**WCPSS School to Career Internship Program**

**INTERNSHIP PLACEMENT AGREEMENT**

Student Name:

Internship Site

Internship Supervisor Name & Title:

Internship Supervisor Email:

Internship Supervisor Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_ Supervisor Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Site Alternate Contact Person Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Site Alternate Contact Person Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Site Address, City, Zip:

Internship Site phone #: FAX #:

Building/Department of Student Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Responsibilities/Duties:

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Internship start date: Number of weeks: # Hours per week

Internship end date:

Rate of pay (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_per \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency of payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Student Intern agrees to**:

1. Undertake activities that provide a comprehensive view of the organization and that focuses on the roles, responsibilities, and functions of the organization sponsor.
2. Declare academic or honors internship credit before beginning the internship.
3. Discuss project proposal with the Internship Supervisor.
4. Consult with the Internship Coordinator as assigned by the Internship Coordinator.
5. Be regular in attendance and on time to assigned internship and notify the Internship Coordinator and Internship Supervisor should accident or illness occur.
6. Conform to the regulations of the organization (dress, conduct, etc.)
7. Understand that dropping the internship will result in a withdrawal/failure to complete the internship.
8. Understand the Internship Coordinator and the organization must give permission to terminate the internship.
9. Complete all WCPSS internship credit requirements.
10. Abide by any regulations, practices, and procedures of the Wake County Public School System and the Wake County Public School System Internship Program.

**The Internship Coordinator agrees to**:

1. Review the student intern’s project proposal and internship responsibilities.
2. Monitor the student performance during the internship.
3. Maintain contact with the Internship Supervisor.
4. Conduct a site visit and schedule meetings as needed with the student to advise the student intern on appropriate behavior, performance standards, and academic information.
5. Assess the student intern using the Internship Project Rubric and Internship Portfolio Grading Rubric.

**The Parents/Guardian agrees to:**

1. Provide transportation for the student to and from the internship location.
2. Encourage the student to complete all requirements of the internship program.
3. Provide automobile, health, and accident insurance for the student.
4. Report any concerns regarding internship to the Internship Coordinator.

**The Internship Supervisor agrees to:**

1. Provide a challenging learning situation for the student intern.
2. Assist the student intern with project ideas.
3. Assign a mentor to work with the student intern and evaluate all work products.
4. Confer with student intern to provide feedback on strengths and areas to be improved.
5. Provide the opportunity to work 120 hours within one semester or agreed upon time.
6. Verify and sign off on the student’s work hours.
7. Allow the Internship Coordinator to visit the site during the internship
8. Notify the Internship Coordinator if the student intern is not attending the internship promptly and regularly or if there are issues with the student’s work performance.
9. Provide a written evaluation using the Internship Work Experience Rubric (provided by WCPSS) of the intern’s work at the end of the internship experience.

Student Intern Signature Date

Parent/Guardian Signature Date

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Internship Coordinator Signature Date

Internship Supervisor Signature Date