

Powell County High School

Career and Technical Education

Non-Paid Internship



Empowered: It's not just content, it's skills

**Powell County High School
700 West College Avenue
Stanton, KY 40380
(606) 663-3320**

What is an internship?

A student internship is for high school students who have completed extensive school-based preparation relating to an identified area of career and academic interest in the Individual Learning Plan. Internships can be short term or long term. Student participation on a short-term basis may vary from one day to a month contingent upon a student's objective and if an employer-employee relationship has not been established. Long-term internships may be established for one semester or one year with an established employer-employee relationship.

What are the benefits of an internship?

Internships give students opportunities to explore careers via workplace learning experiences. Students have opportunities to learn about the world of work and to develop useful skills and attitudes. Through the demonstration of work-place skills, the academic competencies needed to be successfully employed will also be highlighted, which may in turn result in increased motivation to learn academic subject matter. An internship is longer than job shadowing but different from cooperative education work experience in several ways. Cooperative education places a student for a longer, often a yearlong, work experience to gain or expand skills at that job. Cooperative education students are paid for their work; our non-paid internship students are not paid for their work.

How can I participate in an internship?

Prior to participating in an internship, students will collaborate with his/her pathway teacher to complete the following:

- Internship Student Application
- Parent/Guardian Consent Form
- Parent Medical Consent Form
- Mentor Internship Consent Form
- Confidentiality Statement Form

Upon completion of the internship, the following documents will be completed by the mentor and student

- Student Internship Evaluation
- Mentor Internship Evaluation

******All documents will be maintained by the pathway teacher. It is the responsibility of the pathway teacher to collaborate with the CTE Coordinator, CTE Guidance Counselor and Attendance Clerk for individual student enrollment in an internship program.***

INTERNSHIP STUDENT APPLICATION

PCHS Office of Career and Technical Education

NAME: _____ GRADE/CLASS: _____

PATHWAY TEACHER/ADVISOR: _____

Student to Complete

I, _____, will participate in an internship program, which will
(Student Name)

take place at _____ on _____
(Name of Employer) (Dates of Internship)

from _____ to _____ each day of internship.
(Beginning time) (End time)

I understand that people outside of school are giving up valuable time to help me learn about their jobs. By signing below, I agree to:

- complete all required coursework while participating in an internship program.
- act in an appropriate manner while participating in an internship program.
- become knowledgeable about my career interest prior to participating in an internship program

Student Signature: _____ Date: _____

Teacher to Complete

I authorize _____ to participate in an internship program
(Student Name)

on the dates and times indicated above.

Teacher Signature: _____ Date: _____

******A copy of this form must be provided to the CTE Coordinator, School Counselor and Attendance Clerk***

INTERNSHIP PARENT/GUARDIAN CONSENT FORM

PCHS Office of Career and Technical Education

Your child will be participating in an internship experience. An internship is a work-based experience, typically during the school day, in which a student spends supervised time at a workplace observing a worker and completing work-based tasks while satisfying course requirements for course credit.

Permission to Participate in an Internship

_____, may participate in an internship experience, which will
(Student Name)

take place at _____ on _____
(Name of Employer) (Dates of Internship)

from _____ to _____ each day of internship.
(Beginning time) (End time)

Permission to Travel to Internship Site

I grant permission for my son/daughter to travel using his/her own car.

____ Yes ____ No

I grant permission for my son/daughter to travel with another student driver.

____ Yes ____ No If yes, name of student _____

I will provide transportation for my son/daughter to and from the internship site.

____ Yes ____ No

Photo Release

I grant permission to photograph my child while participating in the internship for program promotion and educational purposes.

____ Yes ____ No

Signature of Parent/Guardian: _____ Date: _____

INTERNSHIP MEDICAL AUTHORIZATION
PCHS Office of Career and Technical Education

Student Information

Student's name: _____

Date of birth: _____

Address: _____

Daytime phone for parent or guardian: (_____) _____

Contact name other than parent or guardian: _____

Relation to student: _____ Phone: (_____) _____

Family doctor: _____ Phone: (_____) _____

Preferred hospital: _____ Phone: (_____) _____

Medical Consent

Should it be necessary for my child to have medical treatment while participating in the internship program, I hereby give the school district and/or work-site personnel permission to use their best judgment in obtaining medical service for my child. In addition, I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

____ **Yes** ____ **No**

Permission is granted to release emergency contact/medical history to the attending physician or to work-site personnel if needed.

____ **Yes** ____ **No**

Signature of Parent/Guardian: _____ **Date:** _____

MENTOR INTERNSHIP CONSENT FORM
PCHS Office of Career and Technical Education

Mentor Information

Mentor Name: _____ Phone: _____

Company/Employer Name: _____

Company/Employer Address: _____

Occupation Information

Occupation for internship: _____

Occupation duties for internship: _____

List any restrictions which might limit some students' participation in the internship:

Company/Employer Consent

I, _____, agree to participate in an Internship Experience
(Name of Mentor)

for _____, which will take place at
(Name of Student)

_____ on _____
(Name of Employer Site) (Dates of Internship)

from _____ to _____
(Beginning time) (End time)

Signature: _____ **Date:** _____

CONFIDENTIALITY STATEMENT FORM

PCHS Office of Career and Technical Education

I agree that I shall strictly maintain the confidentiality of all information and data disclosed throughout the internship process. Additionally, I accept the responsibility of security given to me when entrusted with materials, property, and information.

Student Intern Name: _____

Student Intern Signature : _____ **Date:** _____

Mentor Name: _____

Mentor Signature: _____ **Date:** _____

Teacher Name: _____

Teacher Signature: _____ **Date:** _____

STUDENT INTERNSHIP EVALUATION

PCHS Office of Career and Technical Education

Student Name: _____ Date: _____

Internship Site: _____

Site Mentor: _____ Title: _____

Reflections

- Describe the worksite where you worked.
- To what career cluster did your internship relate?
- What kinds of activities did you observe during your internship?
- What did you like most about your internship?
- What did you like least about the internship experience?
- Did your internship experience change your perception of this career? Why or why not?
- Did you learn anything new about this career? If so, what?
- Would you consider a career in the field you observed? Why or why not?
- How can the internship programs be improved?
- How would you rate your internship experience?

Excellent _____ Good _____ Average _____ Fair _____

MENTOR INTERNSHIP EVALUATION

PCHS Office of Career and Technical Education

Student Name: _____

Internship Site: _____

Site Mentor: _____ Title: _____

Beginning Date of Internship: _____ Ending Date of Internship: _____

Evaluation

Scale: 1 – Poor 2 - Needs Improvement 3 - Average 4 - Good 5 - Excellent

Attendance/Punctuality	1	2	3	4	5
Appropriate Dress	1	2	3	4	5
Attitude	1	2	3	4	5
Dependability	1	2	3	4	5
Initiative	1	2	3	4	5
Following Directions	1	2	3	4	5

Cooperation	1	2	3	4	5
Adaptability/Flexibility	1	2	3	4	5
Relations with Co-Workers	1	2	3	4	5
Time Management	1	2	3	4	5
Quality of Work	1	2	3	4	5
Quantity of Work	1	2	3	4	5

COMMENTS:

Mentor Signature: _____ Date: _____