



WBL Career Ready Internship Experience Guidelines

WBL Career Ready Qualifier Requirements: *(Recorded in Red Box)*

- Student's primary or secondary IGP must align with the experience placement.
- Students must have earned a minimum of one course credit related to the placement.
- Career Ready Training Agreement with a duration allowing for 40+ hours of experience and established evaluation date at the end of the experience.
- Training Agreement, Evaluations with 40 hour minimum signed by supervisor on file at school with Teacher of Record.

Teacher of Record Internship Experience Checklist

Before:

- Has interested student completed [CCSD Student Internship Connection Request Form](#)
- Guide student to speak with school counselor regarding space for internship in upcoming schedule
- Collaborate with career specialist to identify potential internships
- Collect **WBL Career Ready Training Agreement** - student & internship supervisor collaborate
- Collect **Transportation & Emergency Information form**

During:

- Ensure documentation of hours and that the supervisor evaluation is scheduled
- Visit the worksite, unannounced. Career Specialist available to assist.

After:

- Ensure all required student paperwork has been received and filed for audit**
- Supervisor Evaluation Forms** w/ 40+ Hours Verified
- Collaborate with School Counseling dept / Career Specialist on PowerSchool Red Box

School Counselor Support

- Ensure experience fits student's schedule and it aligns with academic and IGP career goals
- Enter in PowerSchool, Check CCR for potential satisfaction. If entered for CCR (in red box) ensure Body of Work is filed safely & auditable

Career Specialist Support

- Assist student with internship search and application process, including resume and onboarding requirements for host company
- Provide interview prep as needed
- Assist with site visits as needed

Student Responsibilities

- Speak with teacher, career specialist or counselor about internship opportunities
- Fill out [CCSD Student Internship Connection Request Form](#)
- Meet with School Counselor to ensure internship fits schedule aligned with academic/career goals

Student Forms

- Training Agreement - Ensure all signatures are completed and supervisor completes competencies.
- Training Agreement Packet** and 40+ hours verification after completion of experience.



Work-based Learning Career Ready Internship Training Agreement - 40+ Hours

(4 pages)



Student Information:

Name:	Career Major/ IGP Pathway:		
Home Address:			
Home Phone:	Cell Phone:	Email:	
CAS / High School:		Expected Graduation Date:	

Worksite Information:

Business/Organization:	
Address:	
Contact Name/Supervisor:	
Supervisor Job Title:	
Supervisor Phone:	Supervisor Email:

Term of Training Agreement:

Start Date:	End Date:
Work Experience Schedule: (Example Mon-Thurs, 1:30pm – 5pm) Student interns may be invited to continue working after the conclusion of internship term.	
Compensation Plan:	
Teacher of Record:	

Agreement:

The training of the student will conform to all federal, state, and local laws and regulations, including those that:

- Prohibit discrimination against any applicant or employee because of race, age, sex, religion, marital status, national origin, ancestry, or handicap.
- Restricts both the hours of employment and type of occupations that minors can work in order to safeguard their well-being, health and safety, and progress in school.

Safety instructions shall be given by the school and correlated by the employer with on-the-job training. This agreement includes a plan prepared by the Teacher of Record and employer of scheduled, organized and progressive work processes (competencies) to be performed on the job.

While participating in this WBL Experience, student agree to:

Student Initials _____

1. Demonstrate proper conduct, a positive attitude, proper health and grooming habits, and conform to all rules and regulations of the employer and the school district; and dress appropriately and safely for the job.
2. Notify the Teacher of Record if **ANY** change is made in the work location, work schedule, or training contract.
3. Discuss any work-related challenges first with the assigned supervisor and then with the Teacher of Record, if not resolved with the assigned supervisor's manager or employer leadership.
4. Ensure a minimum of 40 hours of experience is completed during the internship placement. Number of total hours to be included in supervisor evaluation form.
5. Adhere to the agreed schedule which identifies important dates, and when the evaluation and any other assignments are due to the Teacher of Record.
6. Report any work-related accidents immediately to the School Nurse and Teacher of Record.
7. Maintain the agreed transportation plan to and from the work site.
8. Maintain punctuality and regular attendance, both in school and at the work site.
9. Ensure an evaluation meeting is scheduled with the assigned worksite supervisor at the end of the term of the WBL experience, and ensure the evaluation form is submitted to the Teacher of Record.

Parent(s) / Guardian(s) agree to:

Parent / Guardian Initials _____

1. Be involved in their student's participation in this Work-based Learning course for academic credit and encourage a positive work ethic, professional behaviors and attitude, and reinforce the responsibility for proper conduct on the job.
2. Ensure transportation plans are honored for the student to get to and from the work site and ensure adequate automobile insurance coverage is maintained.
3. **Avoid direct contact** with the work site / employer. Only the Teacher of Record should be contacted about WBL concerns and inquiries.
4. Allow CCSD to collect data on student's WBL experience for use in scholarly reporting and permit stories and pictures celebrating student's WBL success to be shared on the CCSD website and social media.
5. Remind and encourage student to notify their Teacher of Record if there is any material change in the agreed work schedule, or if the student is terminated from their position.
6. Contact the Teacher of Record for information or concerns related to your student's experience.

PARENTAL CONSENT: Some internship host companies require a background check and drug testing as a condition of employment. As the parent of the above-referenced minor, I understand the purposes of these pre-employment checks and hereby provide my consent for any required background checks and drug tests.

Parent / Guardian Initials

Teacher of Record agrees to:**Teacher of Record Initials** _____

1. Collect and retain all required documents and assignments for two years.
2. Encourage and remind each work-based learning student to comply with deadlines and requirements for Career Readiness.
3. Ensure the WBL Career Ready Internship is recorded in PowerSchool, in cooperation with the School Counseling Department and supporting Career Specialists.

Employer / Worksite Supervisor agrees to:**Worksite Supervisor Initials** _____

1. Comply with Federal, state, and local regulations regarding the employment of students under 18 years of age.
2. Designate a supervisor for the work-based learning student.
3. Provide a variety of training experiences, including continuous safety instruction.
4. Avoid displacing other workers who perform similar tasks and avoid the exploitation of students.
5. Inform the Teacher of Record and School Nurse immediately in the event of any work-related accident.
6. Report concerns with student's actions or behaviors to the Teacher of Record to help resolve problems prior to formal disciplinary action.
7. Assist in the development of the work-based training agreement.
8. Provide training on a weekly basis for a total number of hours as agreed upon in the training agreement. Any changes to the training location or schedule must be submitted to the Teacher of Record.
9. Meet with and evaluate the student at the end of the WBL experience using provided form and return completed evaluation to the student to be turned in to their Teacher of Record.
10. Welcome Teacher of Record, or their designee, for worksite visits at least once during the term of the WBL experience.
11. Notify the Teacher of Record about a student's termination immediately.

CTE Career Specialist and District WBL Partnerships Coordinator's support:

1. Develop and distribute all information and forms for the work-based learning programs for CCSD.
2. Maintain the confidentiality of personal information of all participating students.
3. Ensure that training is meaningful and related to the student's career goals.
4. Ensure that job-site visits occur at least once during the term of the experience.
5. Ensure that each work-based learning participant is assigned a Teacher of Record.
6. **SUMMER WBL PLACEMENTS:** Collect all required documents for WBL experiences and provide them to each student's Teacher of Record at the beginning of the next academic year.

Job Competencies to be included in the required Supervisor Evaluation form completed at the end of the experience.

List 5 job skills student will work to master during this WBL experience:

1.
2.
3.
4.
5.

By signing this document you agree to the responsibilities as outlined herein:

Print Student Name: _____ Student Signature: _____	Date:
Print Parent/Guardian: _____ Parent/Guardian Signature: _____	Date:
Print Worksite Supervisor: _____ Worksite Supervisor Signature: _____	Date:
Print Teacher of Record: _____ Teacher of Record Signature: _____	Date:



Work-based Learning Experience Student Transportation & Emergency Information Form

Personal Data:

Student Name:	Telephone:
Parent/Guardian Name:	Telephone:
Parent/Guardian Name:	Telephone:
Please indicate any other names and telephone numbers which should be used in an emergency:	

Transportation Information:

Transportation Arrangements: () Drive Self () Ride with Parent/Guardian () CARTA	
IF DRIVING SELF →	Make/Model of Vehicle:
Auto Insurance Company Name:	Policy Holder Name:
Policy Number:	Insurance Phone Number:

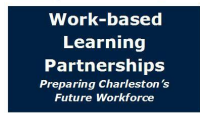
Student Medical Information:

Insurance/Accident Company:	
Policy Holder Name:	
Policy Number:	Insurance Telephone:
Physician's Name:	Physician's Telephone:
Allergic to medications? () Yes () No If yes, list medications:	
List all medications presently taking:	
List any physical or medical limitations:	

I, _____, give my permission for _____, to drive his/her self to and from their assigned work-based learning experience worksite.

 Student Signature

 Parent / Guardian Signature



WBL Career Ready 40+ Hours Verification & Supervisor Evaluation Form (Page 1 of 2)



Student Name:	Evaluation Date:
High School:	Experience Term – Start Date _____ End Date _____
Worksite:	Worksite Supervisor:

Directions: For page 1, please copy the Job Competencies listed on page 4 of the signed training agreement for this internship in the spaces below. Use the appropriate number in the rating column below to indicate the degree of mastery for each task. Additional feedback is welcome.

Employer Rating

- 1 = Performance Improvement Needed: Needs to have a strategy to improve this skill
- 2 = Developing: Developing this skill; learning to address challenges related to this skill; aware of next steps
- 3 = Competent: Demonstrates this skill; aware of the importance of this skill
- 4 = Proficient: Consistently demonstrates this skill; shows initiative to learn about, enhance or apply this skill
- 5 = Advanced: Exceeds expectations; works with high level of independence, acts as a role model, or shows initiative to apply and extend this skill

5 Job Competencies	Rating	Additional Feedback
Total		



WBL Career Ready 40+ Hours Verification & Supervisor Evaluation Form (Page 2 of 2)



Directions: Circle a response for each row below. Total the points by using the numerical value for each column.

	5 Points	4 Points	3 Points	1 Point
Quality of Work	Superior	Very Good	Average	Poor
Knowledge of Work	Excellent	Good	Adequate	Insufficient
Work Attitude	Very enthusiastic	Shows great interest	Shows normal interest	Indifferent; uninterested
Attendance/Punctuality	Attends daily; always on time	Occasionally absent or late	Warned for tardiness/truancy	Frequently absent or late
Decision-Making Ability	Makes accurate, well-informed decisions	Needs occasional guidance from supervisor/others	Often needs help with decisions	Cannot make own decisions
Industry (Diligence)	Industrious; works extra	Works steadily; good effort	Persistent in efforts	Avoids work; not persistent
Work Initiative	Seeks additional tasks; highly motivated	Alert to opportunities; makes good suggestions	Regular work performed promptly	Needs explanation of routine work
Organizational Ability	Highly capable of organizing	Fairly organized	Disorganized occasionally	Disorganized often
Attitude Toward Others	Positive; takes active friendly interest in others	Pleasant, polite	Sometimes difficult to work with	Inclined to be quarrelsome, uncooperative
Acceptance of Responsibility	Welcomes responsibility	Accepts willingly without protest	Accepts under protest	Avoids responsibility whenever possible

Total Points Page 2: _____ Pages 1 + 2 Total: _____

Total Number of Hours Completed: _____

Worksite Supervisor Signature

Date

Student Signature

Date