

Recommendation Packet for Other Program Area Internship Cover Sheet 2012-13

Instructions

Complete the information on the Cover Sheet and submit a copy of the attached Confidential Teacher Recommendation and Confidential Administrative Recommendation as well as a one-page, typed statement indicating why you wish to be an Other Program Area Intern and what qualifications support your placement as an Intern. Be sure to give both individuals (teacher and administrator) an envelope and inform him/her that you will pick it up on or before Thursday, March 15, 2012. Additional deadlines are listed at the bottom of the Cover Sheet. Because of the limited number of slots available in the Internship program, selections will be based on **merit**. Students will be placed at the committee's discretion; that placement will reflect the total needs of the school. Thus, when you prioritize your areas of interest (e.g. classroom--instruction), you may request a recommendation from the teacher that you'd like to work with; however, **that recommendation does not guarantee acceptance to the program or placement with that teacher.** If accepted, you are obligated to serve the school where the committee places you; if you are unwilling to honor that obligation, you need not apply. Failure to comply with committee decisions will result in automatic removal from the program.

****Class to be dropped in order to have the Internship added to your schedule:** _____

Student Information

Student Name _____ Student ID # _____

I am requesting committee review for placement in the Internship program and understand that the purpose of the program is to provide assistance to Sanderson High School. If accepted I agree to attend faithfully, to comply with requests, to complete work in a cheerful and timely manner and to adhere to committee placement or forfeit my position as an Intern. I understand that only select **12th graders** will be able to participate and that the committee's decisions are final. I am requesting that the committee consider the following placement priorities (rank 1 for 1st choice through 5 for last choice):

_____ Administrative Office(s) _____ Division Leader/Department Contact _____ Clerical Position/Office(s)

_____ Classroom (helping with instruction) _____ Classroom (clerical only)

*Please list areas of academic strength:

Student Signature _____ Date _____

Parental Consent

As the parent of the student named above, I give my consent for him/her to request review for placement in the Internship program for the upcoming school semester. I realize that being an Other Program Area Intern is a privilege and that, if accepted into the program, my child's grade depends on his/her character, work ethic and integrity. I also understand that successful completion of this packet does not guarantee placement in the program and that the committee will place my son/daughter where the greatest need exists.

Parent Name (please print) _____

Parent Signature _____ Date _____

Deadlines

Students must complete the following steps by each deadline in order to be considered.

- Applications are available from Student Services. Give a teacher and your administrator a copy of the attached Confidential Teacher/Administrator Recommendation Form. Be sure to give each individual an envelope and tell them that you will pick up the form by **Thursday, March 15, 2012.**
- **Friday, March 16, 2012** —Turn in Cover Sheet, both Confidential Teacher Recommendation Forms (sealed in envelopes) and your **one-page, typed statement** to Student Services addressed to **Mrs. Bame.**

Confidential Teacher Recommendation for Internship

Student Name _____

Please consider the applicant carefully and consider whether he or she would be successful in fulfilling Other Program Area Internship responsibilities. Please rank the student in each category. A rank of 5 means the student ALWAYS demonstrates a high level of competency in this category; a rank of 1 means the student never demonstrates this competency in this quality; N/O means you did not have an occasion to observe this quality. Additional comments are appreciated and can be continued on the reverse side of this page. Upon completion, place in the envelope provided by the student and sign across the seal. The student will return to retrieve the envelope from you by Thursday, March 15, 2012.

Category	Ranking						Comments
	1	2	3	4	5	n/o	
On time to class	1	2	3	4	5	n/o	
Meets Deadlines	1	2	3	4	5	n/o	
Completes Assignments	1	2	3	4	5	n/o	
Trustworthy	1	2	3	4	5	n/o	
Works Well with Others	1	2	3	4	5	n/o	
Participates in Class	1	2	3	4	5	n/o	
Makes Positive Contributions to Class	1	2	3	4	5	n/o	
Maturity	1	2	3	4	5	n/o	
Writing Skills	1	2	3	4	5	n/o	
Research Skills	1	2	3	4	5	n/o	
Leadership Skills	1	2	3	4	5	n/o	
Work Ethic	1	2	3	4	5	n/o	
Open-Mindedness	1	2	3	4	5	n/o	
Motivation	1	2	3	4	5	n/o	
Attitude	1	2	3	4	5	n/o	

Additional Comments

Teacher Name _____

Specific Relationship to Applicant (AC, Algebra II Teacher, etc.) _____

Signature of Teacher _____ Date _____

Confidential Administrative Recommendation for Internship

Student Name _____

Please consider the applicant carefully and consider whether he or she would be successful in fulfilling Other Program Area Internship responsibilities. Please rank the student in each category. A rank of 5 means the student ALWAYS demonstrates a high level of competency in this category; a rank of 1 means the student never demonstrates this competency in this quality; N/O means you did not have an occasion to observe this quality. Additional comments are appreciated and can be continued on the reverse side of this page. Upon completion, place in the envelope provided by the student and sign across the seal. The student will return to retrieve the envelope from you by Thursday, March 15, 2012.

Category	Ranking						Comments
On time to class	1	2	3	4	5	n/o	
Meets Deadlines	1	2	3	4	5	n/o	
Completes Assignments	1	2	3	4	5	n/o	
Trustworthy	1	2	3	4	5	n/o	
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Work Ethic	1	2	3	4	5	n/o	
Open-Mindedness	1	2	3	4	5	n/o	
Motivation	1	2	3	4	5	n/o	
Attitude	1	2	3	4	5	n/o	

Please comment on how the student's disciplinary history **either supports or prohibits** this student's placement in the Other Program Area Internship program. Be as specific as possible; for example, if the student was suspended, please indicate the reason for the suspension and any pertinent information to assist the committee in its decision-making process.

Additional Comments:

Administrative Signature _____ Date _____