHS rules and procedures apply to my participation, and I agree to complete all program requirements. Failure to abide by the signed agreement may result in my removal from the program, and/or loss of credit.

Student signature _____ Phone _____

Business or Agency Partnership Signature of Approval (Paperwork included)

Business or Agency Partner Signature _____ Phone _____

Business or Agency Name

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Guidance and Administrative Approval

Guidance Counselor _____ Date _____

Principal _____ Date _____

Dear Business Person or Agency Leader,

Preparing high school students for their future is a big responsibility and requires schools and our good businesses or agencies work closely together to help ensure the success of our future workforce. I am writing this letter to you to confirm your willingness to have a Franklin High School student participate in an Internship for part or all of the school year. The internship program allows our high school students to earn high school credit for being an Intern as a volunteer or to participate with their current employment. The student presenting this letter to you would like to secure your approval to participate in the program.

Because this is a school supported program and the student can receive high school credit(s), we have the chance to work together to ensure that our student develops effective and efficient workplace habits while working for your fine organization. In this packet you will find "Pre-Screening Form" that is to be submitted to the NH Department of Labor for approval prior to beginning this process with the student. You will also find a quarterly "Career Skills Evaluation" that helps set the expectations for our student when they volunteer or work for your organization. We ask that you carefully review the Careers Skills Evaluation and if you're comfortable in helping us to evaluate the student's workplace practices, please sign and allow the student to return the form to our office. Please know that at the end of each grading term we ask you to complete an evaluation of our student using the Career Skills Evaluation Form and a written evaluation of any learning goals set forth in the internship plan.

Thank you for your kind consideration and we look forward to working with you over the next few months if you are willing and comfortable in serving as a partner in our Internship program. Please don't hesitate to call me if you have any questions or concerns.

Sincerely,

Eric Chase
Principal
echase@sau23.org

Scott Nichols
Internship Coordinator
snichols@sau23.org

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
PO BOX 2076
CONCORD, NH 03302-2076
FAX (603) 271-2668

School _____

School Coordinator _____

Telephone _____

FAX _____

APPLICATION FOR PRE-SCREENING OF SCHOOL TO WORK BUSINESS PARTNER

The Department of Labor will review this request and notify the school district of the status of the application when the review is complete. If an application is rejected, the notice will include the reason for rejection. The organization's compliance with regulated safety requirements, loss history and labor violations will be considered. If the business named has any questions or concerns, they should contact Department of Labor at (603) 271-3176.

Business Name: _____

Federal I.D. Number: _____

Address: _____ City/Town: _____
_____, NH Zip code: _____

Number of Employees: _____

Contact Name: _____ Telephone #: _____

DOL AUTHORIZATION: ____ Yes ____ No

Reason for rejection: _____

DOL authorized signature _____ Date: _____

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Career Skills Evaluation

Student _____

School Year & Term _____

Supervisor _____ Phone _____

This form is to be completed by the student's direct supervisor and is due back by:

Evaluation Criteria	Evaluation Scale:				
	4	3	2	1	n/a
4= Exceeds Expectations 3 = Meets Expectations 2 = Needs Improvement 1 = Unacceptable					
1. <u>Attendance</u> – Comes to work when scheduled, arrives and leaves on time, notifies business or agency in advance of un planned absences.					
2. <u>Character</u> – Displays loyalty, honesty, trustworthiness, dependability, reliability, initiative, self-discipline, and self-responsibility. Does not engage in gossip. Follows company policy.					
3. <u>Appearance</u> – Displays appropriate dress, grooming, hygiene and etiquette.					
4. <u>Attitude</u> – Demonstrates a positive attitude; appears self-confident; has realistic expectations of self. Displays the “Golden Rule” approach to everyone.					
5. <u>Productivity</u> – Follows all safety practices; conserves materials; keeps work areas efficient (desk, locker, etc.) follows directions and procedures, and is a team player.					
6. <u>Organizational Skills</u> – Demonstrates skills in prioritizing and management of time and stress; demonstrates flexibility in handling change.					
7. <u>Communication</u> – Displays appropriate nonverbal (eye contact, body language) and oral (listening, telephone etiquette, and grammar) skills.					
8. <u>Cooperation</u> – Emotionally calm, patient and supportive; appropriately handles criticism, conflicts, and complaints; demonstrates problem-solving capability; maintains appropriate relationships with supervisors and/or peers; works well in small and large groups alike.					
9. <u>Respect</u> – Deals appropriately with cultural/racial/gender/age diversity; does not engage in mistreatment or harassment of any kind. Is especially courteous and cooperative with all adults at all times.					
10. <u>Teamwork</u> – Respects the rights of others; respects confidentiality; is a team player; is cooperative; is assertive, displays customer service attitude, seeks opportunities to learn and demonstrates mannerly behavior.					
Supervisor Overall Performance Rating					

Guidance Counselor Signature: _____ Date: _____

Grade Assigned: _____ Credit: _____ Registrar Initials: _____

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Internship Plan

Student Name: _____ Employer/Organization: _____

Internship to take place during terms: 1 2 3 4 Date of Plan: _____

Student Learning Goals for Internships: To be completed and approved prior to internship experience. Describe at least three skills and/or areas of knowledge to be learned as a result of this internship experience.

1.

2.

3.

Assessment: Describe the plan to demonstrate that the skills or knowledge has been learned.

Signatures for Approval:

Student: _____ Parent: _____

Supervisor: _____ Guidance Counselor: _____

Registrar Initials: _____ Date Internship Entered Transcript: _____

Assessment of Learning Goals: To be completed by Supervisor Grade: P F

Comments:

Registrar Initials: _____

Date Grade Entered: _____

