

Internship Expectations

Internship is a course offered at Mosinee High School for Seniors interested in developing their employability skills through real life work experiences. Each student will be responsible for applying for and obtaining an appropriate job by the second week of the semester.

All Internship students will be eligible for the Wisconsin Employability Skills Certificate Program. This is a State endorsed program which recognizes achievement in employability skills in the workplace. Upon successful completion, the student will receive a Certificate of Occupational Proficiency from the Wisconsin Department of Public Instruction.

No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any Internship program on the basis of race, color, religion, sex, national origin, age handicap, political affiliation or belief, or sexual orientation.

The Student's responsibilities include;

- 1) applying for and obtaining a job appropriate for this program. Your job must be acceptable by the School to Career Coordinator, Principal and Associate Principal.
- 2) Each student in the Internship program participating in a work site experience will receive a letter grade. This grade will be based on the evaluations your work site mentor completes on your performance.
- 3) If a student does not have his/her Release Privileges they must be in study hall during their agreed release periods on those days or times he/she is not scheduled to work **Failure to do so will result in an unexcused absence in study hall.** A Work Log is required for anyone without privileges and must be completed PRIOR to leaving for work.
- 4) demonstrating improvement in the Employability Skills identified on the evaluation form.
- 5) contacting the School to Career Coordinator if there is a problem with your job or with someone you work with. You are not allowed to quit or change your job without first contacting the School to Career Coordinator. **IF YOU SHOULD QUIT OR CHANGE YOUR JOB WITHOUT FIRST CONTACTING THE SCHOOL TO CAREER COORDINATOR, YOU MAY RECEIVE A FAILING GRADE FOR THAT SEMESTER IN INTERNSHIP. IF YOU ARE TERMINATED FROM YOUR**

JOB DUE TO POOR JOB PERFORMANCE DURING THE SEMESTER YOU MAY FAIL INTERNSHIP.

- 6) completing all necessary documents. These must be completed and returned by the end of the second week of the semester. A reduction in grade will occur for late completions.
 - a) Internship Expectations.
 - b) Mosinee High School's Acknowledgement of Student-Provided Transportation to Work Experience Programs.
 - c) Criteria to Earn Internship Credit.
- 8) contacting your place of employment if you are ill or for any other reason you did not attend school. **You cannot go to work if you did not go to school.**
- 9) informing your supervisor about the program. Please give your supervisor the letter explaining the program.
- 10) working a minimum of 90 hours per semester.

The School to Career Coordinator's responsibilities include:

- 1. providing the student with assistance if employer/employee problems occur.
- 2. visiting/contacting each work site once per semester.
- 3. discussing each student's development with their supervisor.
- 4. meeting with the student to review the work site progress after the work site visit.
- 5. evaluating each student's progress at the conclusion of each six week grading period.

I have read and understand the requirements of participating in the Work Experience portion of the School to Career Program.

Student printed name

Student signature

Date

Parent printed name

Parent signature

Date

MOSINEE HIGH SCHOOL
Acknowledgement of Student-Provided
Transportation to Work Experience Programs

- I _____, understand that my student, _____, will
(Parent/guardian's name) (Student's name)
be participating in the _____ program, in conjunction with _____.
(Name of work experience program) (Name of employer)
Parent's Initials _____

- He/She will participate in this program for _____, commencing _____.
(Duration of program) (Date program begins)
Parent's Initials _____

- I understand and consent to my son/daughter transporting himself/herself to and/or from
_____ for the above described work experience program.
(Name of employer, company or entity)
Parent's Initials _____

- I understand and consent to my son/daughter transporting himself/herself to and/or from related course sites
which are part of the _____.
(Name of work experience program)
Parent's Initials _____

- Based on the information stated above, and my understanding of the issues, which I have signified by
initialing above, I understand and agree to Hold the District Harmless and waive my rights to file a claim,
pursue legal action, or seek financial relief or reimbursement from the School District, its board members,
employees, and volunteers associated with this program, for damages arising out of my child driving
himself/herself to and/or from _____.
(Name of employer, company, or entity)
Parent's Initials _____

- I confirm that my son/daughter has a valid driver's license and that no more than one minor moving
violation and no major moving violations appear on his/he motor vehicle record (MVR). I understand and
agree that MVR activity exceeding the described levels previously described will result in my son/daughter
losing the privilege of driving him/herself to _____.
(Name of employer, company, or entity)
Parent's Initials _____

- I confirm that insurance coverage for my son/daughter is provided by _____.
(Name of Auto Insurance Company)

The insurance policy covering the automobile which will be used for transporting my son/daughter provides no less than \$10,000 coverage for property damage and \$25,000 coverage for bodily injury liability for each and \$50,000 of total coverage for each accident.

Parent's Initials _____

Signature of Parent _____

Date: _____

Dear Potential Participating Employer:

Mosinee's School to Career initiative provides several opportunities for the youth of Mosinee. One aspect of Mosinee's School to Career initiative is our school supervised work experience program. This program includes Youth Apprenticeships, Student Leader Mentorships, and Internships.

The purpose of this letter is to inform you about our Internship program. This program is available for seniors at Mosinee High School. The focus of the program is on the development of employability skills. We believe both businesses and students benefit from this experience.

A student of ours is seeking employment or is already employed at your business and is enrolled in our Internship program. If he/she receives the position or is presently employed at your business, I would like to invite you to serve as the mentor for this student's supervised work experience.

As a mentor your responsibilities would include:

1. Observing the student/employee at the business to determine student's employability skills strengths and weaknesses.
2. Completing a written evaluation twice per semester on each student employee.
3. Meeting or corresponding via email/ phone with the School to Career Coordinator once each semester to discuss the student's progress in his/her employability skills. (I will call or email you to establish a meeting at your business and at your convenience)
4. Contacting me if there are any problems or concerns with the student's performance at the worksite.

A copy of the evaluation tool we use to assess each student is attached. **Please do not complete this form at this time.** Use it only as a reference to help develop a game plan for the development of the employability skills for the student you are mentoring.

The student will be asking you to sign a work study agreement form. If you agree to serve as his/her mentor in this program, please sign the form and return it to the student. The student is responsible for completing all other information on this form and returning it to the school.

We appreciate your consideration regarding participating in this program. We believe it to be of significant value to the educational and occupational development of our students.

If you have any questions, please contact me.

Mrs. Susan M. Swinick
School to Work Coordinator
715-693-2550 ext. 3404
sswinick@mosineeschools.org

MOSINEE INTERNSHIP EVALUATION FORM

Student being evaluated: _____ Date: _____

Evaluator's Name (printed): _____

Evaluator's Signature: _____

Business Name: _____

Hours worked this school year: _____ (Minimum of 90 hours needed)

Please rate each item using the following scale:

4 = Advanced (Excellent) **3** = Proficient (Above Average) **2** = Basic (Average) **1** = Minimum (Needs improvement) **NA** = not applicable

Personal Traits

4	3	2	1	NA	Attendance/ Punctuality
4	3	2	1	NA	Grooming Appearance
4	3	2	1	NA	Interest in Work
4	3	2	1	NA	<i>Demonstrates Integrity</i>
4	3	2	1	NA	<i>Shows initiative and self-direction</i>
4	3	2	1	NA	<i>Adapts to change</i>
4	3	2	1	NA	Attitude/ Personality
4	3	2	1	NA	Dependability
4	3	2	1	NA	Pride in Work
4	3	2	1	NA	Coachability

Abilities

4	3	2	1	NA	Organization
4	3	2	1	NA	Follows Instructions
4	3	2	1	NA	Constructive Feedback
4	3	2	1	NA	<i>Maintains composure under pressure</i>
4	3	2	1	NA	Time Management
4	3	2	1	NA	<i>Develops positive relationships with others</i>

Skill Performance

4	3	2	1	NA	<i>Performs quality work</i>
4	3	2	1	NA	<i>Performs quantity of desired work</i>
4	3	2	1	NA	Job Knowledge
4	3	2	1	NA	<i>Demonstrates safety and security regulations and practices</i>
4	3	2	1	NA	Neatness of Work Area

Communication

4	3	2	1	NA	<i>Applies job related technology and sources of information</i>
4	3	2	1	NA	<i>Cooperates with others</i>
4	3	2	1	NA	Asks appropriate questions
4	3	2	1	NA	<i>Communicates effectively with others</i>

Total Points _____ Average _____ Letter Grade _____

Determine an average by adding up the total of all of the items and dividing it by the number of items evaluate using the 4.0 scale below, determine grade.

4.00 - 3.20 = A	2.79 - 2.20 = B	1.79 - 1.20 = C	.79 - .20 = D
3.19 - 3.00 = A-	2.19 - 2.00 = B-	1.19 - 1.00 = C-	.19 - .01 = D-
2.99 - 2.80 = B+	1.99 - 1.80 = C+	.99 - .80 = D+	

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 693-2550 ext. 3404 | Fax 693-1152
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Criteria to Earn Internship Credit

- 1) The student must work a minimum of 90 hours per semester (Internship only) and 180 hours per semester (Internship and the Wisconsin Employability Skills Certificate program).
- 2) The student must complete and return all required documents by the end of the second week of the semester.
- 3) The student must be in attendance at school on days of work.
- 4) The student must complete his/her work log if they do not have privileges in study hall prior to leaving for work. Failure to do so will affect his/ her grade for this program.
- 5) **All required forms must be signed by parent/guardian unless an Adult Contract is on file.**
- 6) The employer must approve of his/her role and responsibility in the program.
- 7) The employer must complete an evaluation twice per semester on the student's work performance.
- 8) The School to Career Coordinator must contact the work site mentor once per semester to provide follow up between student and employer.

No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any Internship program on the basis of race, color, religion, sex, national origin, age handicap, political affiliation or belief, or sexual orientation. Interns will be provided with adequate and safe equipment and a safe and healthful workplace in conformity with all health and safety standards of Federal and State Law.

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
Student	Student	Date
Parent	Parent	Date
Mrs. Susan M. Swinick	_____	_____
School to work Coordinator	School to Work Coordinator	Date
Employer- Mentor	Employer-Mentor	Date

Employer Telephone Number _____

Employer E-mail Address _____

***Please make the sure the Employer information is written clearly and legible thank you for it's critical in providing contact information!!!**