

CTE | CAREER AND TECHNICAL EDUCATION

INTERNSHIP HANDBOOK

Preparing today's students for tomorrow's careers.



Career and Technical Education Internship

Introduction to Career & Technical Education Work Based Learning

Introduction to Syracuse City School District CTE Internship

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Forms are available on SCSD CTE website www.syracusecityschools.com/cte



Introduction

Syracuse City School District Career and Technical Education Work Based Learning

Learning in the workplace is not a new concept. Informal, on-the-job training is an integral part of all workforce development. Work based learning (WBL) provides structured learning experiences for students through exposure to a range of occupations. The Harvard University report, Pathways to Prosperity (February, 2011) suggested that “Work-linked learning should play an especially important role in the new American system of pathways to prosperity. There is mounting evidence that this would be an effective strategy for encouraging young adults to complete both high school and post-secondary degrees. Co-operative education is a tested model that provides students with extensive work experience that is monitored by the school.”

Learning in the workplace is connected to and supports learning in the classroom. Work based learning also helps students achieve established academic standards. Properly developed and supported, work based learning provides a practical context for school subject matter and enhances the traditional classroom learning. Work based learning activities promote the development of broad, transferable skills and are a key element of a rigorous and relevant education for students. It enables students to acquire the attitudes, skills and knowledge needed to succeed in today’s workplace.

Employer partners can develop and support work based learning experiences that promote the attainment of workplace knowledge and skills. In doing so, they can support academic achievement and personal growth by designing, structuring, supporting and connecting work based learning experiences. Work based learning also supports professional, technical, and work-readiness skills development. Quality work based learning should:

- Be designed to enhance the learning of skills and workplace knowledge in all aspects of the industry
- Be structured to be safe, legal and measurable
- Be developmentally appropriate
- Have identified learning objectives and assess student performance
- Develop career ready practices and provide opportunities for reflection
- Be supported and documented by appropriate planning and training; and
- Comply with State and Federal labor laws

Syracuse City School District Career and Technical Education Internship

A Career and Technical Education Internship provides an important link between the classroom and the workplace for students age 16 and older. It is a structured, time-limited, career preparation activity in which students are assigned to a workplace for a defined period of time to participate in and observe firsthand within a given industry. The internship enhances and adds relevance to classroom learning. The internship may provide the opportunity to work in teams, rotate through a number of departments and job functions, or work on a project of interest to the student. It is essentially a partnership that links school, community, and business/industry to provide a real-world environment in which students are given the opportunity to apply, and thereby enhance, the knowledge and skills obtained in the classroom. The internship is related to the student’s CTE program of study, with the primary goals of promoting:

- The exploration of and experience in a field of interest
- Exposure to a wide range of careers and jobs within an industry
- Opportunities to develop, practice and demonstrate new skills
- The acquisition of occupational knowledge and awareness of the skills and education needed to be successful in the industry



Career & Technical Program/ Teacher Guidelines

Legal Requirements of SCSD CTE Internship Program

All Career and Technical Education Internship Programs have the common objective of providing opportunities for students to develop and demonstrate job skills at a supervised worksite. They are supported by training plans developed cooperatively by the employer, instructor, and student. There should be ongoing communication between the job mentors and the CTE teacher or work based learning coordinator concerning students' performance and needs.

Each internship program needs to have the following:

- New York State Education Department (NYSED) approval of the CTE program
- The employer understands that the student placement is governed by NYSED, New York State Workers' Compensation Board (NYSWCB), New York State Department of Labor (NYSDOL), and United States Department of Labor (USDOL) labor laws and regulations
- Employer is provided a Certificate of Insurance from school where school liability insurance protects the employer from any damage student may do in the workplace
- Students are given written notification that this program is unpaid and they are not due any wages per NYSDOL regulations
- Per NYS, students are required to receive coverage under the employer's Workers' Compensation Insurance if student is interning for a for-profit company. If student is interning at a non-profit entity, the student is required to be covered by the employer's visitors or volunteer insurance.
- Worksite must be in compliance with Occupational Safety and Health Administration (OSHA) regulations. Health and safety instruction/training appropriate for the job is provided by the SCSD and employer specific training is provided by the employer on the worksite.
- Memorandum of Agreement is in effect between the cooperating business and the education agency and outlines the responsibilities of the student, employer, parent/guardian, and school/coordinator, all of whom must sign to confirm their support of the agreement.
- Students complete an Internship Application indicating their understanding of, and agreement to, all rules and regulations of the program.
- Students receive instruction embedded within their CTE curriculum relating to the technical and career ready practices.
- An Internship Training Plan (ITP) is developed and used for each participating student. The plan identifies the general and specific job tasks the student will perform on the job, the desired learning outcomes of the experience, and the time frame the student will spend at each task. The training plan should be designed to ensure that the student will have a progressive learning experience.
- All participating students are meeting, or have met, academic requirements of their CTE programs and academic subjects. No students on academic probation will participate in the internship.
- Employment Certificate (Working Papers) for students provide verification that a student under age 18 is eligible for employment. The student, employer, and school must complete the form. Employment certificates are obtained at the high school – typically the main office, health office, or guidance office.
- Time Log/Record of Attendance provides an official record of the weekly and cumulative hours the student has worked during the experience. It must be maintained for each student.
- An intern evaluation will be done by the CTE teacher before the internship, at the midpoint of the internship and at the end of the internship. This same form will be completed by the on-site supervisor in the midpoint and at the end of the internship.



SCSD CTE Internship Program Checklist

(To be completed by CTE teacher or WBL coordinator)

- ☐ NYSED has approved the CTE program
- ☐ The employer understands that the student placement is governed by NYSED, NYSWCB, NYSDOL, and USDOL labor laws and regulations
- ☐ NYSED Application for Employment certificate (working papers, usually available in school counseling office) has been verified (NYSED form attached)
- ☐ Employer is provided with a Certificate of Insurance from school to cover liability (sample attached)
- ☐ A written Memorandum of Agreement is in effect between the cooperating business and the education agency (**Form #1**)
- ☐ Students complete an Internship Application indicating their understanding of, and adherence to all rules and regulations set forth by the program. (**Form #2**)
- ☐ Students receive instruction embedded within their CTE curriculum relating to the technical and Career Ready Practices. The CTE teacher and the student have completed the SCSD CTE Internship Ready to Work Assessment (**Form #3**)
- ☐ An Internship Training Plan (ITP) is developed and used for each participating student (**Form #4**)
- ☐ Students are given written notification that this program will be unpaid and they are not due any wages per NYS DOL regulations (**Form #5**)
- ☐ All SCSD internship candidates have received appropriate safety certification for the industry provided by the school before internship and employer specific training and orientation is provided by the employer on the worksite (**Form #6 & Form #7**)
- ☐ All participating students are meeting, or have met, academic requirements of their CTE programs and academic subjects
- ☐ Review Time Log/Record of Attendance which serves as an official record of the hours the student has worked during the experience (**Form #8**)

REQUIRED FORMS

NYSED Application for Employment Certificate

Certificate of Insurance

SCSD Memorandum of Agreement
(**Form #1**)

SCSD Internship Program Application
(**Form #2**)

SCSD Internship Ready to Work Assessment
(**Form #3**)

SCSD Internship Training Plan
(**Form #4**)

SCSD Notification of unpaid internship
(**Form #5**)

SCSD Internship Safety Certification
(**Form #6**)

SCSD Worksite Orientation
(**Form #7**)

SCSD Weekly Time Log/Record of Attendance
(**Form #8**)

Forms are available online at the SCSD CTE website : www.syracusecityschools.com/cte

CTE Teacher/WBL Coordinator

Date



Employer Internship Partner Guidelines

SCSD CTE Internship Employer Requirements

Safety

At all times, both school personnel and the employment site personnel must take appropriate steps to ensure that safe practices are stressed and followed. However, it is impossible to guarantee that no injuries resulting in medical expenses and liability will occur. The following prudent steps are encouraged:

1. In-school course content must include training related to safety at the worksite. Appropriate safety certification should be offered if possible. SCSD internship candidates will have received appropriate safety training before beginning their internship.
2. Any sites used for SCSD CTE internships will be reviewed by school personnel prior to placing a student at the worksite.
3. Employers must provide safety training information to interns as they would a new employee. Safety training must be provided if the employer engaged in a particularly hazardous occupation for minors as defined by the USDOL.
4. Provisions for student safety must be included as part of the training agreement signed by the employer, student, parent, and school representative.

Types of Liability Insurance and Risk Management

Workers' Compensation and Employer Liability Insurance

All employers will have a policy that provides coverage for the Workers' Compensation statutory benefits as well as liability coverage for certain employment-related situations. Verification of employer's Workers Compensation insurance will be included in the Memorandum of Agreement. The SCSD will also have insurance that covers the student participating in a school-related internship experience.



SCSD CTE Internship Expectations & Responsibilities of Employer

Before

- Determine projects or activities that would be appropriate for your student intern
- Communicate with staff that an intern will be at the workplace and identify mentors
- Designate one employee, the on-site supervisor, to work with coordinator/teacher to develop and define successful student objectives and experiences and record on the student Internship Training Plan

During

- Provide student with a Work Site Orientation to organization and any required training
- Train student intern for your work site, including all work site safety training
- Maintain a quality, safe and legal learning experience; provide effective supervision
- Use the Internship Training Plan as a guide for the internship; hold intern to employee standards/expectations; oversee, direct, and provide adequate tasking to maximize learning
- Meet with coordinator/teacher and student to decide on an ongoing communications strategy
- Evaluate intern work and provide constructive criticism
- Assist student in working toward learning outcomes
- Coordinate student schedule, approve weekly timesheets
- Communicate successes and opportunities at the workplace that the teacher can use to enhance the value of classroom connections
- Complete a student evaluation midway through internship and discuss with student

After

- Complete a final evaluation of the student
- Hold debriefing session and review performance with the student and teacher
- Complete a Program Evaluation



SCSD CTE Internship Employer Internship Partner Checklist (To be completed by On-Site Supervisor/Mentor)

- ☐ Meet with coordinator/teacher and student to agree on ongoing communication strategy (e-mail, text, telephone, etc.)
- ☐ A written Memorandum of Agreement is in effect between the cooperating business and the education agency ([Form #1](#))
- ☐ Work with coordinator/teacher to develop and define successful student objectives and experiences and record on the student Internship Training Plan ([Form #4](#))
- ☐ Coordinate student schedule, approve weekly time log/record of attendance ([Form #8](#))
- ☐ Communicate with staff that an intern will be at the workplace and identify on-site supervisor and/or mentor

On-Site Supervisor _____

Mentor Name _____

- ☐ Provide student with Work Site Orientation to organization and any required training (Form #7)
- ☐ Create and maintain a quality, safe and legal learning experience
- ☐ Hold intern to employee standards/expectation; provide student support and candid feedback
- ☐ Communicate successes and opportunities at the workplace that the teacher can use to enhance the value of classroom connections
- ☐ Complete an interim SCSD CTE Internship Ready to Work Assessment of student performance and discuss with student ([Form #3](#))
- ☐ Provide effective supervision
- ☐ Complete a final assessment of the student ([Ready to Work Assessment, Form #3 and Student Training Plan, Form #4](#))
- ☐ Complete a program evaluation ([Form #10](#))

REQUIRED FORMS

SCSD Memorandum of Agreement
(Form #1)

SCSD Internship Ready to Work
Assessment
(Form #3)

SCSD Internship Training Plan
(Form #4)

SCSD Worksite Orientation
(Form #7)

SCSD Weekly Time Log/Record of
Attendance
(Form #8)

SCSD Mentor Program Evaluation
(Form #10)

*Forms are available online at the SCSD CTE
website : www.syracusecityschools.com/cte*

Employer/ Mentor

Date



Student Intern Guidelines

Expectations and Responsibilities of Students

Before

- Obtain working papers (if under 18)
- Return Internship Application and all permission slips with appropriate signatures
- Meet with your teacher/coordinator and worksite supervisor to finalize an Internship Training Plan

During

- Attend Orientation at the worksite
- Observe all workplace rules and regulations particularly those applicable to safety and security concerns
- Perform all duties, jobs and assigned tasks; treat internship like a real job
- Maintain regular work schedule and notify supervisor in advance of any vacation/appointments
- Track your hours as instructed on Weekly Timesheet
- Develop skill specific learning outcomes with your worksite supervisor
- Participate in ongoing reflection journal activities and skill building classroom assignments
- Communicate with your teacher/coordinator and worksite supervisor if issues arise
- Keep copies of all necessary paperwork (work journal, training plan, Weekly Time Log/Record of Attendance, and evaluations)

After

- Participate in self-evaluation and reflection activities
- Update your resume based upon new skills and experiences gained
- Send thank you note to employer



SCSD CTE Internship Student Checklist (To be completed by student)

- ☐ Obtain NYSED Application for Employment Certificate (usually available in school counseling office, application attached)
- ☐ A written Memorandum of Agreement is in effect between the cooperating business, the education agency, and signed by student and parents (**Form #1**)
- ☐ Return Internship Application (**Form #2**) and all permission slips with appropriate signatures
- ☐ Develop skill specific learning outcomes with your worksite supervisor
- ☐ Meet with your teacher/coordinator and worksite supervisor to finalize an Internship Training Plan for the internship (**Form #4**)
- ☐ Attend orientation at the worksite (**Form #7**)
- ☐ Observe all workplace rules and regulations particularly those applicable to safety and security concerns
- ☐ Perform all duties, jobs and assigned tasks; treat internship like a real job
- ☐ Maintain regular work schedule and notify supervisor in advance of any vacation/appointments
- ☐ Track your hours as instructed on time log/record of attendance (**Form #8**)
- ☐ Participate in ongoing reflection activities and skill building classroom assignments
- ☐ Communicate with your teacher/coordinator and worksite supervisor, if issues arise and keep copies of all necessary paperwork (work journal, training plan, Weekly Time Log/Record of Attendance, and evaluations)
- ☐ Participate in self-evaluation and reflection activities (**Forms #3 & #9**)
- ☐ Update your resume based on new skills and experiences gained
- ☐ Send thank you note to employer

REQUIRED FORMS

SCSD Memorandum of Agreement
(Form #1)

SCSD Internship Program Application
(Form #2)

SCSD Internship Ready to Work
Assessment
(Form #3)

SCSD Internship Training Plan
(Form #4)

SCSD Worksite Orientation
(Form #7)

SCSD Weekly Time Log/Record of
Attendance
(Form #8)

SCSD Student Evaluation
(Form #9)

*Forms are available online at the SCSD CTE
website : www.syracusecityschools.com/cte*

Student

Date



SCSD CTE Internship Forms

NYSED Application for Employment Certificate

SCSD Certificate of Insurance to Cover Student Liability (Sample)

Form #1 SCSD Memorandum of Agreement

Form #2 SCSD Internship Program Application

Form #3 SCSD Internship Ready to Work Assessment

Form #4 SCSD Internship Training Plan

Form #5 SCSD Notification of unpaid internship

Form #6 SCSD Internship Safety Certification

Form #7 SCSD Worksite Orientation

Form #8 SCSD Weekly Time Log/Record of Attendance

Form #9 SCSD Student Evaluation

Form #10 SCSD Mentor Program Evaluation

Forms are available on SCSD CTE website at www.syracusecityschools.com/cte



THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
ALBANY, NY 12234

APPLICATION FOR EMPLOYMENT CERTIFICATE

See reverse side of this form for information concerning employment of minors.

All signatures must be handwritten in ink, and applicant must appear in person before the certifying official.

PART I – Parental Consent – (To be completed by applicant and parent or guardian)

Parent or guardian must appear at the school or issuing center to sign the application for the first certificate for full-time employment, unless the minor is a graduate of a four-year high school and presents evidence thereof. For all other certificates, the parent or guardian must sign the application, but need not appear in person to do so.

Date.....

I, Age

[Applicant]

Home Address, apply for a certificate as checked below

[Full Home Address including Zip Code]

- ☐ Nonfactory Employment Certificate – Valid for lawful employment of a minor 14 or 15 years of age enrolled in day school when attendance is not required.
- ☐ Student General Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age enrolled in day school when attendance is not required.
- ☐ Full-Time Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age who is not attending day school.

I hereby consent to the required examination and employment certification as indicated above.

.....
[Signature of Parent or Guardian]

PART II – Evidence of Age – (To be completed by issuing official only)

..... – Check evidence of age accepted – Document # (if any)

[Date of Birth]

Birth Certificate State Issued Photo I.D Driver's License Schooling Record Other.....
[Specify]

PART III – Certificate of Physical Fitness

Applicant shall present documentation of physical exam from a school or private physician, physician's assistant or nurse practitioner licensed to practice within New York State. Said examination must have been given within 12 months prior to issuance of the employment certificate. Date of physical exam on file with school If physical exam is over 12 months, provide student with certificate of physical fitness to be completed by school medical director or private health care provider.

If the physical exam or Certificate of Physical Fitness is limited with regards to allowed work/activity, the issuing official shall issue a Limited Employment Certificate (valid for a period not to exceed 6 months unless the limitation noted by the physician is permanent, then the certificate will remain valid until the minor changes jobs. Enter the limitation on the employment certificate. THE PHYSICIAN'S CERTIFICATION SHOULD BE RETURNED TO THE APPLICANT.

PART IV – Pledge of Employment – (To be completed by prospective employer)

Part IV must be completed only for: (a) a minor with a medical limitation; and (b) for a minor 16 years of age or legally able to withdraw from school, according to Section 3205 of the Education Law, and must show proof of having a job.

The undersigned will employ residing at

[Applicant]

as at

[Description of Applicant's Work]

[Job Location]

for days per week hours per day, beginning a.m. p.m.

..... Factory ending..... a.m.p.m.

[Name of Firm]

Nonfactory

[Address of Firm]

..... Starting date

[Telephone Number]

.....
[Signature of Employer]

PART V – Schooling Record – (To be completed by school official)

Part V must be completed only for a minor 16 years of age who is leaving school and resides in a district (New York City and Buffalo) which require a minor 16 years of age to attend school, according to Section 3205 of the Education Law.

I certify that the records of
[Name of School] [Address]

Show that whose date of birth is

[Name of Applicant]

Is in grade.....
[Signature of Principal or Designee]

PART VI – Employment Certification – (To be completed by issuing official only)

Certificate Number Date Issued

.....
[School or Issuing Center]

.....
[Address]

.....
[Signature of Issuing Officer]

THIS APPLICATION DOES NOT AUTHORIZE EMPLOYMENT

GENERAL INFORMATION

An employment Certificate (Student Nonfactory, Student General, or Full Time) may be used for an unlimited number of successive job placements in lawful employment permitted by the particular type of certificate.

A Nonfactory Employment Certificate is valid for 2 years from the date of issuance or until the student turns 16 years old, with the exception of a Limited Employment Certificate. A Limited Employment Certificate is valid for a maximum of 6 months unless the limitation noted by the physician is permanent, then the certificate will remain valid until the minor changes job. It may be accepted only by the employer indicated on the certificate.

A new Certificate of Physical Fitness is required when applying for a different type of employment certificate, if more than 12 months have elapsed since the previous physical for employment.

An employer shall retain the certificate on file for the duration of the minor's employment. Upon termination of employment, or expiration of the employment certificate's period of validity, the certificate shall be returned to the minor. A certificate may be revoked by school district authorities for cause.

A minor employed as a Newspaper Carrier, Street Trades Worker, Farmworker, or Child Model, must obtain the Special Occupational Permit required.

A minor 14 years of age and over may be employed as a caddy, babysitter, or in casual employment consisting of yard work and household chores when not required to attend school. Employment certification for such employment is not mandatory.

An employer of a minor in an occupation which does not require employment certification should request a Certificate of Age.

PROHIBITED EMPLOYMENT

Minors 14 and 15 years may not be employed in, or in connection with a factory (except in delivery and clerical employment in an enclosed office thereof), or in certain hazardous occupations such as: construction work; helper on a motor vehicle; operation of washing, grinding, cutting, slicing, pressing or mixing machinery in any establishment; painting or exterior cleaning in connection with the maintenance of a building or structure; and others listed in Section 133 of the New York State Labor Law.

Minors 16 and 17 years of age may not be employed in certain hazardous occupations such as: construction worker; helper on a motor vehicle, the operation of various kinds of power-driven machinery; and others listed in Section 133 of the New York State Labor Law.

HOURS OF EMPLOYMENT

Minors may not be employed during the hours they are required to attend school.

Minors 14 and 15 years of age may not be employed in any occupation (except farmwork and delivering, or selling and delivering newspapers):

When school is in session:

- more than 3 hours on any school day, more than 8 hours on a nonschool day, more than 6 days in any week, for a maximum of 18 hours per week, or a maximum of 23 hours per week if enrolled in a supervised work study program approved by the Commissioner.
- after 7 p.m. or before 7 a.m.

When school is not in session:

- more than 8 hours on any day, 6 days in any week, for a maximum of 40 hours per week.
- after 9 p.m. or before 7 a.m.

This certificate is not valid for work associated with newspaper carrier, agriculture or modeling.

Minors 16 and 17 years of age may not be employed: --

When school is in session:

- more than 4 hours on days preceding school days; more than 8 hours on days not preceding school days (Friday, Saturday, Sunday and holidays), 6 days in any week, for a maximum of 28 hours per week.
- between 10 p.m. and 12 midnight on days followed by a school day without written consent of parent or guardian and a certificate of satisfactory academic standing from the minor's school (to be validated at the end of each marking period).
- between 10 p.m. and 12 midnight on days not followed by a school day without written consent of parent or guardian.

When school is not in session:

- more than 8 hours on any day, 6 days in any week, for a maximum of 48 hours per week.

EDUCATION LAW, SECTION 3233

"Any person who knowingly makes a false statement in or in relation to any application made for an employment certificate or permit as to any matter by this chapter to appear in any affidavit, record, transcript, certificate or permit therein provided for, is guilty of a misdemeanor."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR 500,000 Retained GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Syracuse City School District
725 Harrison Street, Syracuse, NY 13210

Memorandum of Agreement

(Form #1)

Type of Work Based Learning Experience: Non-Paid Internship

This Work Based Learning Experience Agreement is entered into by and between the Syracuse City School District (SCSD) _____ (Student), his/her Parents/Guardian, _____ (Parent/Guardian), and his/her Work Experience Partner Business, _____ (Business), on the date indicated below, whereby the Student will participate in a community-based Internship (Program at the Employer's place of business) located at _____, on _____, during the hours of _____ for the _____ academic year.

THE STUDENT UNDERSTANDS THAT HIS/HER CONDUCT IS A REFLECTION UPON THE SCHOOL NAME AND AGREES THAT HE/SHE WILL:

1. Transportation will be in compliance with the student's individual education plan.
2. Demonstrate a conscientious attitude and be honest, punctual, cooperative, courteous and willing to learn while at the host business.
3. Keep regular attendance as agreed upon with the host business, excluding business-observed holidays, days on which the business is closed or other legal absences and understands that his/her attendance will be taken from his/her weekly attendance reports.
4. Keep regular attendance at his/her home school if a community-based internship or daily attendance at a transition program.
5. Give the business as much advance notice as possible if unable to report for internship or to do so in a timely manner and contact the Teacher of Record at (315) _____.
6. Complete weekly time log/record of attendance (Form # 8) reports as required by the Syracuse City School District.
7. Engage in only those work based learning experiences approved by the supervisor at the work-site.
8. Not receive payment or other compensation from the Business or be guaranteed an offer of employment upon completion of the internship.

THE BUSINESS AGREES THAT IT WILL:

1. Not permit the Student to replace any paid employee (in the case of an Internship).nor shall the Student Perform the routine work of the business on a regular basis or engage in the operations of the employer.
2. Advise the Student and/or supervising SCSD District staff member of all company rules, regulations and policies which relate to the Student.
3. Explain to the Student the responsibilities and duties of his/her internship and shall correlate on-the-job training with safety instructions given by the SCHOOL.
4. The work of the Student in occupations declared particularly hazardous by the U.S. Department of Labor shall be (i) incidental to the Student's training; (ii) intermittent and for short periods of time; and (iii) under the direct and close supervision of a qualified and experienced person.
5. Provide close direct supervision by an authorized employee to the Student as needed.
6. Complete an accident report form and notify the designated SCSD Administrator immediately.
7. Review the Student's performance with him/her as needed in conjunction with TOR.
8. Inform the SCHOOL Instructor/Coordinator when the Student is absent or not performing adequately by calling (315) _____.
9. Observe any and all laws that may relate to the Student's work experience.



THE SCHOOL AGREES THAT IT WILL:

- The parties/signatories hereby agree that good communication and understanding between them is vital if the objectives of this Program are to be met and that joint conferences between the Student, Employer, Parent/Guardian, Instructor, and others may be scheduled from time to time in order to discuss:

- This Agreement is not in effect until signed by all parties. This Agreement may be terminated at any time by any party upon written notice to the other parties.

We the undersigned, have reviewed and agreed to the terms and conditions set forth herein.

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Date	<u> / / </u>	<u> </u>	Student
Date	<u> / / </u>	<u> </u>	Parent/ Guardian
Date	<u> / / </u>	<u> </u>	DaytimePhone
		<u> </u>	Evening Phone
Date	<u> / / </u>	<u> </u>	Business Supervisor/ Partner/ Representative
Date	<u> / / </u>	<u> </u>	Teacher of Record
Date	<u> / / </u>		Director of Special Education

Inquiries regarding the District's non-discrimination policies should be directed to:
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(315) 435-4131. Email: CivilRightsCompliance@scsd.us





Syracuse City School District
725 Harrison Street, Syracuse, NY 13210

CTE Internship Program Application Form

(Form #2)

Personal Information

Last Name	First Name	Age	Date of Birth
Street		Home Telephone Number	Cell Phone Number
City, State, Zip		Emergency Contact Name	Telephone Number
Email Address		Relationship to Emergency Contact	
Primary Parent/ Guardian Name		Parent/ Guardian's Telephone Number	
Primary Parent/ Guardian Email		Home	
		Cell	
Secondary Parent/ Guardian Name		Secondary Parent/ Guardian's Telephone Number	
Secondary Parent/ Guardian Email		Home	
		Cell	
Working Papers Certificate Number		SCSD Student schedule should be attached to this form	
		School Counselor	

School Year Training/ Work Schedule Availability

Please list the hours you can work during a typical weekly schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please check applicable box: ☐ Fixed Schedule ☐ Schedule will vary

Sports, Clubs, and Other Activities

--

Transportation

Please check the appropriate response

Do you have a license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, which license do you have? <input type="checkbox"/> Full License <input type="checkbox"/> Junior License
Do you drive to school? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number:

If you do not have a license, how do you plan on getting to and from your internship?

☐ Public Transportation ☐ Other



(Form #2 Continued)

INSURANCE COVERAGE IN CASE OF INJURIES TO STUDENT AT INTERNSHIP:**EMPLOYER'S WORKER'S COMPENSATION MUST COVER THE STUDENT IN CASE OF INJURIES AT TRAINING SITE.****PROGRAM AWARENESS STATEMENT TO BE CHECKED BY STUDENTS:**

- ☐ In order to receive credit for my work-based learning experience, I must be training at a legal site approved by the school's CTE Teacher or work-based learning coordinator.
- ☐ I must notify my CTE teacher or work-based learning coordinator immediately if there is a change of work schedule or duties at the training site.
- ☐ Failure to report any disciplinary action, termination, or proper documentation of hours may result in the student not earning school credit.
- ☐ Students must present all daily attendance records to CTE teacher or work-based learning coordinator weekly and complete all assignments related to the program.
- ☐ I must immediately notify my work-based learning coordinator if I have or develop any medical condition(s) which affects my ability to participate in training, such as allergies, lifting heavy items, movement, standing, sitting, migraine headaches, etc. If there are any current conditions, please state them below. The presence of such a condition will not necessarily preclude me from participating in the internship and accommodations may be provided.

PARENTAL/GUARDIAN PERMISSION AND PICTURE/NEWS STORY RELEASE:

I give my child, _____ permission to participate in the work-based learning internship at the Syracuse City School District. By signing the parental permission form, it is understood that:

- All the information is accurate.
- In order to receive credit, students must work a minimum of 150 hours during the school year.
- All students must report to CTE teacher or work-based learning coordinator in the case of any change in employment.
- Failure to report any disciplinary action, termination, or proper documentation may result in the student not earning school credit.
- Students must present all daily attendance records to CTE teacher or work-based learning coordinator weekly and complete all assignments related to the program.
- A student with a junior license must only drive to school if they go directly to work following the school day and they must carry with them the proper paperwork as directed by the work-based learning coordinator.

In addition to agreeing with the above statements, please check off one:

- ☐ I give permission for my child's photograph or name to be used to promote the Work Experience Program.
- ☐ I do not want my child's photograph or name to be used to promote the Work Experience Program.

_____/_____/_____
Parent/ Guardian's Name Parent/ Guardian's Signature Date

Relationship to Student

_____/_____/_____
Student's Name Student's Signature Date

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CTE Internship Ready to Work Assessment (Form #3)

Name _____ Program _____ Date ____/____/____

Scale

1 = Seldom. 2 = Occasionally. 3 = Usually. 4 = Always.

		Student	Teacher	Onsite Supervisor
ZEST				
1	Actively participates			
2	Shows enthusiasm			
3	Invigorates others			
GRIT				
4	Finishes whatever he or she begins			
5	Tries very hard even after experiencing failure			
6	Works independently with focus			
SELF CONTROL SCHOOL WORK				
7	Comes to class prepared			
8	Pays attention and resists distractions			
9	Remembers and follows directions			
10	Gets to work right away rather than procrastinating			
SELF-CONTROL INTERPERSONAL				
11	Remains calm even when criticized or otherwise provoked			
12	Allows others to speak without interruption			
13	Is polite to adults and peers			
14	Keeps his/her temper in check			

		Student	Teacher	Onsite Supervisor
OPTIMISM				
15	Gets over frustrations and setbacks quickly			
16	Believes that effort will improve his or her future			
GRATITUDE				
17	Recognizes and shows appreciation for others			
18	Recognizes and shows appreciation for his/her opportunities			
SOCIAL INTELLIGENCE				
19	Is able to find solutions during conflicts with others			
20	Demonstrates respect for feelings of others			
21	Knows when and how to include others			
CURIOSITY				
22	Is eager to explore new things			
23	Asks and answers questions to deepen understanding			
24	Actively listens to others.			
ACADEMIC PERFORMANCE				
25	Completes all assignments with quality and timeliness			
26	Uses tools appropriately and safely			
COMMITMENT				
27	Attends class with one or less absences per quarter			
28	Demonstrates loyalty and appreciation to the program and instructors			





Syracuse City School District
725 Harrison Street, Syracuse, NY 13210

CTE Internship Training Plan (Form #4)

Student's Name	Email	
Student's Address	Telephone	Date of Birth
CTE Program Career Cluster	Working Papers Certificate #	
School Coordinator		
Phone Number		
Fax Number		
Email		
Employer		
Phone Number		
Fax Number		
Email		
Immediate Job Supervisor		
Phone Number		
Email		
Corporate Address		

Training Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Insurance Coverage

- ☐ Student is a non-paid intern – Worker's Compensation
- ☐ Student is a non-paid observer – Worker's Compensation

Transportation Provided by

- ☐ Student/parent will provide own transportation
- ☐ School district will provide transportation during school hours

Goals for this Work-Based Learning Student:

1. To explore, learn and develop the skills necessary for this career.
2. To develop the Career Ready Practices necessary for success in the global, competitive world.
3. To be trained in the safe operations of this job title.
4. To be able to demonstrate positive behavior and appropriate dress.



(Form #4 Continued)

JOB TASKS AND LEARNING OUTCOMES (Determined by the Employer and Coordinator)	ACHIEVEMENT LEVEL AND COMMENTS 1. Mastered skill 2. Needs more training at the work site. 3. Needs more training at school. 4. Has not reached this training area.
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

CAREER READY PRACTICES	Always	Frequently	Occasionally	Rarely
1. Student works cooperatively as a team member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Student is able to read instructions for information and application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Student can calculate and measure for information and application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Student can behave in a responsible manner without supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Student can communicate verbally and in writing to evoke clear understanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Student demonstrates good listening and follow through skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Student demonstrates critical thinking and problem solving skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Student can locate and manage resources for problem solving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Student demonstrates a positive work ethic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Student demonstrates computer literacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



(Form #4 Continued)

SAFETY TRAINING	DATE OF SAFETY TRAINING	ACHIEVEMENT LEVEL AND COMMENTS 1. Mastered safety training instruction. 2. Needs more safety training at work site. 3. Needs more safety training at school. 4. Has not reached this training area.
1. Safety precautions related to stairs, floors, office equipment and furniture.		
2. Safety precaution related to proper dress apparel, shoes, gloves, head, eye and ear protection.		
3. Safety precaution related to use of tools, machines, and chemicals.		
4. Safety precautions related to fire, weather and other natural disasters.		
5. Safety precautions related to sexual harassment and workplace violence.		

DRESS AND BEHAVIOR CODE FOR POSITION	ACHIEVEMENT LEVEL AND COMMENTS 1. Dresses/behaves appropriately 2. Needs to modify dress/behavior. 3. Needs personal consultation.

_____ Employer Name	_____ Employer Signature	_____ Date
_____ Work-based Learning Coordinator Name	_____ Work Based Learning Coordinator Signature	_____ Date
_____ Parent/ Guardian Name	_____ Parent/Guardian Signature	_____ Date
_____ Student Name	_____ Student Signature	_____ Date

If you have any questions please do not hesitate to contact me at (315) 435-_____.

Thank you for your cooperation! _____, CTE Teacher

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Syracuse City School District
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SCSD CTE Internship

Notification of Unpaid Internship

(Form #5)

This form serves as notification that the Syracuse City School District CTE Internship is an unpaid internship and students are not due any wages per New York State Department of Labor.

Student

_____/_____/_____
Date

CTE Teacher/ WBL Coordinator

_____/_____/_____
Date

Worksite Representative/ Mentor

_____/_____/_____
Date





Syracuse City School District
725 Harrison Street, Syracuse, NY 13210

SCSD Internship Safety Certification (Form #6)

Student _____

Date _____ / _____ / _____

Mentor or Supervisor _____

CTE/ WBL Teacher _____

Student CTE Program SCSD Career and Technical Program:

SAFETY CERTIFICATIONS		Date
OSHA 10	<input type="checkbox"/>	/ /
Safe Serv	<input type="checkbox"/>	/ /
First Aid	<input type="checkbox"/>	/ /
CPR	<input type="checkbox"/>	/ /
Other	<input type="checkbox"/>	/ /





Syracuse City School District
725 Harrison Street, Syracuse, NY 13210

SCSD Internship Worksite Orientation (Form #7)

Teacher

Employer

Student

Student

Date

Mentor or Supervisor

CTE/ WBL Teacher

Company Orientation

Directions: Be sure that your student employee obtains information about the factors listed below. Check the information on each item as it is completed. Return the completed form to the CTE Teacher or Work Based Learning Coordinator.

Tour of Workplace

- ☐ A tour of the workplace
- ☐ An overview of the company safety plan
- ☐ Introductions to co-workers

Tour of Employee Facilities

- ☐ Rest rooms
- ☐ Lunch room
- ☐ Where to store personal belongings

Other

Safety Plan

- ☐ Safety plan
- ☐ Stairwell/fire exits
- ☐ Fire Extinguishers
- ☐ Special hazards
- ☐ Accident prevention
- ☐ Safety Training Log, updated as needed

About the Company

- ☐ Discuss company organizational structure
- ☐ Review type of business, products, services
- ☐ Overview of who the customers are

Other

Department/Position Specifics

- ☐ Explanation of work schedule
- ☐ Review of dress and conduct code
- ☐ Review of hours, breaks and lunch policies
- ☐ Location of time clock or sign-in
- ☐ Attendance requirements, including procedures for calling in when absent
- ☐ Relationship to working with other departments or co-workers

Job Specific

- ☐ How to use the phones and office equipment
- ☐ Supplies, paper, pens, etc.
- ☐ Job description, Work-Based Learning Plan and evaluation process

Supervisors Expectations

- ☐ Dress code including clothing, hair and jewelry
- ☐ Work performance including productivity and work habits
- ☐ Company culture

Materials provided to intern

- ☐ Copy of personnel handbook
- ☐ Organizational charts
- ☐ Telephone directory
- ☐ Security procedures

Employer/training sponsor

Date

Student

Date

CTE Teacher/WBL Coordinator

Date





Syracuse City School District
725 Harrison Street, Syracuse, NY 13210

Weekly Time Log/Record of Attendance (Form #8)

Student _____

Training Title _____

Worksite Supervisor _____

Time Log for the Week of: _____ / _____ / _____

	Date	Start Time	End Time	Hours Worked
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Total Weekly Hours: _____

Student please list any new tasks performed this week: _____

By signing this timesheet, you are certifying that it is correct and truthful.

Student's Signature _____

_____ / _____ / _____
Date

Supervisor Name _____

Phone _____

_____ / _____ / _____
Date

Supervisor's Signature _____

Attention Worksite Supervisor:

If you have any questions or concerns, please contact:

_____ CTE Teacher

_____ Phone

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Syracuse City School District
725 Harrison Street, Syracuse, NY 13210

SCSD CTE Internship Student Evaluation (Form #9)

Name _____

CTE Program _____

_____/_____/_____
Dates of Internship

Year to Graduate

Please complete this form upon completion of your internship.

	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
Overall, I had a great experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was actively involved in the team meetings and felt free to express my thoughts and opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My mentors encouraged and responded to my questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have an increased appreciation for teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a greater ability to ask good questions and synthesize information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was presented with opportunities to learn by doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gained factual knowledge about careers throughout the internship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this opportunity to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My time was well spent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would consider this employer as a future employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My co-workers are generally positive about work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The best thing about my experience was... _____

The worst thing about my experience was... _____

Any suggestions on how we could improve the intern experience? _____

Other comments... _____





Syracuse City School District
725 Harrison Street, Syracuse, NY 13210

SCSD CTE Internship Mentor Program Evaluation (Form #10)

Student Name _____

SCSD School _____

Interning Location _____

Supervisor/ Mentor Name _____

_____/_____/_____
Date

Internship Preparation

- ☐ Exceptional
- ☐ Adequate
- ☐ Inadequate

Modes of Communication with SCSD Personnel

- ☐ In-Person
- ☐ Email
- ☐ Phone

Amount of Communication with SCSD Personnel

- ☐ Exceptionally good
- ☐ Appropriate
- ☐ Too much
- ☐ Too little

Suggestions for improvement: _____

Additional comments: _____

Return to CTE teacher: _____
CTE Teacher Email





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NOTICE OF NON-DISCRIMINATION

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