



DUSD CTE/PROFESSIONAL INTERNSHIP PROGRAM



STUDENT INTERN PACKET

Intern Name:



THIS PACKET MUST REMAIN TOGETHER.

**YOU ARE RESPONSIBLE TO RETURN THE
COMPLETED PACKET WITH APPROPRIATE
SIGNATURES BY THE END OF WEEK ONE.**



Dysart Unified School District #89 Work Based Learning

Program Syllabus / Parent Consent

~ Prerequisite ~

Students must be in the final carnegie unit of their CTE program sequence.

~ Course Description ~

The DUSD CTE Professional Internship Program is an in-depth, work based learning program with **120** hours of experience in a career area of interest. The course is 18 weeks in length and is worth one credit. Each student will receive projects and two mentor evaluations during the semester that will reflect their grade and credit will be given upon completion of the course.

~ The Internship Rules ~

No one has the right to interfere with the learning, safety, or well-being of others. All school handbook rules and policies will be enforced in this program. You are responsible for you own work and your own actions. Students may lose credit in the program for excessive absences during the semester, regardless of whether or not the absences are verified.

~ Student Expectations ~

Students will attend the program and work diligently on projects and assignments. Students will turn in work to their personnel files for grading. Students will notify teacher in advance of days that will be missed due to extracurricular activities so that assignments can be obtained in advance. Students will actively participate in an internship learning experience the entire semester to meet the 120 hours requirement. If the student meets the requirements before the end of the semester, they are still required to participate at the coordinator's discretion. Students are expected to maintain a C (70%) average in all classes to remain in the program.

~ Make-Up Work ~

Make up work may be done in accordance with handbook rules and district policies. It is your responsibility to obtain the make-up work.

~ Transportation ~

Transportation to and from the internship site will be the sole responsibility of the student. Please note and complete the on-line Private Vehicle Transportation Parental Consent Form.

Grading Policy and Weights

Grading Policy :

A	90%-100%
B	80%-89%
C	70%-79%
D	65%-69%
F	Below 65%

Weights For The Professional Internship:

20%	Aligned checks for understanding:
	All projects and personal assessment program/internship site paperwork.
60%	Major assessments and projects: Student Performance Evaluations (10%), Mock Interview (10%) and completed 120 work-based learning hours (40%)
20%	Assessment Task: Production of a comprehensive Professional Career Portfolio

~ Units of Study ~

Learning Module One: *Planning My Future*

- **Career Plan**
Personal Assessment, Career Research Essay

Learning Module Two: *Preparing for My Future*

- **Business Communications**
Cover Letter, Resume, Application, Follow-Up Letter, Thank You Letter
- **Resume Development**
- **Evaluating Interview Skills**
Research Interviewer/Business, Participate in a Mock Interview, Evaluate Interview Skills

Learning Module Three: *Experiencing My Career*

- **Internship Experience**
Colleague Interviews, Standards Development, Student Performance Evaluation, Wage/Hour Form, Professional Portfolio, Reflection

Transportation: I understand that students must provide own transportation and the Dysart Unified School District #89 and DUSD Administration assumes no responsibility when a student travels in a private vehicle.

Release/Flextime: Please note that during the student’s internship time, they *will not* be in class. Some students will complete their internship hours during their scheduled class time and others will complete their hours after school and/or on weekends. This flextime schedule means the student will be released and *should not be on campus*.

Portfolio: I understand my child will create a portfolio.

Photographic Release: Consent to the use and release to Dysart Unified School District the use of my name and my likeness, (Participant) whether in still, motion pictures, or video tape, my photograph and/or other reproduction of me or my property, including my voice and features, with or without my name, for any editorial, promotion, trade business or other purpose whatsoever.

Student Signature Date

Student Name (Print)

Parent/Guardian Signature Date

Parent/Guardian Name (Print)



**Dysart Unified School District #89
Work Based Learning**

Confidentiality

I understand that I may have access to confidential patient/client information and confidential information about the business and financial interests of my employer (referred to as “Business Partner” in this Agreement). I understand that Confidential Information is protected in every form, such as written records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all existing and future Business Partner policies and procedures to protect the confidentiality of Confidential Information. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information, unless it is permitted by the Business Partner policy.

I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else’s authentication code or device, password, key card, or identification badge. I agree not to allow any other person to have access to the Business Partner’s information systems under my authentication code or device, password, key card, or identification badge. I agree to notify the appropriate administrator immediately if I become aware that another person has access to my authentication code or device, password, key card, or identification badge, or otherwise has unauthorized access to the Business Partner’s information system or records.

I agree that my obligations under this Agreement continue after my employment or my time as a volunteer/employee/intern ends.

I agree that, in the event I breach any provision of this Agreement, the Business Partner has the right to reprimand me or to suspend or terminate my employment or volunteer status with or without notice at the discretion of the Business Partner, and that I may be subject to penalties or liabilities under state or federal laws. I agree that, if the Business Partner prevails in any action to enforce this Agreement, the Business Partner will be entitled to collect its expenses, including reasonable attorney’s fees and court costs.

Student Signature Date

Student Name (Print)

Parent/Guardian Signature Date

Parent/Guardian Name (Print)