



WEST CHESTER AREA SCHOOL DISTRICT

LEARN TO EARN

SEMESTER & YEAR-END

INTERNSHIP PROGRAM



2019 - 2020



**WEST CHESTER AREA SCHOOL DISTRICT
HIGH SCHOOL LEARN TO EARN INTERNSHIP PROGRAM
2019-2020 SCHOOL YEAR**

PROGRAM OVERVIEW

Internships provide eligible students with an opportunity to gain real-world work experiences that boost student confidence, and help them make informed choices about future careers and related post-secondary education and training options. Program participation will equip students with valuable experiences, skills, and knowledge. Students will make connections between classroom learning and workplace experiences, all while building professional relationships (networking). Students may fall in love with a career field or learn that a certain field is not for them. And learning that now, while still in high school, can save both time and money later!

Participation limited to 20 students in each high school.

ELIGIBLE TO STUDENT WHO:

- Are in grades 11 or 12 (2019 – 2020) and obtain signed parent/guardian permission.
- Obtain an approved Internship Sponsor and Faculty Advisor (may seek assistance from Career Education Counselor). Family members and current employers may not serve as sponsors.
- Can get to/from internship site.
- Participate a minimum of 7 hours per week (during and/or after school if schedule/credits permit, weekends optional) over one semester (fall, spring, or summer). **Seniors only** may participate in 4 wks., “full time” program where class attendance is completed on April 24, 2019.
- Complete and submit required application, forms (see below), and obtain Internship Sponsor clearances (3) by designated deadlines.

FORMS AND INFORMATION ON SCHOOLGY:

- Form A – Semester Internship Student Application Form 2019 – 2020
Related info: Student Expectations, Sample letter of interest (to sponsors), Sample Resume
- Form B – Parent/Guardian Authorization and Release for Participation
Related info: 121AG6 Field Trip Medical Information Form
- Form C – Internship Sponsor Agreement
Related info: Internship Sponsor Requirements, Internship Sponsor Clearances, Internship Sponsor Evaluation Form
- Form D – Faculty Advisor Agreement
Related info: Year-end Program Grading for Students, Course & Graduation Requirement Sign-Off Sheet

Students will document and process internship experiences through completion of the following requirements:

- Weekly journaling (share with faculty advisor), Attendance Form, Internship Sponsor Evaluation Form, Internship Student Reflection Survey

Students completing all Learn to Earn Internship Program requirements shall have the internship designation listed on their official high school transcript.

WCASD Contact – Donna Foley, Career Education Counselor, 484-266-4335 email: dfoley@wcasd.net



WEST CHESTER AREA SCHOOL DISTRICT

HIGH SCHOOL LEARN TO EARN

INTERNSHIP PROGRAM

2019-2020 SCHOOL YEAR

STUDENT EXPECTATIONS

Participation in the Learn to Earn Internship Program is a privilege which can be withdrawn at any time during the process. The following expectations have been developed to assist students in planning for their internship experience:

- Students are expected to participate in the Semester Learn to Earn Program for a minimum of seven (7) hours per week over 15 weeks during the fall and spring semester (summer hours to be determined); and/or the month long Learn to Earn Program for 6 hours per day (M – F) over a 4 week period at year end (seniors only).
- Students must provide their own transportation.
- Parents/Guardians may not sponsor their own students.
- Students may not be paid for the internship experience.
- Students are required to ensure their sponsors obtain their PA state mandated clearances.
- If a student is already employed by a company/business, student may not use that business as the internship site.
- Students are to represent themselves (and our district) in a professional manner, showing respect and self-control. Be aware of appropriate: dress, oral & written communications, punctuality, use of technology (i.e. cell phones and social media), etc.
- Students must communicate regularly with their Faculty Advisor during the internship experience and will complete/share a weekly journal.
- Students will obtain internship sponsor signature verifying weekly hours.
- Throughout the internship, all school rules will be in effect. The privilege of participating in the internship experience may be withdrawn at any time by program administration.
- Absences from the Internship site, scheduled (i.e. AP Review/Testing) or unscheduled, must be approved by the Internship Sponsor and made known to the Faculty Advisor.
- At the conclusion of the internship experience, students are required to complete/submit the Attendance Form, an Internship Reflection Survey in Naviance, and ensure Sponsors complete the Internship Sponsor Evaluation Form.
- All decisions relating to Internship Program will be made by program administration.
- Students should immediately notify their faculty advisor, or Donna Foley, dfoley@wcasd.net (EHS, RHS) or Ashley Kleckner, akleckner@wcasd.net,(HHS) if student encounters a problem or concern where student feels additional guidance is needed.

WCASD Contacts:

Donna Foley, Career Education Counselor East HS & Rustin HS email: dfoley@wcasd.net

Ashley Kleckner, Career Education Counselor Henderson HS email: akleckner@wcasd.net



West Chester Area School District
Internship Program

Sample Email of Interest

Dear _____,

Opening Paragraph:

Introduce yourself (i.e. Good afternoon. My name is _____ and I am a _____ (junior or senior) at _____ high school.

Tell reason for email (i.e. I am contacting you regarding a possible internship at _____ (company name).

Briefly describe the Internship Program

Give the dates of the internship & mention that it is unpaid

Middle paragraph:

Describe your interest in the career area

Describe any strengths in this area and/or what you can offer

Closing paragraph:

Solicit response & mention mandated clearances

Mention that you have a Faculty Adviser who will be in contact with them

Include your contact information

Thank person for attention & interest

Sincerely,

Your Signature

Your typed name


Address


Contact phone number

Note: Attach your resume (provide copy to Mrs. Foley), and Internship Sponsor Requirements Form

— YOUR NAME HERE —

CONTACT

 Your phone number

 Your email address

PROFILE

Write a brief overview of who you are (do you have a passion or career interest?) and summary of key strengths. Add a statement of what you can offer an employer. List related coursework (in column on left page) to support your areas of interest.

Awards:

- LIST ANY AWARDS OR ACHIEVEMENTS

SKILLS

- EXAMPLES BELOW
- PLANNING AND ORGANIZING
- ORAL & WRITTEN COMMUNICATIONS
- LEADERSHIP
- WORK ETHIC

EXPERIENCE

Contestant in DECA Business Competition (district, state, national) 2016-2019

Show examples of skills you noted on left side of page

Youth Leadership Program

2017 – 2018

Briefly summarize examples of your skills/what you gained

Employee of Giant Food Stores

2017 – 2019

Summarize key skills relating to this employment

Volunteer for Rustin UKnighted Club

2016-2019

Rustin's "UKnighted" Club is responsible for assisting incoming freshmen with their transition into high school. As a UKnighted member, I volunteered during Rustin's freshman orientation and throughout the students' initial months of high school. Specifically, I helped answer questions, gave directions, and served as a friendly mentor for adjusting students. My leadership ability, responsibility, and interpersonal skills helped me become a valuable volunteer.

EDUCATION

Bayard Rustin High School

2016- present (Currently a)

RELATED COURSEWORK

- Marketing Honors
 - Accounting I Honors
 - English 11 AP
 - Calculus Honors
-

INTERESTS

- **Reading** – Lead student Book of the Month Club.
 - **Community Outreach** – I enjoy actively working with local youth organizations in sporting events and craft-making workshops.
 - **Swimming** – Avid swimmer since age of 7. Love to compete!
-

Note: Employers are interested in your technical and “soft” skills, not a laundry list of experiences. You’ll want to show how you have demonstrated the skills you have listed - whether it be through work, clubs/activities, volunteering, or in your academic classes. Talk to your relatives and friends about skills they think you possess! Don’t forget to highlight in your profile section what you can offer prospective employers.



This statement is to be notarized

WEST CHESTER AREA SCHOOL DISTRICT
LEARN TO EARN INTERNSHIP PROGRAM

Form B - Parent/Guardian Authorization and Release for Participation

The undersigned being the parent(s)/guardian(s) of _____
("Student") and the Student, hereby authorize Student to attend and participate in the WCASD Learn to Earn
Internship ("Program") during the following timeframe (check the applicable box below).

Fall Semester **Spring Semester** **4 Wks. /May (seniors only)** **Summer**

The **Business/Institution** participating as the Student's Sponsor is _____
("Business"). I (we) have received and agree to comply with the Internship Student Expectations.

It is hereby understood and agreed that transportation for Student to and from the location of the Program is
the sole responsibility of Student and the parent(s)/guardian(s). The undersigned agree that s/he (they) are
responsible for all necessary insurance coverage and assume all liability related to transportation of student
to and from the Program.

I (we) grant WCASD and the Business permission to photograph the Student for use in promotional and
educational materials.

Should it be necessary for the Student to receive medical treatment while participating in the Program, I (we)
hereby give permission, at no expense to the WCASD or its personnel and the Business or its personnel to
take the Student or to transport by ambulance, to the nearest available doctor or hospital in case of medical
emergency while participating in the Program. It is further understood that will be no school nurse or
WCASD personnel at the Program site to administer medications. To the extent medically possible, all
medication should be administered prior to or after the Internship program or, the Student will be responsible
for self-administration.

I (we) grant permission to the WCASD release emergency contact/medical history to Business. I (we) further
grant permission to the WCASD to release confidential student information and/or education records to the
Business necessary to conduct the Program.

I (we) understand that the WCASD's rules and policies remain in effect during the Program. Failure to
comply with these rules and policies may result in removal from the Program and/or discipline. For students
participating in a Program that excuses them from attending regularly scheduled classes over a number of
weeks, it is understood that calculation of final student grade and GPA will remain open until the conclusion
of the applicable marking period(s).

In consideration for the training and experience which Student will receive through this Program, the
undersigned agrees to release, indemnify, defend and hold harmless, the WCASD, its Board of School
Directors and its employees and representatives and the Business and its employees, and representatives
from and against all claims, losses incurred or liability of any kind, including reasonable attorney's fees,

WEST CHESTER AREA SCHOOL DISTRICT

No. 121AG6

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED:

121AG6 FIELD TRIP MEDICAL INFORMATION FORM

(Please complete pages 1 & 2 and return to the student's teacher with the Permission Form 121AG2)

Name of Field Trip: _____ Location of Trip: _____

Student Name: _____ Building: _____

Teacher: _____ Grade: _____ Homeroom: _____

IN CASE OF ILLNESS OR ACCIDENT NOTIFY:

PARENT/GUARDIAN		Relation	Name	Employer	Work Phone #	Cell Phone #	Home Phone #
Father	<input type="checkbox"/>						
Step	<input type="checkbox"/>						
Mother	<input type="checkbox"/>						
Step	<input type="checkbox"/>						
Guardian	<input type="checkbox"/>						

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

ACCIDENT INSURANCE

Name of Insurance Company: _____

Policy Number: _____

Allergies: _____

Medical Conditions: _____

****PLEASE PROCEED TO PAGE 2****

**REVIEW IMPORTANT INFORMATION REGARDING MEDICATIONS AND THEIR ADMINISTRATION
AND PROVIDE ADDITIONAL SIGNATURES**

I give permission, at no expense to the school district or its personnel, to take my child or to transport by ambulance, to the nearest available doctor or hospital in case of medical emergency while on the above-named trip.

PARENT/GUARDIAN signature: _____ Date: _____

WEST CHESTER AREA SCHOOL DISTRICT

No. 121AG6

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED:

Name of Field Trip: _____ Location of Trip: _____

Student Name: _____ Building: _____

Teacher: _____ Grade: _____ Homeroom: _____

Name of Parent/Guardian (*please print*): _____

Please note: We are required to have written physician orders to administer medications. Physician written orders already in place at the school nurse's office need not be duplicated. HOWEVER, doctor's signatures are required for any OTHER medications with which the school nurse has not been involved (i.e. once daily meds that are given on awakening or at bedtime). Please have him/her complete and sign below.

Some field trips will not have a professional nurse present. In that case, no over the counter medications may be given. If a nurse is going on the trip, I give permission for the nurse to give my child:

Tylenol yes no Benadryl yes no Advil yes no Antacids yes no
on the trip as deemed necessary.

MY CHILD REQUIRES THE FOLLOWING ESSENTIAL MEDICATIONS:

DIAGNOSIS	MEDICATION	DOSAGE	TIME	ROUTE

ALL MEDICATIONS MUST BE IN THEIR ORIGINAL, LABELED CONTAINERS FROM HOME. PLEASE SEND ONLY THE AMOUNT NEEDED FOR THE TRIP. DO NOT SEND LOOSE MEDS IN BAGGIES-THEY WILL NOT BE GIVEN

All medication must be given to the nurse (*or lead teacher, if there is no nurse*) upon arrival to school on the day of the trip (*or before*). They will be turned over to the supervising adult upon departure. Medications and the signed forms must be received on or before the time of departure or will not be given.

HEALTH CARE PROVIDER (*Pediatrician or Family Doctor*):

I certify as the Health Care Provider that the above stated medications are to be given to the above named student while on the above-named trip.

HEALTH CARE PROVIDER signature & phone number Date

PARENT/GUARDIAN:

I, as the parent/guardian, wish to have the above stated prescription medication(s) taken by the above named student during the above named trip.

PARENT/GUARDIAN signature & phone number Date



WEST CHESTER AREA SCHOOL DISTRICT LEARN TO EARN MENTOR-INTERNSHIP PROGRAM

Form C – Learn to Earn Sponsor Agreement

I have read and agree to comply with the Sponsor Requirements containing information about West Chester Area School District’s Learn to Earn Program, and have met and discussed the program with the student. I understand the purpose of the program and will promote the development of a realistic perspective of the student’s interest areas.

I understand and agree I am obligated to obtain the three (3) clearances/background checks set forth in the Sponsor Requirements and provide them to the District, as well as complete the PDE-6004 72 hour reporting form, if necessary. I understand and agree that I will be the student’s supervisor while the student participates in this program and am required to be in student’s immediate vicinity at regular intervals during the course of this program. I also will oversee compliance of the Internship Programs under the Fair Labor Standards Act.

I understand that during the course of the program I may have access to the District’s confidential student information and education records. I agree that I will not at any time, either during or subsequent to the Learn to Earn Program, disclose any confidential student information or educational records or any other confidential information accessed or obtained by virtue of participating in this program, except where expressly required by law or where such disclosure has been expressly approved in writing by the District. I will comply with all disclosure requirements for educational records under Family Educational Rights and Privacy Act (FERPA) and its regulations for the District’s confidential student information and educational records.

I understand I will not receive payment or any other compensation for participation in the Learn to Earn Program and am participating in a volunteer capacity. I understand that I am not an employee of the District. I agree to document all student absences from the Learn to Earn Program site and communicate with the District regarding such absences. I further agree to inform the District of any inappropriate student behavior so the District may take disciplinary action as appropriate. In the event I am required to obtain permission from my employer to participate in the program, I have obtained the necessary permission to participate.

I agree to serve as the Business/Organization Sponsor for:

Student Name _____

Circle one: Fall Semester Spring Semester 4 Wks. /May Summer

Sponsor Name _____ Company/Organization _____

Industry _____ On-site Address _____

Contact Phone _____ Contact email _____

I understand that I am obligated to obtain the three (3) clearances prior to the Learn to Earn start date, and have read the Sponsor Requirements, PDE-6004 Form, and the Internship Programs Under the Fair Labor Standards Act document. _____ initials

Sponsor Signature

Date



WEST CHESTER AREA SCHOOL DISTRICT
LEARN TO EARN INTERNSHIP PROGRAM

Form D – Faculty Advisor Agreement

Internships provide students with an opportunity to gain targeted, real-world work experiences, and boost student confidence! Students become better informed about future career choices, and related post-secondary education and training options.

As interns, our students will further develop key skills taught in the classroom, and will make valuable connections between classroom learning and workplace experiences. Students may fall in love with a career field or learn that a certain field is not for them. And learning this now, while still in high school, can save both time and money later. You may even find students more engaged in the classroom!

Faculty Advisors play a critical role in guiding our students through the transition of school to career. Soft skills coaching in areas such as work ethic, professionalism, workplace etiquette (including oral/written communications with adults), and appropriate use of cell phones/social media builds the foundation for student success.

In collaboration with a Learn to Earn Sponsor and Faculty Advisor, students design an on-site program related to their skills and career interests. Students will spend a minimum of 7 hours per week, over 15 weeks, at the sponsor site - which may be during and/or after school hours, and may include weekends. In addition, seniors only may opt to participate in our 4 week, 6 hours per day Learn to Earn experience during the month of May. Students are responsible for their own transportation, and may share a Learn to Earn experience with multiple sponsors (i.e. different departments or companies during the semester/full day program).

Students will complete and share a journal of their Learn to Earn experience. The purpose of the journal is to identify and reflect on the connections between knowledge and skills learned in the classroom, with those required for success in the workplace. Students should also note the various education and training options to meet post-secondary goals.

As a Faculty Advisor, I agree to:

- **Advising no more than two students at any given time.**
- **Review/discuss the student’s internship application with the student prior to student submission.**
- **Review/discuss “soft” skills (i.e. professionalism, work ethic & etiquette, etc.) prior to start of internship.**
- **Contact the Learn to Earn Sponsor to introduce yourself and thank them for their sponsorship!**
- **Coordinate communications (how/when) with the student regarding journal monitoring/feedback, and any general questions or needed guidance that may arise.**
- **Inform Career Education Counselor (Donna Foley) of any issues/concerns you or student may experience.**

Student Name _____ School: _____

Circle one: Fall Semester, Spring Semester, 4 Wks. /May, Summer

Faculty Advisor

Name _____ School _____

Advisor Phone _____ Advisor email _____

Faculty Advisor Signature

Date



WEST CHESTER AREA SCHOOL DISTRICT LEARN TO EARN MENTOR-INTERNSHIP PROGRAM

Learn To Earn Sponsor Requirements

Program Overview

The Learn to Earn Program of the WCASD offers juniors and seniors insight into the various responsibilities, skills, and education and training needed to succeed in today's workplace. Students have an opportunity to explore various industry and career options through participation in an on-site learning experience during:

Fall Semester (Sept – Jan) Spring Semester (Feb – June) Full Day (4 wks. /May) Summer (June – Aug)

In collaboration with a Learn to Earn Sponsor and Faculty Advisor, students design an on-site program related to their skills and career interests. Students will spend a minimum of 7 hours per week, over 15 weeks, at the sponsor site - which may be during and/or after school hours, and may include weekends. In addition, seniors only may opt to participate in our 4 week, 6 hours per day Learn to Earn experience during the month of May. Students are responsible for their own transportation, and may share a Learn to Earn experience with multiple sponsors (i.e. different departments or companies during the semester/full day program).

An effective workplace Sponsor will demonstrate...

- A desire to introduce students to the positive aspects of your business and responsibilities of the workplace, including related technical and “soft” skills (i.e. professionalism, work etiquette, etc.).
- A visible investment in a student's career path, including assisting a student in the development of a career plan.
- The connection between school and work, and post-secondary education and/or training options relating to your field, including benefits and career advancement opportunities your company provides (i.e. training, tuition reimbursement).

As the workplace Sponsor, you will be asked to complete the following:

- Meet with student to review and complete the Student Application Form (outlines Learn to Earn).
- Obtain 3 mandated Pennsylvania Clearances prior to the Learn to Earn start date (see attached).
- Sign/Return Form C – Learn To Earn Sponsor Agreement.
- Support visiting student as a part of a mentor/protégé experience.
- “For-profit” company compliance with Internship Programs Under The Fair Labor Standards Act. <https://www.dol.gov/whd/regs/compliance/whdfs71.pdf>
- Communicate with school-based Faculty Advisor and/or Career Education Counselor.
- Complete Learn to Earn Sponsor Evaluation Form (student evaluation).

Thank you for your interest in WCASD's Learn to Earn Program. We hope you will enjoy this opportunity to help our students deepen their understanding of the world of work and further develop their path to success. If you have any questions, please email Donna Foley, Career Education Counselor & Learn to Earn Facilitator, at dfoley@wcasd.net.

WCASD Contact – Donna Foley, Career Education Counselor, 484-266-4335 email: dfoley@wcasd.net



WEST CHESTER AREA SCHOOL DISTRICT
LEARN TO EARN
MENTOR-INTERNSHIP PROGRAM
LEARN TO EARN SPONSOR (VOLUNTEER) CLEARANCES

Please consider the lead time required to obtain clearances

Prior to student participation in a Learn to Earn program, we must receive the Learn to Earn sponsor's clearances as follows:

These checks will be required once every five years:

- 1. Pennsylvania State Police Criminal Record Check (fees waived)**
<https://epatch.state.pa.us/>
- 2. ChildLine (Pennsylvania Child Abuse History Clearance through the Department of Human Services) (fees waived)**
<https://www.compass.state.pa.us/cwis/public/home>
- 3. FBI Criminal Background Check** required (fingerprint check) for federal criminal history records (fee charged). **Our service code is 1KG6XN.**
<https://uenroll.identogo.com/>

For FBI Clearance - Please check your email within 30 days after fingerprints are taken. You will receive an email with your UEID# and the results. You need to save this email as a file and provide it to the school. You will only be able to access the email one-time, and you will have a 30-day window to access the email from the date it was sent.