

**Barrington High School
Internship Program**

Student Name: _____

Grade: _____ **Class of:** _____ **School Counselor:** _____

___ **I have an Internship in place:**

___ **I DO NOT have an Internship in place:**

(Answer Below:)

(Answer Below:)

<p>If student has an internship opportunity secured, please provide the following information:</p> <p>Internship Site: _____</p> <p>Site Address: _____ _____</p> <p>Mentor's Name: _____</p> <p>Mentor's phone #: _____</p> <p>Mentor's email: _____</p> <p>Starting Date: _____</p> <p>Check the timeframes that apply: _____ Semester I _____ Semester II _____ Summer</p>	<p>If student DOES NOT have an internship opportunity secured please answer the following questions:</p> <p>What are your top 3 favorite subjects in school?</p> <p style="margin-left: 40px;">1. 2. 3.</p> <p>What type of learner are you? (Circle One): <i>Kinesthetic Visual Read-Write Auditory</i></p> <p>What are your hobbies? Circle all that Apply: <i>Sports Video Games Knitting Gardening Reading Writing Poetry Yoga Coding Dance Playing Cards Hiking Cooking</i></p> <p>What is a future career interest? _____</p>
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**Barrington High School
Internship Program
Parent Authorization Form**

Dear Parent(s)/Guardian(s): Your son/daughter is seeking an Internship at Barrington High School. Please complete the information below and sign indicating your approval and authorization to participate in the Internship program.

Student Name: _____

Emergency Contact: _____

Phone: _____

Work Site: _____

Site Address: _____

Phone: _____

Mode of Transportation:

Coverage::

Health Insurance Coverage:

_____ My child has medical coverage.

** Additional insurance can be purchased through the school. Please contact the main office for more information.

Automobile Liability Insurance Coverage (if applicable):

_____ My child is insured by an automobile liability insurance policy.

Parent Authorization Form

I, _____, give permission for _____
(Parent's Name) (Student's Name)

to be released from school and report to the work site listed above as part of the Internship Program. When traveling to the work site, it is preferred that students use public transportation to report to and from their location. Other modes of transportation may be acceptable, however they must be approved by the parent(s) for the student to be eligible to participate in the Internship Program.

I understand my child will be under the supervision of the employer while at the workplace with periodic visitation by the Internship Coordinator.

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

Print Name : _____

Student Signature: _____ **Date:** _____

Print Name: _____

Internship Program

Student Obligations

You must fulfill the following responsibilities to maintain enrollment in the program:

1. A round trip plan of transportation must be developed by the student and must be approved by a parent and the coordinator. *Student Initials* _____
2. The student will report to work on time according to the schedule created with mentor and coordinator. *Student Initials* _____
3. The student will **report to work as scheduled**. Absences disrupt the continuity of the learning process, which has been arranged with the cooperation of the employer. The student may not report to work on any day you are absent from school without authorization of the coordinator. *Student Initials* _____
4. Students will adhere to the school's attendance policy: Students' with excessive absenteeism (8 or more total absences- Excused or Unexcused) is subject to consultation with the Coordinator and the Assistant Principal which may result in removal from the work-site and the Internship Program. *Student Initials* _____
5. In the event that you are unable to attend your internship, **it is your responsibility contact Mrs. Pagliaro as well as your placement contact**. Under no circumstances are you to "Not show Up" as this may result in loss of position and/or removal from the program. *Student Initials* _____
6. The student will report to work in appropriate attire as illustrated by the company policies. *Student Initials* _____
7. The student must conform to all the rules and regulations of both the work site and the Internship Program. *Student Initials* _____
8. The student will listen to instructions and observe the employer in action. If needed, the student will ask for clarification to directions in order to accomplish responsibilities for the day. *Student Initials* _____
9. The employer expects punctuality, a good work ethic, and the desire to learn on the part of the student. The employer reserves the right to discharge the student for just cause. The coordinator requests consultation with the employer before such action is taken. *Student Initials* _____

10. The student will construct a portfolio according to the guidelines given by the coordinator, which will be a compilation of their accomplishments throughout the program.

Student Initials _____

11. The student is responsible for 1 evaluation by the employer for every 25 hours completed(i.e. 100 Hours = 4 Evals). This evaluation will serve as a benchmark for future assessment and will be included in the student's portfolio.

Student Initials _____

12. Parents or guardians accept the responsibility for the personal conduct of their children while they are participating in the Internship Program, however, any contact with an employer must be done via the coordinator. Parents are urged to assist the school by supporting its attendance policy. If problems occur, parents are asked to call the coordinator who will contact the employer and report back to the parents. Parents are NOT to call the work site to discuss problems. This could result in the student's removal from the program.

13. The student must commit a minimum of two weeks to the employer before any job change will be authorized by the coordinator in the event any problems arise. You may be faced with a waiting period between jobs.

14. You should NOT quit a job unless attempts have been made by the coordinator to correct any problems. In the event a student should be terminated from a job, the coordinator will handle the situation. Any student who quits a job on his/her own is subject to dismissal from the program.

15. In the event that you withdraw from school, you will be terminated from the supervision of the Internship Coordinator.

16. Evaluations of job performance will be a joint effort by the employer and the coordinator. Credit toward graduation may be granted for satisfactory completion of the program objectives. The coordinator, in consultation with the employer, guidance counselor, and the principal will determine this.

17. 50 hours are required to receive ½ credit and 100 hours are required for 1 credit (per semester).

I HAVE READ AND UNDERSTAND THE ABOVE RULES.

Parent's Signature

Date

Student's Signature

Date

**Barrington High School
Internship Program Eligibility Form**

School Counselor: Please review the student's schedule, grades, credits and attendance. Based on these, indicate approval /disapproval for the student participating in the Internship Program.

Approved Not Approved

School Counselor Signature: _____ **Date:** _____

Comments:

Assistant Principal: I have reviewed the student's record (including behavior and attendance), and the evaluations from guidance. Based on this, I indicate my approval / disapproval of the student's participation in the Barrington Internship Program.

Approved Not Approved

Assistant Principal Signature: _____ **Date:** _____

Comments:

Student:

Your signature indicates that you have submitted all required documents for application to the Internship Program, that you will comply with all rules and regulations which Barrington High School establishes for transportation, including that you will not drive any other student to a job site, and that you shall, at all times, comply with all Rhode Island statutes governing the operation of motor vehicles, in particular those pertaining to the provisional licensees as set forth in RIGL Section 31-10-6 (See attached Copy).

Student Signature: _____ **Date:** _____

Internship Coordinator:

Based on all the information above, the student has met all the criteria for the Internship Program.

Approved Not Approved

Coordinator's Signature: _____ **Date:** _____

Comments / Conditions: _____

TITLE 31
Motor and Other vehicles
CHAPTER 31-10
Operators' and Chauffeurs' Licenses
SECTION 31-10-6

(2) Limited provisional license. A person may obtain a limited provisional license if the person meets all of the following requirements:

(i) Has held a limited instruction permit issued by the division of motor vehicles for at least six (6) months;

(B) Has not been convicted of a motor vehicle moving violation or seat belt infraction during the preceding six (6) months;

(C) Passes a road test administered by the division of motor vehicles and shall also meet the requirements of subsection (iii) herein.

(ii) A limited provisional license authorizes the license holder to drive a motor vehicle only under the following conditions:

(A) The license holder must be in possession of the license.

(B) The license holder may drive without supervision in any of the following circumstances:

(I) From 5:00 a.m. to 1:00 a.m.;

(II) When driving to or from work;

(III) When driving to or from an activity of a volunteer fire department, volunteer rescue squad or volunteer emergency medical service, if the driver is a member of one of these organizations.

(C) The license holder may drive with supervision at any time. When the license holder is driving with supervision, the supervising driver must be seated beside the license holder in the front seat of the vehicle when it is in motion.

(D) Every person occupying the vehicle being driven by the license holder must have a safety belt properly fastened about his or her body, or be restrained by a child safety passenger restraint system as provided in § 31-22-22 when the vehicle is in motion.

(iii) In addition to meeting the requirements of paragraph (i) of this subdivision, a person under the age of eighteen (18) years seeking to obtain a provisional license shall present with his or her application a statement signed by the person's parent or guardian stating that the applicant has obtained a minimum of fifty (50) hours of experience with ten (10) of those at night as a driver while driving with a supervising driver. These fifty (50) hours may include driving lessons with a commercial driving school or any other supervised driving.

(iv) During the first twelve (12) months of a limited provisional license no more than one passenger younger than twenty- one (21) years of age is allowed in the vehicle. Immediate family/household members are excepted from this subsection.

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Failure to comply with any Rhode Island statutes governing the operation of motor vehicles, including without limitation, RIGL 31-10-6 regarding limited provisional licensees may result in loss of the privileges to participate in the Internship Program at Barrington High School.

**Barrington High School
Internship Program
Mentor/Site Agreement Form**

Company: _____

This company agrees to supervise _____ student(s) in the Internship Program for a total of _____ hours per week during the _____ semester. Students will be given practical hands-on occupational and education exploration. The intent of this program is to afford the student the opportunity to become acquainted with the various aspects of a given company and orientation to the numerous careers, products, and services this company offers.

The hands-on experience is not designed to result in a profit for this company.

Company Agrees to:

- Work with the student as if he/she were an employee of the company.
- Provide a quarterly evaluation of the intern's job performance
- Provide full-time adult supervision for the student and insure compliance with Labor Laws.
- Notify the student's coordinator or counselor immediately in the event of an accident involving the student.
- Provide a letter of recommendation for the student at the conclusion of the program which they may use for their future aspirations.
- Certify that the student will not replace any employee currently on layoff status.

Employer's Signature

Date

"Barrington Public Schools does not discriminate on the basis of race, color, national origin, disability, gender, age, religion or sexual orientation in admission to, access to, treatment in or employment in its services, programs and activities"