EXTENDED LEARNING OPPORTUNITY PROGRAM
MEMORANDUM OF UNDERSTANDING
OBLIGATIONS OF PARTICIPANTS

Student Name: ____________________________________________________________

Business Site: ____________________________________________________________

Site Mentor/Supervisor: ____________________________________________________

Date(s) of Internship/Job Shadow: __________________________________________

Time: __________________________ Number of credits to be awarded: ___________

Student agrees to the following:

1) Arrive promptly at the work site on every scheduled day.
2) Call site ASAP if unable to attend due to illness or emergency.
3) Call Berlin High School if unable to attend internship.
4) Dress appropriately.
5) Demonstrate professional work behavior.
6) Be conscious of safety while on site, and while traveling to and from site.
7) Keep record of hours on log sheets and have supervisor sign them.
8) Complete daily journal entries and career exploration assignments.
9) Write a final paper, complete project and fill out self-evaluation.
10) Complete Portfolio – to be reviewed by STC Coordinator.
11) Abide by all rules of the workplace and Berlin High School.
12) Inform Supervisor/STC Coordinator if any problem should arise about internship.

Confidentiality is another important issue that arises while a student is observing procedures and clients in a variety of settings. Each student agrees not to divulge any names or information obtained while on site, and realizes that doing so will result in their immediate dismissal from the STC program and possible legal action taken against them.

Once a student signs up and agrees to receive credit for an internship he/she must complete all work listed above or he/she will receive a Failure (F) on his/her permanent record. If student completes all work assigned to the best of his/her ability then they will receive a Pass (P).

By signing below, I acknowledge that I have read and understand the statements above and that I agree to abide by all Berlin High School and School-to-Career policies.

Student Signature: __________________________________ Date: _________________

Parent agrees to the following:

1) Allow student to participate and offer support through work-based learning experience.
2) Assume responsibility for student traveling to and from the work site.
3) Contact School-to-Career Coordinator with any questions or concerns.
Site Supervisor agrees to the following:

1) Serve as a mentor and training guide for student.
2) Assist student and School-to-Career Coordinator with goals and expectations for internship.
3) Give student assignments related to goals and expectations. (These assignments must be geared toward learning new skills. Student cannot displace a paid employee.)
4) Offer safety instruction when necessary.
5) Keep in contact with School-to-Career Coordinator throughout internship.
6) Assess internship through an evaluation form.

School-to-Career Coordinator agrees to following:

1) Organize goals and expectations for internship with student and site.
2) Meet with student regularly to discuss internship and collect journal entries.
3) Keep in contact with site and participate in site visits.
4) Provide evaluations for student and site.
5) Inform Administration if there are any concerns about the internship.
6) Contact Guidance Department after internship completion and let them know if student is awarded credit.

Administration Signature: __________________________ Date: __________
Media Release Permission Form

School-to-Career activities include job shadowing and internships that at times catch the public’s attention. Occasionally, the media enjoys writing articles and taking photographs about our activities. There are other times wherein a student has an opportunity to write for a possible publication.

In the event of such opportunities, we need parental/guardianship permission to allow your child’s photograph or written work to be published. Please sign below and have your child return this form to the School-to-Career coordinator. Please feel free to contact us with any questions or concerns.

Name of student: _______________________________________________________________________

Parent/Guardian Signature: _______________________________________________________________

Date: _______________________________

Transportation Permission Form

Choose one of the following transportation scenarios:

1. My son/daughter _______________________ is a licensed driver, has a vehicle, and has my permission to drive himself/herself to and from the internship/job shadow that was arranged through the School-to-Career office. **I understand, and my son/daughter understands, that under no circumstances is he/she to transport any other student in the vehicle for this activity.**

2. I will personally arrange transportation for my son/daughter _______________________ to and from the internship/job shadow that was arranged through the School-to-Career office.

3. I need the school to arrange transportation for my son/daughter _______________________ to get to and from the internship/job shadow that was arranged through the School-to-Career office. I also understand that I may need to pay for this transportation (fee to be determined).

School-to-Career Placement: _____________________________________________________________

Parent/Guardian Signature: _______________________________________________________________

Date: _____________________________

First Reading: September 20, 2012
Second Reading: October 4, 2012
**Adopted:** October 4, 2012