GENERAL DESCRIPTION OF THE INTERNSHIP PROGRAM

The SHS Internship Program is designed for students who are interested in bolstering their academic and professional experience for postsecondary career pathways. Students will investigate careers in a field of their choice.

GENERAL CONDITIONS GOVERNING THE INTERNSHIP PROGRAM

1. The Internship Program is limited to senior students who are in good standing academically and behaviourally. Students must find their own place to intern and provide their own means of transportation to the internship site.

2. Participating students must have demonstrated better than average competency in the area in which they wish to pursue.

3. The student must submit a completed application to the principal. **Deadline for submission is ten days from the commencement of the semester.** No late applications will be accepted. Students must participate in an acceptance interview. Students may not start internship hours until they receive notification of acceptance in the Internship Program. Final approval is granted by the Principal/principal’s designer.

4. The internship may take place during the summer just prior to beginning senior year, during a late arrival privilege, during a senior early release period, after school and/or during the weekend.

5. Students may only take the Internship Program one time in their high school career.

6. Students participating in the Internship Program complete the Internship Time log and submit it to the Career Education Advisor, who oversees the internship program by visiting the sites and tracking hours, among other responsibilities.

7. A grade of Pass ("P")/Fail ("F") will be used to assess the final grade. Untracked weight will apply.

8. Credit of either 1.0 for a full year/150 hours or .5 for a half year/75 hours will be awarded upon completion of all requirements.

9. All Shelton Board of Education policies and school rules and regulations apply to the internship program. Any unethical/inappropriate behavior will result in immediate removal from the program and may also result in disciplinary consequences.
APPLICATION FOR SHS INTERNSHIP PROGRAM
(Must be submitted to the principal within the first ten days of the semester)

Personal Information

Student’s Name ___________________________________   House_____   Homeroom _____

Counselor’s Name _________________________________

Describe the purpose of your Internship:
_______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Describe the experience you have in this field:
______________________________________________________________________________
______________________________________________________________________________

Internship Site Information

Name and Address of Internship Site ________________________________________________
______________________________________________________________________________

Name of Contact Person at Internship Site__________________________________________

Contact Person’s email ___________________________________________________________

Contact Person’s Phone Number __________________________________________________

Internship Description: (Description of job/duties?) __________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________
Please read and sign the agreement on the next page.
Student’s Name _________________________________    House _____    Homeroom ________

Counselor’s Name _________________________________

Student’s/Parent’s Signature
I have read the General Conditions and Specific Procedures of the Internship Program and agree to abide by the conditions governing this program. I further understand that if I am a student in not good standing I may be removed from the program.

____________________________________  _________________ __________
(Signature of Student)      (Date Signed)

__________________________________                ___________________________
(Signature of Parent or Guardian)                                (Date Signed)

Counselor/Assistant Principal Approval:
I attest that the above-mentioned student meets the criteria to participate in the Internship Program.

____________________________________  _________________ __________
(Signature of Student’s School Counselor)   (Date Signed)

__________________________________                ___________________________
(Signature of Assistant Principal)                                (Date Signed)

Administrative Use Only:

<table>
<thead>
<tr>
<th>Application Decision (circle one):</th>
<th>Approved</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit to be Awarded Upon Successful Completion of Internship (circle one):</td>
<td>1.0</td>
<td></td>
</tr>
</tbody>
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Principal/Designee Signature: | Date: |