



PaICE

Professional & Internship Community Experience



INTERNSHIP / WORK STUDY CONTRACT

Document Checklist:

- Internship / Work Study Contract*
- Internship / Work Study Agreement Form* (Signatures Required)
- Parent Consent for Treatment Form*
- Parent Consent for Transportation*
- Discretionary Parent Permission to Transport Student*
- Intern / Paid Work Experience Training Plan

All documents listed above must be completed and on file for students to be issued Internship / Work Study credit. (Those with an * are required for October Count.)

Fall 20____ Qtr 1____ Qtr 2____

Spring 20____ Qtr 3____ Qtr 4____

(Student Name)

(School)

(Name of Internship / Work Study Company or Organization)

(Supervisor's Name)

(Company or Organization Address)

(Company or Organization Phone Number)

(Supervisor's Phone Number)

Position Is: Paid Part Time

Scholarship CCHS/FJSHS Internship

(Job Title) Start Date: _____ End Date (if applicable): _____

Rate of Pay: Scholarship Hourly Wage: \$ _____ Other: _____

Work Schedule (Hours/Days of the Week): _____

Brief Description of Intern / Work Study Duties:

Dress Code: _____

Internship / Worksite Staff Contact Person:

(Name)

(Title)

(Cell Phone)

(Email)

INTERNSHIP / WORK STUDY AGREEMENT FORM

Signature indicates agreement to all information covered in the Handbook.

Term: Fall 20____ Qtr 1 Qtr2 Spring 20____ Qtr 3 Qtr 4

This student is expected to complete _____ (please fill in blank) work hours this term.

Student's Name (Print): _____

Student Signature: _____ Date: _____

Worksite Supervisor's Name (Print): _____

Worksite Supervisor's Signature: _____ Date: _____

Parent's Name (Print): _____

Parent's Signature: _____ Date: _____

PaICE Program Regional Coordinator: Lisa Tedesko _____

PaICE Coordinator Signature _____ Date: _____

Nondiscrimination / Equal Opportunity

Fremont RE-1:

In compliance with Titles VI & VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act of 2008, and Colorado law, School District Fremont RE-1 does not unlawfully discriminate on the basis of race, color, sex, religion, national origin, ancestry, creed, age, marital status, sexual orientation, genetic information, disability or need for special education services in admissions, access to, treatment, or employment in educational programs or activities which it operates. Complaint procedures have been established for students, parents, employees, and members of the public. Complaints may be filed verbally, in writing or anonymously. If you wish to file a complaint using the district complaint form, please submit to: Mrs. Misty Manchester, Director of Human Resources, Title IX, Section 504, and Americans with Disabilities Act Coordinator, 101 North 14th Street, Cañon City, Colorado 81212 – Telephone: (719)276-5700.

Fremont RE-2:

Fremont RE-2 School District does not discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity/expression, marital status, national origin, religion, ancestry, age, disability, need for special education services, genetic information, pregnancy or childbirth status, or other status protected by law in admission, access to, treatment or employment in its educational programs or activities. Additionally, a lack of English language skills is not a barrier to admission or participation in activities. The following individuals have been designated to handle inquiries regarding the non-discrimination policies: Dr. Brenda Krage, Superintendent, and EEO/Affirmative Action/Title IX/Section 504 Compliance Office for complaints involving employees, and Jason Cellan, Title IX Compliance Officer for complaints involving students. Both individuals can be located at 403 W. 5th Street, Florence, Colorado, 81212. (719) 784-6312. Complaint procedures have been established for students, parents, employees, and members of the public. (Policy AC, AC-R, AC-E-1, AC-E-2).



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Parental / Guardian Consent for Medical Treatment

Students participating in the Pathways PaICE Internship / Work Study Program are covered by Cañon City High School or Florence Jr./Sr. High School Worker's Compensation Insurance. Cañon City High School or Florence Jr./Sr. High School Risk Management Department requires a Parental / Guardian Consent for Medical Treatment Form signed by the parent or guardian to be on file prior to the start of a CCHS or FJSHS Pathways PaICE Internship / Work Study Program Position.

***Please note:**

Worker's compensation claims need to be made as soon as possible of the work related injury.

I _____, consent to have my child, _____,
Parent or Guardian Printed Name

receive emergency medical treatment if necessary.

Parent or Guardian Signature

Date

Parental Consent for Transportation

I, _____ (name of parent/guardian) grant permission to allow my child _____ (name of child) to provide their own transportation to and from internship/employment for the purpose of my child's participation in the Cañon City High School or Florence Jr./Sr. High School Pathways PaICE Internship / Work Study Program.

1. **YES**, I assume full responsibility for my son/daughter. I also understand that if my son/daughter is driving that he/she must:

- 1) hold a valid driver's license
- 2) be covered by automobile insurance
- 3) have current medical/health insurance

in order to drive to and from the workplace and to be a part of the PaICE Program. Proof of each must be available upon request.

Parent or Guardian Signature

Date

DISCRETIONARY PARENT PERMISSION TO TRANSPORT STUDENT

I, _____ (name of parent/guardian) grant my permission to allow my child _____ (name of child) to be transported by the staff of _____ (name of school/company/organization) for the purposes of my child's participation in the Cañon City High School or Florence Jr./Sr. High School Pathways PaICE Internship / Work Study Program.

I understand that my child will be transported from the school to worksite location and/or to offsite locations within the Canon City or Florence area. I understand that any adult who transports my child has met the guidelines set out in Cañon City High School or Florence Jr./Sr. High School Board Policy, requiring anyone transporting students to submit a motor vehicle record, proof of vehicle insurance and a copy of a valid driver's license to the school district. I also acknowledge that anyone who transports my child has undergone a criminal background investigation by Cañon City High School or Florence Jr./Sr. High School and has been cleared by the Human Resources Department.

1. **YES**, I allow my child to be transported by his/her school/company/organization staff for the purposes of participating in work related activities.

Parent or Guardian Signature

Date

2. **NO**, I do not allow my child to be transported by his/her school/company/organization staff for the purposes of participating in work related activities.

Parent or Guardian Signature

Date

Training Plan

EMPLOYER INSTRUCTIONS

The purpose of this training plan is to organize the student's experiences at the worksite. You and your student-employee cooperatively determine the learning experiences which will be gained in order for the student to learn as much on the job as possible. This completed work-based learning plan will serve as a guide in evaluating learning experiences and will be given to and reviewed by the PaICE Coordinator and Employer throughout the school year.

The following form is to serve as an outline in developing a list of tasks that the student will need to be able to perform on the job, and will be used to evaluate the student's performance and record job skills learned. The listing will be periodically revised to reflect the current goals and objectives for the student's training. The purpose of the learning plan is to be used strictly as a guideline, not as an exact job description. Some suggestions to keep in mind while filling out this form:

- List specific skills to be achieved by the student in the work-based learning experience. The employer or mentor will then evaluate the student by checking the appropriate number to indicate the level of achievement.
- Some of the skills learned on the job are performed by your student regularly. Go ahead and list these skills in order to provide an accurate record of the student's competencies.
- As you and your student analyze his/her job tasks, also consider what goals can be set. Include 3-5 *goals* to be learned by the student throughout the experience in order to broaden knowledge and skill levels.

Copies of this work-based learning plan will be retained in the student file. We appreciate the time and effort you will spend on this learning plan as it will provide our student with a positive and productive learning experience and a *record* of skills, experience, and responsibility level attained. Thank you for all your help.



STUDENT INSTRUCTIONS

One of the reasons you signed up for PaICE is because you wanted to enhance what you had to offer to future employers. To effectively reach your goals, it is very important that you have a guide to follow. This is the purpose of the work-based learning plan which allows you to take control of your own learning process. While developing this learning plan might appear to be very simple, it should involve careful and serious thought. This plan should outline the tasks and goals for you to achieve during the upcoming year so that you can learn as much on your job as possible.

- Set an appointment with your boss/supervisor in order to discuss the items to be included in the learning plan.
- Demonstrate responsibility by sketching out a rough draft of your job tasks and duties *prior* to your meeting with him/her. This will allow you both to use your time effectively and enables a clearer understanding of job expectations for each of you.
- Communicate with your supervisor in a professional manner and be ready to identify 3-5 *goals* of things you would like to learn throughout your experience. The more you learn—the more marketable you are! Future employers are very interested in your skills and experience—your work-based learning plan will help demonstrate your knowledge, your skills, your level of responsibility, and will help your employer *help you* learn as much as possible!

The PaICE Coordinator will give you a Training Plan form to fill out. If you run out of space, you may attach another sheet. Each time the PaICE Coordinator visits your employer, they will review and update your work-based learning plan.

Training Plan

Student's Name _____ School Name _____
 Name of Business _____ Type of Business _____
 Supervisor's Name _____ Supervisor's Job Title _____
 Student's Job Title _____ Month Training Began _____

JOB DESCRIPTION

Rating Scale: 4—Mastered 3—Requires Supervision 2—Little Progress/Effort 1-Not Attempted N—Not Addressed

4	3	2	1	N	SPECIFIC SKILLS TO BE ACQUIRED	TIME ALLOCATED
					<u>1 – Work Site Orientation / Facility Tour</u>	
					<u>2 – Introduction to Supervisors / Co-Workers</u>	
					<u>3 – Review of Safety Policies / Procedures</u>	
					<u>4 – Learning Objectives for Internship:</u>	
					<u>A -</u>	
					<u>B -</u>	
					<u>C -</u>	
					<u>D -</u>	
					<u>E -</u>	
					<u>F -</u>	
					<u>G -</u>	
					<u>H -</u>	
					<u>5 – Review of Training Plan with Program Participant</u>	

Signature _____
 Date _____