

Rules for Internships

Internships or work experience can be a great way to become more familiar with a possible career choice. The state of Michigan expects internships to be in the student's career pathway. A student at Glen Lake (usually seniors) can intern up to half of the school day. Students must work at a job for the time that they miss from school:

- 1 Block – student must work 5 hours per week
- 2 Blocks – student must work 10 hours per week
- 3 blocks – student must work 15 hours per week

The time that a student does his or her interning does not have to coincide with the time that he or she does the internship. For example, a student could have internship on the schedule for first block but actually do the work on Saturday mornings. Students turn in time sheets every two weeks signed by their employers.

The state of Michigan requires that any site that we use for an internship **must have liability and workman's comp. insurance**. Interns must work with their employers to create 10 basic training objectives or goals per semester.

Internships can be paid or unpaid. Students are responsible for locating the internship sites. We may be able to suggest some possible locations, but we do not have affiliations set up for this purpose. The HS Counselor will do a site visit to each internship location.

For first semester scheduling, a student can put internship on the schedule and use the summer to actually locate an internship. If none is found, call the counselor and add courses to replace internship on the schedule. All paperwork must be on file in the counseling office by the first day of the semester.

Attached are copies of all internship paperwork. Any questions, please call 334-3061, ext. 506.

Work-Based Learning Training Agreement/Non-CTE Programs/Special Education Transitions Program

Student Learner Information

Last Name: _____ First Name: _____ Grade (9-12 only): _____

Home Address: _____ Telephone Number: _____

Birth Date _____ Emergency Contact: _____

Email Address (optional): _____

School District Information

School District Name: Glen Lake Community School Phone: 231-334-3061

School Address: 3375 West Burdickville Rd., Maple City, MI 49664

Certificated Teacher / Coordinator: Mr. Matt Peschel x506

Employer Information

Name of Business: _____

Supervisor: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Worker' Disability Carrier: _____

Policy Number: _____

Liability Insurance Carrier: _____

Policy Number: _____

Placement Information

(Circle one): Paid Unpaid Date of Safety Training: _____

Date Employment Begins _____ Date Employment Ends _____

Job Title: _____ Credit to be earned: _____

Blocks replaced by Internship: _____ Hours needed per week: _____

Training Plan

IN ORDER FOR THIS TRAINING AGREEMENT TO BE VALID, A RELATED TRAINING PLAN FOR THE PUPIL BEING PLACED MUST BE ATTACHED OUTLINING THE SPECIFIC PERFORMANCE ELEMENTS/JOB SKILLS THAT THE STUDENT WILL BE LEARNING. For Non-CTE Work-Based Learning, CTE Standard Performance Elements may be used (www.ctenavigator.org) or other performance elements as deemed appropriate by the local district. A site to consider for developing Non-CTE Work-Based Learning performance elements is as follows: <http://online.onetcenter.org/>

Student Responsibilities [Local district determines these responsibilities]

1. Transportation to and from the training site, for the duration of the placement, is the student's responsibility.
2. The trainee must maintain a passing grade in the related course to pass the work experience and remain in the program.
3. Any student who will be tardy or absent from the scheduled work time must notify their employer.
4. Any student who skips school, will have the work based learning placement reviewed and may be removed from the program.
5. Should any problems arise at work or school that may affect the student's placement, the student should notify the coordinator immediately.
6. Students are required to obtain permission from the designated certified teacher/coordinator before quitting any work-based learning placement.
7. Students are required to complete weekly work hour reports to the coordinator. Failure to complete these required hour reports will result in the student failing the work experience.
8. Students will adhere to all safety requirements specific to this placement as identified by MI-OHSA and their supervisor.
9. Students who are absent from school are not permitted to work that day at their placement and must notify the employer.

School Responsibilities [Local district determines these responsibilities]

1. The placement relates to the student's career/education goals as outlined in their education development plan (EDP).
2. The vocationally certificated teacher/coordinator makes at least one visit, every nine weeks, to the training site.
3. Student is regularly supervised by certified staff and provided instruction in areas of skill attainment and work safety.
4. High school completion credit is granted upon successful completion of the placement.
5. Daily attendance is recorded.
6. The program must not violate the Fair Labor Standards Act and the Youth Employment Standards Act.

Employer Responsibilities [Local district determine these responsibilities]

1. The employer will provide the trainee with the broadest occupational experience in keeping with the job duties listed in the training plan and provide specific instruction on the use of any equipment or materials related to job duties. Documentation of this instruction should be maintained in the trainee's employment file.
2. The employer will ensure the student learner's employment activity is supervised by an experienced and qualified person (work-based mentor), and will complete trainee performance evaluations and verify attendance as required.
3. A written evaluation of student performance will be completed based on the performance elements and job skills listed in the training plan.
4. The employer will provide a training site that is free of obvious hazards that could cause potential injury or harm to the student.

The signature of the employer below certifies that the employment of the student learner will conform to all federal, state and local laws and regulations, including those that prohibit discrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status or disability.

Student's Signature Date

Parent's Signature Date

Vocationally Certificated Teacher/Coordinator Signature Date

Principal or Designee Signature Date

Employer Signature Date

NOTICE OF NONDISCRIMINATION: It is the policy of the _____ School District not to discriminate on the basis of race, color, national origin, gender, age, disability, height, weight or marital status in its programs, services or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Administrative Assistant, 222 Education Avenue, _____, MI 48888, (313) 555-8888. Upon request to the school district superintendent, the district shall make reasonable accommodations for a person with disabilities to be able to participate in this program.

Required Attachment: Training Plan

Glen Lake Work-Based Training Plan

Student's Name:

Semester 1 _____ Semester 2 _____

Students in a work-based training experience are expected to have ten training goals per semester. An example of a training goal could be: *The student will learn the proper way to interact with our public.*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Student Time Card for Work-Based Learning Placements
(Each student must complete a time-card and obtain employer's signature.)

Student Name/Grade: _____

Employer Name: _____

School Name GLEN LAKE HIGH SCHOOL

Day of Week	Date	Time In	Time Out		Time In	Time Out	Total Hrs Per Day
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday (If applicable)							
Sunday (If applicable)							

Day of Week	Date	Time In	Time Out		Time In	Time Out	Total Hrs Per Day
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday (If applicable)							
Sunday (If applicable)							

Student Signature _____ Date _____

Employer Signature _____ Date _____

Student: In this space list the date(s) you were absent for the week and your reasons(s):

Employer Comment(s): _____