

Internship Program

Vision Charter High School

What is the Internship Program?

- Internships are opportunities for students at Vision to pursue career exploration and skill development through a variety of intern-based learning experiences.

Who participates?

- Junior and Senior students at Vision who are in good academic standing will be allowed to participate in the Internship Program.

Why is the Internship Program important?

- Our students need opportunities to learn more about careers and work-life before graduating from high school and attending colleges, receiving technical education, or entering the workforce.

For more information, contact the College and Career Advisor at Vision Charter School:

Abigail Blair

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Vision Charter Internship Program

Requirements

1. 60 Hours

Spend a minimum of 60 hours working in a desired field of interest. The Internship supervisor must approve the placement of the student.

2. Daily Journal

Maintain a DAILY journal log documenting what work was done and the time spent working. Use the form provided or create your own. (Be sure to include all information requested on the provided form if creating your own log).

3. Time Sheet

Use a company timesheet, if available, or use the journal/timesheet provided in this packet. The supervisor must sign off on the hours that are completed for the Internship Program.

4. 3-5 Page Reflection Paper

At the end of the semester, students will need to type a 3-5 page paper; Times New Roman, double-spaced, size 12 font. This paper is for reflecting on their experience. The paper should cover the following information:

- Where were you working?
- What skills were required for your position?
- Would you pursue this career in the future? Why or why not?

5. Supervisor Written Evaluation

The Intern supervisor must provide a written evaluation of your work at the end of the Internship. An evaluation form has been provided in this packet. The supervisor is free to use their own if they contact the College and Career Advisor.

Internship Confidentiality Agreement

Vision Charter High School

I understand that in the course of the internship program I might have access to and be involved in the processing of verbal, written, computer-generated, computer access, filmed, and/or recorded information related to students, employees, and/or staff of Vision Charter School.

I understand that I am required to maintain the confidentiality of this direct or indirect information at all times, both during and after my Internship experience. I understand that I will not share, discuss or reveal any of this information to anyone.

I understand any breach of confidentiality may result in disciplinary action.

I certify by my signature that I acknowledge being informed of the confidentiality policy concerning confidential information and its treatment. I agree to adhere to and uphold the private and privileged information therein.

I, _____ agree not to divulge any information regarding material, cases, names (student/parents), concerns, etc. to any party outside of group supervision. Failure to abide by this agreement will constitute violation of confidentiality and be representative of unprofessional conduct.

Student Signature: _____

Parent/Guardian Signature for Minor Student: _____

Date: _____

Site Supervisor Signature: _____

Date: _____

Internship Coordinator Signature: _____

Date: _____

Internship Program Student Commitment

Student: _____

Supervisor: _____

Days Scheduled: _____ Hours of Day: _____

I agree to all of the following:

- 1. To undertake activities that provide a comprehensive view of the organization. Focus on the roles, responsibilities, and functions of my supervisor or department.*
- 2. To consult with my work training program coordinator on a regular basis regarding my experiences. The coordinator gives the final grade.*
- 3. To be in regular attendance and on time in my assigned internship.*
- 4. To notify my supervisor prior to my absence.*
- 5. To notify my coordinator should an accident or illness cause me to miss my work training program.*
- 6. To notify my coordinator if any problems or concerns arise regarding the internship.*
- 7. To conform to the regulations of the organization I am working in (dress, conduct, etc.)*
- 8. To understand that dropping this work training program after starting will result in a failing mark.*
- 9. To inform the parent(s)/guardian(s) of internship placement and experiences.*
- 10. To complete the required journal and submit the required forms at the designated time.*
- 11. To make every effort to do my best in my work training program.*
- 12. If I am driving a vehicle to my internship site, I agree that the vehicle will be insured with at least the state-required minimum of liability insurance.*
- 13. I have read and agree with the requirements of the Vision Charter School Internship Program.*

Student Signature

Date

Parent Signature

Date

Vision Charter School District Internship Program
Personal Transportation Requirements

Student Name (Print)

Neither the district nor the school is responsible for student transportation to and from the internship site. The student's parent or guardian has sole responsibility for providing the student transportation to and from the work training program site. A student may be approved to drive themselves to the internship site by the school site coordinator upon receiving proof that the student or the student's parent(s)/guardian(s) carries all automobile insurance required by state law.

Students authorized to drive themselves to and from the internship site are prohibited from transporting other students.

I have read the Personal Transportation Requirements as described above and understand it is my responsibility to provide appropriate transportation for my student to and from their internship site. My signature below further verifies that all automobile insurance required by state law is in effect for this transportation.

Parent/Guardian Signature

Date

Adult Student Signature (if applicable)

Date

Internship Performance Evaluation

Supervisor: _____ Date: _____

Student: _____

Job Performance

Evaluation Item	Rating
1. General Quality of Work	1 2 3 4 5
2. Dependability	1 2 3 4 5
3. Job Knowledge	1 2 3 4 5
4. Communication Skills	1 2 3 4 5
5. Personality	1 2 3 4 5
6. Contribution to Group	1 2 3 4 5
7. Productivity	1 2 3 4 5
8. Achievement of Goals	1 2 3 4 5
9. Management Ability	1 2 3 4 5
10. Other: _____	1 2 3 4 5

5 Excellent
4 Very Good
3 Good
2 Fair
1 Poor

Performance Summary

1. What are the student's strongest points?

2. What are the points the student needs to improve on?

3. What additional skills would be beneficial for the student?
