**Connecting School To Life**

## Example cte/professional internship program

# MENTOR PACKET

**this packet is for review only!**

**final documents provided by students**

**cte/professional internship coordinators**

***Contact information***

**CTE/Professional Internship Program**

**CTE Internship *MISSION***

* Provide students with the personal, interpersonal, career & technical skills
* Empower students to graduate with a foundation & passion for their career
* Students will realistically investigate professional fields
* Students gain an educational perspective
* Students will experience actual demands & expectations of the workplace

**Benefits for the *MENTOR/EMPLOYER***

* Helps create a pool of skilled and motivated potential employees
* Improves employee retention
* Reduces training and recruiting costs
* Enables companies to develop new projects with student assistance
* Encourages involvement in the curriculum development process
* Provides development opportunities for current workforce
* Offers opportunities to provide community service

***Note***: If a student withdrawals or drops the class at any point during the semester, they no  
longer can continue at their internship site as an intern, whether paid or unpaid. The internship site is a protected placement for those students involved in this program only.

**Requirements for *MENTOR/STUDENT***

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* Confidentially Agreement
* Training Agreement
* Two Mentor Evaluations
* Training Plan
* Wage/Hour Log – 100 hours

**Benefits for the CTE Internship Student**

* Students receive high school credit for their work experience
* Students empowered with a relevant foundation for chosen career field
* Industry-trained and prepared employee

***Thank you for your commitment to this work-based learning experience.***

***The opportunity you are providing is invaluable.***

**School District**

**Work Based Learning**

**Confidentiality Agreement**

I understand that I may have access to confidential patient/client information and confidential information about the business and financial interests of my mentor (referred to as “Business Partner” in this Agreement). I understand that Confidential Information is protected in every form, such as written records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all existing and future Business Partner policies and procedures to protect the confidentiality of Confidential Information. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information, unless it is permitted by the Business Partner policy.

I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else’s authentication code or device, password, key card, or identification badge. I agree not to allow any other person to have access to the Business Partner’s information systems under my authentication code or device, password, key card, or identification badge. I agree to notify the appropriate administrator immediately if I become aware that another person has access to my authentication code or device, password, key card, or identification badge, or otherwise has unauthorized access to the Business Partner’s information system or records.

Mentor Copy

I agree that my obligations under this Agreement continue after my employment or my time as a volunteer/employee/intern ends.

I agree that, in the event I breach any provision of this Agreement, the Business Partner has the right to reprimand me or to suspend or terminate my employment or volunteer status with or without notice at the discretion of the Business Partner, and that I may be subject to penalties or liabilities under state or federal laws. I agree that, if the Business Partner prevails in any action to enforce this Agreement, the Business Partner will be entitled to collect its expenses, including reasonable attorney’s fees and court costs.

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

**Business Partner – Internship Site Company Name**

**Student** Date

**Student (Print Name)** Date

***If under 18 years of age, a parent or guardian’s signature is also required.***

**Parent/Guardian** Date

**Parent/Guardian (Print Name)** Date

**School District**

**Work Based Learning**

**Liability and Photographic Release**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of Peoria Unified School District agreeing to photograph or interview me and in consideration of the use of the facilities and services provided to me by the Peoria Unified School District, the undersigned, both individually and on behalf of the undersigned’s children, spouses, heir and legal representatives, does hereby:

1. Consent to the use and release to Peoria Unified School District the use of my name and my likeness, (Participant) whether in still, motion pictures, or video tape, my photograph and/or other reproduction of me or my property, including my voice and features, with or without my name, for any editorial, promotion, trade business or other purpose whatsoever. Peoria Unified School District may exercise its rights in any way it sees fit for its productions, for advertising and for other purposes. I intend for Peoria Unified School District to rely upon this release and understand that it is irrevocable; and

Mentor Copy

1. Agrees to release, not to sue, and to indemnify and hold harmless Peoria Unified School District for, from and against any and all injuries, claims, demands, damages, actions, causes of action, suits or judgments of any kind or nature whatsoever (including attorneys’ fees and other costs in the defense of any such claim or suit) brought by myself or on behalf of myself as a result of any loss, damage or injury to any persons or property arising out of or in any way relating to any action, inaction or participation in any video or photographic productions of the Peoria Unified School District.

The undersigned further agrees that Peoria Unified School District may use or cause to be used, these items for any and all broadcasts, publications or reproductions, without limitation or reservation or any fee.

Student Date

Student (Print Name) Date

Parent/Guardian Date

Parent/Guardian (Print Name) Date

**Unified School District Work Based Learning**

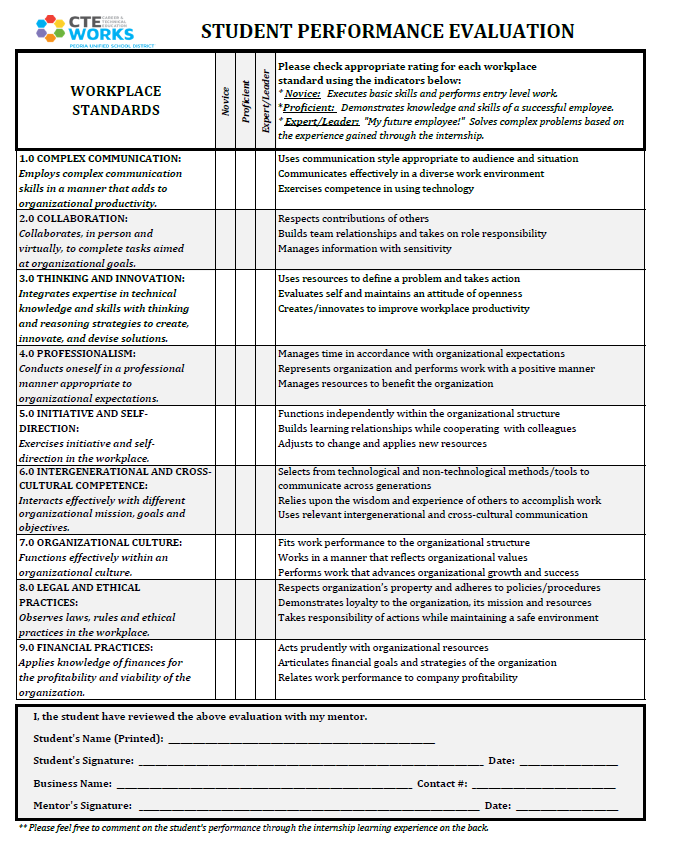
**Wage/Hour Form**

 **Unified School District #11**

Mentor Copy

**Work Based Learning**

**Student Evaluation Form**



Mentor Copy

***Please note: This form will be available as a hard copy or electronic.* Unified School District**

**Work Based Learning**

**Training Agreement**

Today’s Date:

Please check one: Clinical Cooperative Education Internship (CTE, FTA, etc.)

Other:

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: Age: \_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the Work Based Learning Program to be fully effective, it is mandatory that certain rules and regulations be followed. The student, his/her Parent/Guardian, the Teacher-Coordinator and the Business Partner/Mentor must agree to fulfill the following responsibilities.

***Student***recognizes that the Work Based Learning experiences will contribute to his/her career objectives and agrees to the following:

1. Understands there is no guaranteed or assigned workplace.

Mentor Copy

1. Accepts responsibility for providing transportation to and from the workplace.
2. Abides by the rules, regulations, policies and procedures of the workplace, the Peoria Unified School District, and the Work Based Learning Program.
3. Understands that once a position is accepted, a commitment has been made to the Business Partner Employer-Mentor. It is expected that the student-learner will be at the Business Partner Company for the length of the Work Based Learning commitment.
4. Responsible to be at the workplace every scheduled day at the appointed time.
5. Follow the directions of the Business Partner Employer/Mentor.
6. Do nothing intentionally to disrupt the normal routine of the workplace.
7. Exercise confidentiality and respect with regard to information gained at Business Partner Company and Business Partner staff with regard to the Work Based Learning program, teacher-coordinator, or student-learner.
8. Be prompt and accurate in completing all required assignments, forms and reports for the Work Based Learning program, the teacher-coordinator, and the Business Partner Employer-Mentor.
9. Agrees to demonstrate courtesy, a cooperative attitude, appropriate dress, and a willingness to learn. Behavior to the contrary may lead to dismissal from the Work Based Learning Program and/or the Business Partner Company.
10. Understands that any breach of trust, professionalism or ethical behavior (i.e. any evidence of dishonesty with money, merchandise, time or effort) may result in dismissal from the Work Based Learning Program and/or the workplace.
11. Agrees to communicate with the Business Partner Employer-Mentor and the Teacher-Coordinator at all times.

***Parent/Guardian*** understands and acknowledges the following:

My child wishes to participate in the School District Work Based Learning Program. I realize there are inherent workplace risks involved in my child’s participation. Although a rare occurrence, I recognize the possibility that my child may suffer an injury as a result of participation in this program. I agree to accept these risks as a condition of my child’s participation in this program.

Furthermore, I understand that notifications of any pre-existing conditions that may create an additional risk for my child are disclosed below to all parties signing this form. My child:

does NOT have a pre-existing condition that may create an additional risk for him/her.

has a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_condition(s) that creates additional risk for him/her. I understand that, because of his/her condition, the special risks for my child are:

I understand these concerns and agree to follow all directions and recommendations of my child’s physician. I also understand that I am responsible for any insurance coverage for my child during his/her participation in this program.

The Parent/Guardian further agrees to:

1. Commit to support the student, Business Partner Employer/Mentor, and Work Based Learning Program.
2. Participation of the student-learner in the Work Based Learning Program and will encourage the student-learner to effectively carry out duties and responsibilities both in the classroom and at the training site.
3. Contact the Teacher-Coordinator regarding all questions/concerns pertaining to the Business Partner Mentor experience.

***The Business Partner (Mentor)*** agrees to**:**

Mentor Copy

1. Abide by Federal, State, and Local regulations regarding employment, job duties and the provisions of an equal opportunity employer.
2. Understand and enforce Child Labor Laws (DOL 579.50 subpart E) regarding occupations particularly for the employment of minors between the ages of 16 and 18 of age order, and the exceptions to the order for non-agricultural work.
3. The work of the student-learner in the occupation declared particularly hazardous shall be incidental to the training and such work shall be intermittent and for short periods of time, and under the direct and close supervision of a qualified and experienced person.
4. Provide applicable general safety guidelines to the work environment.
5. Understanding the status of the student while in training shall be that of student-learner; however, work standards expected of the student-learner will be the same as those expected of other beginning workers.
6. Function as a training site and as such an employer-mentor will be assigned to the student-learner. This employer-mentor will be allowed time to work with the student-learner so that this Work Based Learning will be a viable educational experience.
7. Provide a variety of related experiences for the student-learner consistent with his or her career/occupational competencies.
8. Follow the training plan (a schedule of organized and progressive work experiences) to be performed at the site.
9. Understand that once a position is accepted, a commitment has been made to the student-learner. It is expected that the student-learner will be at the Business Partner Company for the duration of the Work Based Learning commitment unless a serious situation arises or prior arrangements have been made.
10. Exercise confidentiality in regard to information gained during the Work Based Learning program.
11. Assist in the evaluation of the student-learner.
12. Contact the Teacher-Coordinator if any problems arise regarding the student-learner.
13. Work with Teacher-Coordinator to mutually agree to transfer or withdraw the student-learner when he/she deems such actions to be in the best interest of those concerned.

***Teacher-Coordinator*** agrees to***:***

1. Ensure the enrollment of the student-learner is in a state-approved Career and Technical Education Work Based Learning Program.
2. Provide related classroom instruction, including safety instruction (especially for hazardous occupations), and make provisions for the student-learner to receive additional workplace readiness instruction.
3. Periodically observe the student-learner on the job and to visit with the Business Partner Employer-Mentor in order to aid in the student-learner’s development.
4. Consult with the Business Partner Employer-Mentor in the evaluation of the student-learner.

By signing below each party agrees to the terms of this agreement and the rules, regulations and provisions of the Work Based Learning Program. Failure to comply with this agreement in whole or part, may result in the dismissal of the student from the Work Based Learning program, disciplinary action, possible failure of course and/or loss of credit.

Student Name Date Parent/Guardian Date

Business Partner (Mentor Name) Date Teacher-Coordinator Date

**School District**

**Work Based Learning**

**Training Plan**

Student-Learner Name:

Business Partner Employer-Mentor:

Business Partner Company:

Teacher-Coordinator:

Student-Learner Career Goal: To obtain a CTE Internship experience in the field of my CTE program.

CTE Program of Study:

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CTE Program Courses Complete & Dates of Enrollment:

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| --- | --- |
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|  |  |

CTE Program Courses in Progress & Dates of Enrollment:

|  |  |
| --- | --- |
|  |  |
|  |  |

Prior attainment of CTE program standards: (attached)

CTE program standards to be assessed at work site: (attached)

*Purpose of the Training Plan:*

The Training Plan is a mutually agreed upon guide among the Business Partner Employer-Mentor, the Student-Learner and Teacher-Coordinator as the targeted progression of skills to be obtained by the Student-Learner on the training site by the conclusion of the CTE Internship experience. The minimal State Standards (including State Workplace Standards and State CTE Program Standards) listed are to be addressed according to the agreed upon training plan. The student’s career goal will be used as the focus for the development of the training plan. Progress checks will be conducted quarterly.

|  |  |  |  |
| --- | --- | --- | --- |
| **Workplace Employability Skills Standards** | Goal Date | Date Achieved | Mentor’s Initials |
| **Complex Communication** – Employs complex communication skills in a manner that adds to organizational productivity |  |  |  |
| **Collaboration** – Collaborates, in person and virtually, to complete tasks aimed at organizational goals. |  |  |  |
| **Thinking and Innovation** – Integrates expertise in technical knowledge and skills with thinking and reasoning strategies to create, innovate, and devise solutions |  |  |  |
| **Professionalism –** Conducts oneself in a professional manner appropriate to organizational expectations |  |  |  |
| **Initiative and Self-Direction –** Exercises initiative and self-direction  Mentor Copy |  |  |  |
| **Intergenerational Cross-Cultural Competence –** Interacts effectively with different cultures and generations to achieve organizational mission, goals and objectives |  |  |  |
| **Organizational Culture** – Functions effectively within an organizational culture |  |  |  |
| **Legal and Ethical Practices –** Observes laws, rules and ethical practices |  |  |  |
| **Financial Practices** – Applies knowledge of finances for the profitability and viability of the organization |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CTE Program Standards** | Goal Date | Date Achieved | Mentor’s Initials |
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| ***Select the six CTE program standards that best relate to your internship responsibilities.*** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Partner Mentor-Employer Goals**  *(goals can include specific job functions or goals)* | Goal Date | Date Achieved | Mentor’s Initials |
| Read company philosophy and/or mission statement |  |  |  |
| Follow company policy and procedures including attendance  *(Who do I contact when I need to miss?)* |  |  |  |
| Comply with company safety standards |  |  |  |
| Describe company hierarchy |  |  |  |
| Learn company hiring and promotion process |  |  |  |
|  | Mentor Copy |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Identify with your mentor at least three other goals.*** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student-Learning Goals**  *(Goals will include skill sets leading to career goal)* | Goal Date | Date Achieved | Mentor’s Initials |
| Obtain a CTE Internship experience in my career choice |  |  |  |
| Complete the required hours for my CTE Internship experience |  |  |  |
| Identify next steps in my career plan |  |  |  |
| Receive a recommendation letter from my employer/mentor |  |  |  |
|  |  |  |  |
|  |  |  |  |
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| ***Identify three other goals.*** | | | |

The Business Partner Employer-Mentor carries the responsibility to comply with all applicable federal and state laws. The CTE Internship Experience will not interfere with the schooling of the minors or with their health and well-being.

***I have received and read a copy of my responsibilities and will abide by them:***

Business Partner Employer-Mentor: Date:

Student-Learner: Date:

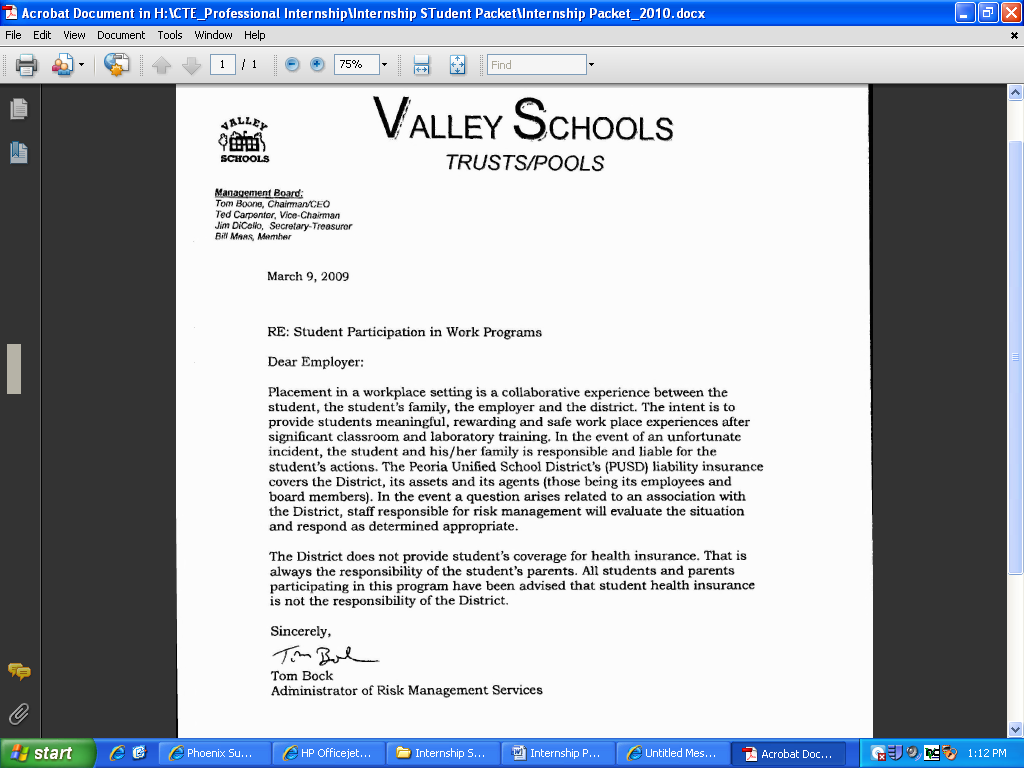
Teacher-Coordinator: Date:

Project Area Advisor Date:

**School District**

**Work Based Learning**

**Valley Schools Insurance Letter Acknowledgment**



Mentor Copy

By signing, you acknowledge that you have read and understood the district’s position on insurance pertaining to your student.

Student Date

Student (Print Name) Date

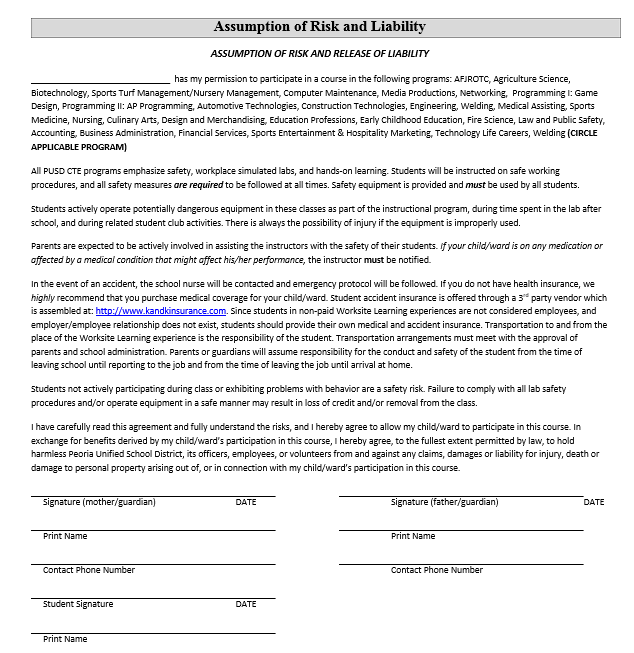
Parent/Guardian Date

Parent/Guardian (Print Name) Date

**School District**

**Work Based Learning**

**Assumption of Risk and Liability**



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