



2020-21 Internship Informational Meeting

Career Specialist Contact Information

Susan Bennett - Last name A - M

sjbennett@lexington1.net

803-821-5590

Julie Rojek - Last name N - Z

vrojek@lexington1.net

803-821-0733



Why are internships important?

An **internship** assists with career development by providing real work experiences that provide students with opportunities to explore their interests and develop professional skills and competencies.

Internships help students gain experience, develop skills, make connections, strengthen their resumes, learn about a field, and assess their interests and abilities.

Internship Requirements:

- Be at least 16 years of age.
- Be classified as a senior.
- Identify and acquire employment that is related to his/her career goal as identified on the student's IGP. This work experience must extend and expand the student's knowledge and skills beyond the scope of a part-time job. If a determination cannot be made from the application as to how the job relates to the student's career goal, the application may be rejected.
- There should be no expectation of "payment" for the internship employment unless agreed upon prior to the placement.
- Must have a 2.5 cumulative GPA.
- Be recommended by a teacher and school counselor.

[Must read the Work-Based Learning Manual](#)

Internships at RBHS

- Internships are structured year long programs here at RBHS that coordinate high school coursework with a job in a field related to a student's major and/or career interest.
- Career Specialists and participating businesses develop written training and evaluation plans to guide workplace activities. Students receive course credit for their work experiences.

Internship Application Process for 2020-21

1. Secure an internship placement
2. [Complete the 2020-21 WBL Application](#) or [LMC Application](#)
3. Submit application to career specialist before the deadline of March 11, 2020

1. Secure an internship placement -

- a. Be proactive. Search places in their area of interest.
- b. Reach out and ask them if they would be interest in having an intern.
- c. If you need assistance, ask a parent, guardian, or any other person in your network that may be able to help reach out to a place of business to see if they would allow you to intern for next year.

Helpful Script when talking to potential employers :

My name is _____. I'm a rising senior at RBHS. I have the awesome opportunity to gain experience, develop skills, and make connections as an intern next year in my area of interest. In the future, I have a desire to_____.

An internship will allow me to learn about the field and assess my interest and abilities.

This internship will be a yearlong class. Students are required to complete 150 hours with an employer. That equates to about 5 hours per week. At the end, I have the

potential to earn a high school credit. I'm reaching out to you to see if you would

consider having me as your intern for next school year. **(Answer any questions they may**

have). If you have any other questions, you can contact my Career Special. **(Share the**

contact information - Susan Bennett for students A-M

803-821-5590/sjbennett@lexington1.net or Julie Rojek for students N-Z


803-821-0733/jrojek@lexington1.net).

We will be happy to answer any questions potential employers may have if you direct them our way!

2. Complete the 2020-21 WBL Application

Download the application to your desktop. Open it on your desktop. Complete the application by typing into it. After all information is complete, print the application for signatures and recommendations.

Everyone must complete form 1 & 2. Long range goals must be in complete sentences.



WORK-BASED LEARNING APPLICATION
2020-2021 Application Deadlines:
(RBHS) March 11, 2020

FORM	WHO COMPLETES	CHECKLIST
Form 1	Everyone	
Form 2	Everyone	
Form 3	Everyone	
Form 4	Internship/Co-op Applicants	
Form 5	Internship/Sports Medicine Clinical Applicants; not required for Co-op Applicants	
Form 6	Internship/Sports Medicine Clinical Applicants; not required for Co-op Applicants	
Form 7	Sports Medicine Clinical Applicants	
Form 8	Co-op Applicants	
Form 9	In District Internship Applicants	

LEXINGTON SCHOOL DISTRICT ONE OFFICE USE ONLY

Student Name: _____

Date application submitted to District: _____

Lexington County School District One does not discriminate on the basis of race, color, religion, national origin, sex, disability or age in admission to, access to, treatment in, or employment in its programs and activities. The following people have been designated to handle inquiries or complaints: The Chief Human Resources Officer handles inquiries/complaints regarding Title IX. Inquiries/complaints regarding Section 504 for elementary students go to the Coordinator of 504/IEP and for secondary students to the Director of Counseling and Advancement. The Mathematics Coordinator handles inquiries/complaints regarding Title II. Contact these people if you have questions regarding these areas at 400 Turner Springs Road, Lexington, SC 29072 and lexington@lexone.org (803) 821-1888

WBLAPP2020-2021

Lexington School District One
Form 1: Work-Based Learning Application

STUDENT DEMOGRAPHICS

Name: _____ Student Cell: _____

High School: GHS LHS LTC PHS RBHS WKHS

DOB (Month, Day, Year): _____ Current Grade: 11th 12th

Street Address: _____ City: _____ Zip: _____

Personal Email: _____

Parent/Guardian Name: _____

Cell: _____ Work: _____

Parent/Guardian Name: _____

Cell: _____ Work: _____

Emergency Contact: _____

Cell: _____ Work: _____

TERM & CREDIT(S) REQUESTED

Program Type: Internship Co-op Sports Medicine Internship/Clinical

Term preference: Fall Spring Annual Summer

Units/hours requested: 1 credit (150 hours) 2 credits (300 hours) 3 credits (450 hours-Co-op)

If approved, I wish to drop the following course(s): _____

LEXINGTON SCHOOL DISTRICT ONE OFFICE USE ONLY

Co-op Internship Sports Medicine Internship/Clinical

Approved Not Approved Credit(s) _____ Term _____

Course Number: _____ Cluster: _____

Partnerships Coordinator's Signature: _____ Date: _____

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Lexington School District One
Form 2: Work Based Learning Application

TRANSPORTATION INFORMATION

Transportation arrangement: Drive Self Ride with Parent/Guardian

Auto Insurance Company Name: _____ Policy Number: _____

Policy Holder's Name: _____ Dates of Coverage: _____

Insurance Agent Name: _____ Agent Phone: _____

Student Driver's License Number: _____

MEDICAL INFORMATION

Medical Insurance Company Name: _____

Policy Holder's Name: _____ Policy Number: _____

Physician's Name: _____ Physician Phone: _____

Student Allergies: _____

Student Current Medications: _____

Student physical or medical limitations: _____

LONG RANGE GOALS

What is your career goal? _____

How will this work-based learning experience help achieve your career goal? _____

Is this work-based learning experience related to your high school major? _____

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WBL Application Continued:

Everyone must complete forms 3, 4 & 5.
Form 4 should be completed by the person who will supervise your internship at the business.

Lexington School District One
Form 3: Work-Based Learning Application

PARENT/GUARDIAN PERMISSION

- I give permission for my child to participate in a Work-Based Learning Training Program.
- I have read the Work-Based Learning Training Manual and agree to comply with the contents. My child agrees to comply with the manual's contents as a condition for participation in a Work-Based Learning Training Program.
- I understand that school personnel will not be present when my child is at the training site.
- I will be responsible for arranging transportation for my child to and from the training site.
- I agree to provide liability insurance coverage on the vehicle transporting my child to and from the training site and understand that students are covered by Lexington One Worker's Compensation while at the training site.
- I agree to communicate only with school officials concerning any aspect of my child's experience.
- I agree for my child to receive emergency medical treatment in case of injury or illness.
- I understand my child must adhere to the school district's code of conduct, the Work-Based Learning Training Program guidelines and procedures, and the employer's training site rules and regulations.
- I have read and understand the Student Agreement below.
- I agree to allow my child to be photographed, videotaped, or interviewed while participating in a Work-Based Learning Training Program.

STUDENT AGREEMENT

- I agree to comply with all procedures, guidelines, and responsibilities as outlined in the Work-Based Learning Training Manual.
- I agree to adhere to the rules and regulations of the district and company while participating in the work-based training program.
- I agree to keep training site information confidential.
- I agree to notify my Career Specialist immediately if injured on the training site.
- I agree to complete a Termination Form and submit to my Career Specialist within 3 days of training site separation.
- I will notify the Career Specialist of any and all information that changes during my work-based training. I will not leave the approved training site and go to another training site without the Career Specialist's prior approval.
- I am responsible for arranging transportation to and from the work site.
- I have a social security card and will provide to my supervisor upon request.
- I agree that all information submitted in this application is accurate, and I understand that falsifying information in this application will result in my termination from the program.

Student Name (Print): _____ Date: _____

Student Signature: _____

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____

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Lexington School District One
Form 4: Work-Based Learning Application

PROGRAM OVERVIEW & TRAINING SITE SUPERVISOR RESPONSIBILITIES
Work-Based Learning Training Programs include cooperative education and internship opportunities. These structured, supervised experiences are designed to provide the student with broad-based instruction in the workplace related to a specific career.

- Comply with federal, state, and local regulations regarding the employment of students.
- Designate a supervisor for the work-based learning student.
- Provide a variety of on-site training experiences, including continuous safety instruction.
- Avoid displacing other workers who perform similar tasks; avoid the exploitation of students.
- Inform the Career Specialist or Partnerships Coordinator immediately in the event of a training-related accident.
- Report concerns with student actions or behaviors to the Career Specialist or Partnerships Coordinator to help resolve problems prior to formal disciplinary action.
- Assist in the development of and sign the work-based training Agreement/Plan.
- Provide weekly training for the total number of hours agreed upon in the Training Agreement/Plan. Any changes to the training location or schedule must be submitted to the Career Specialist.
- Sign and verify the accuracy of the monthly Hour Report that is maintained by the student.
- Evaluate the student while training and return completed evaluations on or before the deadline.
- Complete the Safety Questionnaire with the student.
- If the student is terminated, notify the Career Specialist or the Partnerships Office immediately.

STUDENT CONTACT INFORMATION

Name: _____

Personal Email: _____ Cell: _____

EMPLOYER INTENT

Business Name: _____

Supervisor Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Email: _____

Student training competencies/goals/responsibilities (Identify at least 6)

- _____
- _____
- _____
- _____
- _____
- _____

Employer Name (Print): _____

Signature: _____ Date: _____

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Lexington School District One
Form 5: Work-Based Learning Application (Teacher)

TEACHER RECOMMENDATION

Student Name: _____

High School: GHS LHS LTC PHS RBHS WKHS

Lexington One's Work-Based Learning Training Program offers students an opportunity to receive course credit while extending and expanding classroom learning experiences on a training site. In order to assist us in determining student eligibility, please complete the following recommendation. All information provided is confidential and will not be shared with the student. Please return completed forms to your Career Specialist.

Please evaluate student performance based on the following scale:
0 = Not Observed, 1 = Improvement Needed, 2 = Developing, 3 = Competent, 4 = Proficient, 5 = Advanced

ELEMENT	SCORE	COMMENTS
Attitude		
Motivation		
Interpersonal Skills		
Verbal Skills		
Written Skills		
Course Content		
Mastery		
Meets Deadlines		
Completes Assignments		
Attendance		
Punctuality		

How long and in what capacity have you known the student? _____

Would you recommend the student for placement into a Work-Based Learning Program? Yes No

If no, please explain: _____

Additional comments: _____

Teacher Name (Print): _____

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After you've completed the entire application, print and give recommendation form to a teacher to complete.

WBL Application Continued:

Form 6 can be turned in incomplete. Your CS will get your counselor to fill it out. Form 7 is for Sports Med Clinical students only. Form 8 is for Co-ops only.

Lexington School District One
Form 6: Work-Based Learning Application (Counselor)

COUNSELOR RECOMMENDATION

Student Name: _____
 High School: GHS LHS LTC PHS RBHS WKHS

Based on your personal knowledge of this student, please complete the following recommendation for participation in a work-based learning (WBL), credit-bearing course.

The student meets the 2.5 GPA (SC GPA UGP) requirement. Yes No

The student has met or will meet all graduation requirements. Yes No

The student has _____ class(es) that can be dropped and replaced with a WBL experience on the schedule.
 Yes No

The student's attendance record indicates the student would be a reliable participant in a WBL experience.
 Yes No

The student's disciplinary record reflects that the student would represent the school and district in an acceptable manner. Yes No

Do you recommend the student for placement into a WBL Program? Yes No

Additional comments: _____

Please evaluate student performance based on the following scale:
 0 = Not Observed, 1 = Improvement Needed, 2 = Developing, 3 = Competent, 4 = Proficient, 5 = Advanced

ELEMENT	SCORE	COMMENTS
Attitude		
Motivation		
Interpersonal Skills		
Verbal Skills		
Written Skills		
Course Content Mastery		
Meets Deadlines		
Completes Assignments		
Attendance		
Punctuality		

How long and in what capacity have you known this student? _____

Has the student completed Sports Med 1, Sports Med 2, CPR and AED training? Yes No

Do you recommend the student for placement into the Sports Medicine Clinical program? Yes No

If no, please explain: _____

Additional comments: _____

Athletic Trainer Name (Print): _____

Signature: _____ Date: _____

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Lexington School District One
Form 7: Work-Based Learning Application (Athletic Trainer)

ATHLETIC TRAINER RECOMMENDATION (Only complete for Sports Medicine Clinical program)

Student Name: _____
 High School: GHS LHS LTC PHS RBHS WKHS

Lexington One's Work-Based Learning Training Program offers students an opportunity to receive course credit while extending and expanding classroom learning experiences on a training site. In order to assist us in determining student eligibility, please complete the following recommendation. All information provided is confidential and will not be shared with the student. Please return completed forms to your Career Specialist.

Please evaluate student performance based on the following scale:
 0 = Not Observed, 1 = Improvement Needed, 2 = Developing, 3 = Competent, 4 = Proficient, 5 = Advanced

ELEMENT	SCORE	COMMENTS
Attitude		
Motivation		
Interpersonal Skills		
Verbal Skills		
Written Skills		
Course Content Mastery		
Meets Deadlines		
Completes Assignments		
Attendance		
Punctuality		

How long and in what capacity have you known this student? _____

Has the student completed Sports Med 1, Sports Med 2, CPR and AED training? Yes No

Do you recommend the student for placement into the Sports Medicine Clinical program? Yes No

If no, please explain: _____

Additional comments: _____

Athletic Trainer Name (Print): _____

Signature: _____ Date: _____

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Lexington School District One
Form 8: Work-Based Learning Application (Co-op)

CAREER & TECHNOLOGY EDUCATION TEACHER RECOMMENDATION (Only complete for co-op program)

Student Name: _____
 High School: GHS LHS LTC PHS RBHS WKHS

Student, please indicate whether or not you have met each of the following requirements:

- I have completed at least two (2) classes in the same CTE program or I am enrolled in Level II for next semester. Yes No
- I possess an 80 average or better in the above referenced CTE classes. Yes No
- I can secure employment with a training site related to the above referenced CTE classes. Yes No

CTE Instructor: _____ CTE Program: _____ Co-op credits requested: _____

Lexington One's Work-Based Learning Training Program offers students an opportunity to receive course credit while extending and expanding classroom learning experiences on a training site. In order to assist us in determining student eligibility, please complete the following recommendation. All information provided is confidential and will not be shared with the student. Please return completed forms to your Career Specialist.

Please evaluate student performance based on the following scale:
 0 = Not Observed, 1 = Improvement Needed, 2 = Developing, 3 = Competent, 4 = Proficient, 5 = Advanced

ELEMENT	SCORE	COMMENTS
Attitude		
Motivation		
Interpersonal Skills		
Verbal Skills		
Written Skills		
Course Content Mastery		
Meets Deadlines		
Completes Assignments		
Attendance		
Punctuality		

The student earned an 80 average or better in the above referenced CTE program: Yes No

Based on your knowledge, will the student reflect the school and district in an acceptable manner? Yes No

Additional comments: _____

Do you recommend the student for placement into a work-based learning co-op program? Yes No

Additional comments: _____

Student Name (Print): _____ Signature: _____ Date: _____

CTE Teacher Name (Print): _____ Signature: _____ Date: _____

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WBL Application Continued:

Only complete this form if you're doing an internship at a school or facility in the district.

Lexington School District One
Form 9: Work-Based Learning Application (In District)

IN-DISTRICT PERMISSION FORM (Only complete if interning within Lexington School District One)

Lexington School District One students are allowed to intern district staff, but this form must be completed by the school principal or area director where the student is interning. Please return completed forms to the student's Career Specialist.

I verify that:

1. The student is not being used for staffing shortage purposes.
2. The student is not performing activities typically assigned to the staff in order to relinquish staff from performing their duties.
3. The student will be learning real-world work skills.
4. At least 6 competencies have been assigned to the student to ensure that the student is learning skills that will prepare them for a career in this field of interest. These competencies are recorded on Form 4 of the application.
5. The student will be evaluated twice a semester (block schedule) or twice annually (RBHS), to ensure the student's progress on the above referenced competencies.
6. The student is interning with a faculty/staff/employee of the district that represents our brightest leaders- a person who will serve as a mentor and facilitator of industry-standard knowledge and skill

Principal or Area Director Name (Print): _____

Principal or Area Director Signature: _____ Date: _____

Application

The WBL application for 2020-21 school year can be found at www.shorturl.at/AGMPZ

The Lexington Medical Center Step 1 application for 2020-21 year can be found at www.shorturl.at/celUN

Want to intern at:

Nephron: You will need to complete the WBL application plus resume and cover letter. Submit both to your career specialist by the deadline. Applications will not be accepted after deadline.

Pharmacies: You will need to complete the WBL application and for most pharmacies you will need your [Pharmacy Tech Certificate](#). The cost is \$50. *This process is done completely online through SC Labor Licensing Regulation.*

Lexington Medical Center: You will complete [LMC Step 1 application](#). If selected, you will be instructed to complete LMC Step 2 application and LMC's online extended learner process. Which includes 2-Step TB Test.

Deadline

Return completed application by email to your career specialist or printed copy to the front desk of C&A.

If you have questions about this application process, please email Susan Bennett at sjbennett@lexington1.net or Julie Rojek at jrojek@lexington1.net.

The application deadline is March 11, 2020.



Any
Questions?