

Section 1: Coordinator Forms

The forms listed in the following pages provide marketing internship coordinators with sample documents and directions and suggestions for use. Four types of forms are presented: Pre-Enrollment, Student Forms, Employer Forms, and Training Agreements.

Pre-Enrollment Forms

These forms will allow students to apply to the program, and gain an in-depth knowledge of program requirements and qualifications prior to acceptance. It is suggested that these forms be given to students as a packet during spring enrollment. The exception would be the Employer Verification Form (included in Employer Forms). This form could be given to the student any time prior to the start of the school year. Included:

- **Work Program Application Example (Francis Howell)** – This is an example of an enrollment application and is given to potential students during the open enrollment period.
- **Work Program Application Example (Lee's Summit)** – This form is a second example of an enrollment application.
- **Intern Information Sheet Example (Lee's Summit)** – Once accepted into the program this form is given to the student for contact information. This is utilized if you choose to contact your internship students during the summer prior to the start school.
- **Job Site Evaluation Checklist** – This form allows for a review of the internship employment sites.

*To secure your spot, please be sure to return this completed application into
Mr. Anders in Room C219.*

FRANCIS HOWELL WORK PROGRAM APPLICATION

Check Program of Interest

Marketing (Anders) _____

Business _____

How many hours per week do you intend to work throughout the school year? _____

Personal Information

Name _____

Address _____

City _____ ZIP _____

Phone # _____ Birth date _____

E-mail address: _____

Social Security # _____

Do you have a driver's license number? _____ *If not, do you have transportation available?* _____

List your ***Semester II*** Class Schedule for this year

<u>Hour</u>	<u>Course</u>	<u>Teacher</u>	<u>Room #</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____

In the space below, describe yourself—include hobbies, strengths, weaknesses, honors, community activities, etc.

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Education

Current GPA _____ Tardies to date (this year) _____
Cumulative GPA _____ Absences to date (this year) _____

What classes have you taken at Francis Howell High School that relate to your Cooperative Education Program of interest (i.e. Business classes/Marketing).

	<u>Course</u>	<u>Teacher</u>	<u>Grade Earned</u>	<u>Year Taken</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

What club or school activities have you participated in at Francis Howell High School?

Describe your plans for after graduation:

Please give the attached recommendation forms to three teachers of your choice. The teacher should turn it into the work program teacher checked on the first page. List the names of these 3 teachers.

1) _____ 2) _____ 3) _____

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Work Experience

Are you currently employed? _____

If so, do you wish to keep this job for your entire senior year as required by the work program? _____

Name of Business _____

Address _____

Phone # _____ Manager's Name _____

Date Started _____ Average hours worked per week _____

Describe your job responsibilities:

If you are not currently employed or do not wish to keep your current job, what type of job are you interested in obtaining?

Past Work Experience:

<u>Name of Business</u>	<u>Duties</u>	<u>Dates of Employment</u>
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_____	_____	_____
_____	_____	_____

I understand that this is my application for enrollment into the Cooperative Education Work Program, and if I am selected, I will accept the responsibilities required by both the school and the employer, including being an active member in a vocational club (DECA/FBLA). I also understand my parents must be aware of my application into this program.

(Signatures are required by both the applicant and parent)

Signature of Applicant _____ Date _____

Signature of Parent _____ Date _____

The Francis Howell School District's Cooperative Education Programs do not discriminate against students on the basis of race, color, national origin, sex, or physical limitation.

*To secure your spot, please be sure to return this completed application into
Mr. Anders in Room C219.*



Francis Howell High School
Work Program Evaluation



Evaluation completed by _____ Date Given to Teacher _____
(Teacher's Name)

Please return this completed application to: Mr. Anders C-219 Mrs. Sewing C-215

_____ (Student Name) has made an application for participation in the Cooperative Work Education Program. Your assistance in evaluating this student will be greatly appreciated. Please review the following traits and rate the student. You can feel free to add any other comments that may be beneficial in better understanding this student. Extensive consideration will be given to your evaluation. Be assured that this form will be held in strictest confidence. **Please return this form to the Work Program teacher that is circled above.**

TRAIT	POOR	AVERAGE	GOOD
Appearance			
Attitude			
Cooperation			
Dependability			
Stability			
Self-discipline			
Initiative			
Thoroughness			
Relations with Others			
Quality of Work			

What class or classes has this student taken under your supervision and what grade(s) did he/she receive?

Class: _____ Grade: _____

Class: _____ Grade: _____

Other Comments

Evaluating Teacher's Signature: _____



Internship Programs Application Procedures

- ☐ 1. READ the attached sample of the training agreement. These are the guidelines that must be followed to receive credit and to be successful on the internship program.
- ☐ 2. Fill out application completely.
- ☐ 3. Obtain an attendance report from the attendance office.
- ☐ 4. Place a check mark next to the appropriate program/coordinator on each teacher recommendation form. Ask 3 teachers (one of which should be a business teacher for the SBE Program) to fill out recommendation forms and return them to the appropriate coordinator's mailbox.
- ☐ 5. Attach attendance report to the application and return to Mrs. Rutherford (school store) **no later than February 8.**
- ☐ 6. Check back with Mrs. Rutherford by the morning of **February 14th** to have your course selection sheet signed.

Return completed applications to Mrs. Rutherford in the school store or room 2070.

Which Internship Program Should I Apply For?

You should read the following requirements for each Internship Program and submit your application according to these statements.

CCE (Cooperative Career Education)

To enroll in CCE, you should have a job NOT covered by SBE or Marketing Programs. Such jobs would include, but are not limited to: agriculture, construction, industrial trades, mechanic/automotive, daycare, health care, chef/culinary arts, drafting, maintenance, or cosmetology.

You must complete the application/interview process. Upon approval, you will enroll in the CCE year long course as well as the CCE work program.

Marketing

To enroll in Marketing, you should have a marketing career goal and job. Such careers would include, but are not limited to: retail/cashier, sales, bank tellers, floristry, advertising/promotions, waiter/waitress, hotel/motel services, tourism/travel services, fashion merchandising, public relations, marketing director, customer service, or host/hostess.

You must complete the application/interview process. Upon approval, you will enroll in Marketing 101, Creative Marketing through Entrepreneurship, or Sports & Entertainment Marketing, as well as the Marketing work program.

SBE (Supervised Business Experience)

To enroll in SBE, you should have a business or technology career goal and job. Such careers would include: accounting, administrative support, bookkeeping, school administration office, data processing, office management, personnel/training, technology support, web design/publishing.

You must complete the application/interview process. Upon approval, you will enroll in Business Technology I, Advanced Desktop/Web Page, or Accounting I or II year long course as well as the SBE work program.

Application for Internship Program

Name _____ Age _____ Grade _____

Address _____ Phone _____

_____ Cell Phone _____

Date of birth _____ Email address: _____

Name of parent or guardian with whom you live: _____

Explain your career goal: _____

Will you have transportation available to go on interviews and to work? ____ Yes ____ No

Are there any limitations on distance you wish to travel, hours, etc.? _____

Will you be participating in school activities that may affect the hours you will be available for employment? ____ Yes ____ No If so, what activities? _____

Are you presently working? ____ Yes ____ No If so, where? _____

Will you continue to work there for the Internship Program or will you seek other employment?

One of the requirements for the Internship Program is that you be enrolled in a related class. Place a check mark before each course you plan to enroll in next year.

_____ Accounting I or II _____ Business Technology I _____ Advanced Web
_____ CCE _____ Marketing

How many credits will you have at the end of your junior year? _____ Overall GPA? _____

In accordance with the provisions of The American With Disabilities Act of 1990, Title VI of the Civil Rights Act of 1964 (as amended), Title IX of the Educational Amendments of 1972, PL 93-112, and Section 504 of the Rehabilitation Act of 1973 and the regulations thereunder, it is the policy of the Lee's Summit R-7 School District that no person shall, because of age, sex, race, disability, or national origin be excluded from participation in be denied the benefits of, or subjected to discrimination under any education program or activity of the District, including the employment of staff personnel.

Written district policies concerning the rights and responsibilities of employees and students are available for inspection at the administrative office of the District.

Inquiries by persons about their protection against discrimination under The Americans With Disabilities Act, Title IX, Title VI, or PL 93-112 and the Section 504 may be directed in writing or by telephone to: Paul A. Shruot, Director of Human Resources, Lee's Summit R-7 School District, 600 SE Miller, Lee's Summit, MO 64063, (816) 524-3368

Please list your current schedule of classes and teachers:

MY JUNIOR YEAR SCHEDULE

Hour	Class	Teacher
1 st		
2 nd or 2/3A		
3 rd or 2/3B		
4 th or 4/5A		
5 th or 4/5B		
6 th or 6/7A		
7 th or 6/7B		

This is a sample training agreement. Formal agreements must be signed in the Fall by your internship coordinator, a parent and yourself. Please have parents sign this sample to indicate that they approve of your intent to enroll in this program.

LEE'S SUMMIT WEST HIGH SCHOOL STUDENT TRAINING AGREEMENT

STUDENT _____

In applying for an Internship Program for the _____ school year, I agree to the following guidelines:

- I will maintain a 90% attendance record and an acceptable conduct record while in the Internship Program.
- That my job used as my training station for this program must be approved by the coordinator in charge.
- I will receive one unit of credit for my employment if I work an average of at least ten hours per week or two units of credit for the school year for my employment if I work an average of 20 hours per week.
- This is a full-school year training program and that credit for the job portion of the program will only be given upon completion of the training. Students planning to graduate at the semester should not be on the program.
- My release time from each school day will be based upon my hours of employment and the number of credits I need for graduation.
- If I am absent from school because of illness, I cannot go to work that day unless in very unusual circumstances and then only with **prior** approval granted by the coordinator.
- I may not seek other employment during the school year.
- If **fired** because of my inability to function appropriately, I will no longer have the privilege of remaining on the Internship Program.
- I will call my program coordinator to report the reason for being absent on any give day in addition to contacting the attendance secretary.
- I must pass the related class (Business Technology I, Advanced Desktop/Web Page, Accounting I or II, CCE, or Marketing 101, Creative Marketing, or Sports & Entertainment) in which I am enrolled to remain on the Internship Program.

By signing this agreement, I acknowledge that I will abide by the above guidelines. Failure to abide by these guidelines may result in probation or dismissal from the internship program with an "F" grade and placement in a full schedule second semester. Disciplinary action will be assigned at the discretion of the program coordinator based on state department standards.

Parent

**RETURN TO RUTHERFORD
BY FEBRUARY 8th**

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**Teacher Recommendation
For an
Internship Program**

_____ has applied for admission in an Internship Program. This program provides experience and training opportunities on the job and makes use of the skills learned in class. Many factors other than grades must be considered to select deserving, capable young people who can best benefit from the training program. Having previously taught this student, you are able to help me make a decision regarding the student's admission in the internship program. Your opinions will be kept strictly confidential. Thank you for your input.

Please rate the student in the following areas:

	Above Average	Average	Below Average
Academic Performance			
Judgment			
Initiative			
Appearance			
Leadership Quality			
Follows Directions			
Reliable			
Perseverance			
General Conduct			
Positive Response to Criticism			
Works Well With Others			

Remarks _____

Teacher's Signature _____



Lee's Summit West High School
Christy Rutherford
Marketing Coordinator
2600 SW Ward Rd Lee's Summit, MO 64082
(816) 986-4036



MARKETING INTERN INFORMATION SHEET
PLEASE RETURN TO ROOM 2070 BY MAY 31ST

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: MO ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

PARENT(S) NAMES: _____

Are you currently employed in the job you will use for the internship program? _____ YES _____ NO

If you answered yes, please give me the following information:

NAME OF EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

OFFICE USE ONLY

_____ GPA _____ CREDITS AS OF MAY 07

SPRING 2007



**MARKETING
EDUCATION TRAINING STATION
EVALUATION CHECKLIST**



TRAINING STATION _____

Check the items that apply to this training station.

The training station:

- ___ 1. has an accessible location
- ___ 2. observes federal and state laws and employment regulations
- ___ 3. has up-to-date facilities and equipment
- ___ 4. has a favorable reputation in the community
- ___ 5. provides a safe, ethical environment for the student
- ___ 6. provides on-going training programs for employees
- ___ 7. demonstrates a willingness to work with the teacher-coordinator and the student
- ___ 8. provides the types of learning experiences to support the curriculum, not merely part-time employment
- ___ 9. designates supervisory personnel to serve as training sponsors
- ___ 10. evaluates the student in writing on a periodic basis
- ___ 11. promotes school attendance and the standards/rules of the program
- ___ 12. provides the minimum number of hours of employment per week
- ___ 13. provides a wage compensation with other beginning level employees in the same job
- ___ 14. provides an opportunity for advancement
- ___ 15. relates to the field of marketing