2021 SUMMER YOUTH INTERNSHIP PROGRAM

STUDENT HANDBOOK

Sponsored by

CareerSource SOUTH FLORIDA

THE CHILDREN'S TRUST

MIAMI-DADE COUNTY

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OVERVIEW SUMMER YOUTH INTERNSHIP PROGRAM 2021

DATES/LENGTH

July 1, 2021 – August 5, 2021
All eligibility documentation must be submitted by the deadline of May 28, 2021.
Online pre-internship course completion deadline is May 14, 2021.

REQUIRED HOURS

150 HOURS – All hours must be completed during the dates of the SYIP Program (July 1 - August 5, 2021)

SUGGESTED SCHEDULE

30 HOURS PART TIME WEEKLY (Five Weeks)

WORK MODALITY

VIRTUAL, HYBRID or IN-PERSON (following CDC COVID-19 guidelines)

STUDENT POPULATION

Rising 10th through 12th Grade high school students between the ages of 15-18 and enrolled in Miami-Dade County Public High Schools

ELIGIBILITY

Students must:

- Be eligible to work in the U.S. and be a resident of Miami-Dade County
- Be currently enrolled in a Miami-Dade County Public Schools high school
- Open an account with EdFed – The Educational Federal Credit Union
- Complete the online pre-internship course, submit ALL documents, and register for internship hiring process through https://miami.getmyinterns.org
- Priority will be given to at-risk students who meet one of the following criteria: Free/ Reduced Lunch or English Language Learners (ELL) or Truant (15 or more unexcused absences).

INTERNSHIP PROVIDERS

All new and former internship providers must register at https://miami.getmyinterns.org
Note: Organizations can select and hire up to 10 interns during the program. If you need additional information, please call the internship hotline at 305-693-3005.

STUDENT INTERVIEWS

Internship Providers may schedule interviews virtually. (Zoom, Microsoft Teams, etc.)

Please Note: The internship provider (Internship Employer) has the final say on the selection of the student intern pending that the student has met established criteria.

METHOD OF PAYMENT

Sponsored by CareerSource South Florida, The Children's Trust, Miami-Dade County, and EdFed – The Educational Federal Credit Union

1) Summer Youth Internship Program (SYIP)
   Students will receive two payments
   - o 1st payment July 14 - $650.00
   - o 2nd payment August 11 - $650.00 - after all assignments and timesheets are submitted to teacher

   ***Students must open an account by May 28, 2021 with EdFed – The Educational Federal Credit Union, the official credit union of the SYIP Program**

2) Payment by COMPANY PAYROLL – paid directly to student

SUPERVISION

A workplace supervisor from the employing organization will evaluate the intern twice during the internship and an M-DCPS teacher supervisor will be assigned to the intern and will communicate twice with the workplace supervisor and intern (two on-site or virtual visits during the 5-week internship period).

STUDENT ACCIDENT INSURANCE

THERE IS NO LIABILITY FOR THE EMPLOYER AS ALL INTERNS ARE REQUIRED TO OBTAIN STUDENT ACCIDENT INSURANCE.
(Football Insurance will not be accepted)

For more information, call the SYIP Hotline at 305-693-3005.

MIAMI-DADE COUNTY PUBLIC SCHOOLS
2021 Summer Youth Internship Program (SYIP), *July 1 through August 5*
Frequently Asked Questions (FAQs)

1. What is the Summer Youth Internship Program?
   A 5-week work-based learning experience between M-DCPS high school students and businesses and organizations throughout Miami-Dade County. The Children's Trust, Miami Dade County, CareerSource South Florida, and EdFed – The Educational Federal Credit Union are several sponsoring organizations.

2. Who is eligible?
   Rising 10th through 12th grade high school students between the ages of 15-18 and enrolled in Miami-Dade County Public Schools. Students must be eligible to work, reside in Miami-Dade County, open an account with tEdFed – The Educational Federal Credit Union, the ONLY Financial Institution of the SYIP program, and complete the online pre-internship course. The deadline to complete the online course is Friday, May 14, 2021. The deadline to complete all eligibility documents and opening an EdFed – The Educational Federal Credit Union account is Friday, May 28, 2021. The SYIP requires completion of 150 hours during the five-week period, July 1 – August 5, 2021.

3. How do students enroll?
   A student must first complete the online pre-internship course by their school's Teacher Champion and submit required completed documentation to teacher. Parents and students can contact the Internship Hotline (305-693-3005) to find out more about enrollment and their Teacher Champion.

4. How are students placed with an employer?
   After completion of the online pre-internship course and submission of required documentation, students will be prompted to upload their resumes to Miami.getmyinterns.org (opening March 29, 2021 for students) where they can begin to apply for jobs with internship providers. All internship providers have been approved by the Department of Career & Technical Education to hire students. ***Completing the online pre-internship course does not guarantee placement into this program.***

5. Is this a paid internship?
   If students are approved after completing all requirements no later than May 28, 2021, including being hired by a business/organization, they will receive grant payments or be placed on company payroll. Students will be notified to confirm that they are receiving grant payments by the Department of Career & Technical Education.

6. How do students get paid?
   The Summer Youth Internship Program is sponsored by The Children's Trust, Miami Dade County, CareerSource of South Florida and EdFed – The Educational Federal Credit Union. Students will receive TWO (2) payments directly deposited into their EdFed – The Educational Federal Credit Union, the ONLY Financial Institution of the SYIP Program, account:
   - 1st payment of $650.00 – Wednesday, July 14, 2021
   - 2nd payment of $650.0 – Wednesday, August 11, 2021

   Students must open their credit union accounts by Friday, May 28, 2021, to receive payments on time. If a student already has a credit union account, they must inform the bank of their participation in the Summer Youth Internship Program. Payments will be delayed if a student has not turned in their time sheets on time. No more than two absences are allowed, and the required 150 total hours must be completed during the SYIP program from July 1 - August 5, 2021.

7. How are students graded?
   Students completing the Summer Youth Internship Program will receive one high school academic credit. Students will be assigned a teacher over the summer who will collect their assignments and time sheets. Grade calculation: 50 % assignments and 50% internship supervisor assessment. Students may also receive dual enrollment college credit if they meet Miami Dade College or Florida International University established criteria and submit required forms by due date set by MDC and FIU.

8. Are students required to have Student Accident Insurance?
   All students enrolling in the Summer Youth Internship Program must have Voluntary Student Accident Insurance (Football Insurance is not acceptable). The insurance fee is nonrefundable. Health insurance that students have on their parents' or guardians' plan **does not meet** the requirement for Student Accident Insurance.

For more information, please call the Internship Hotline at 305-693-3005

MIAMI-DADE COUNTY PUBLIC SCHOOLS
SUMMER YOUTH INTERNSHIP PROGRAM (SYIP) PROTOCOLS
July 1 through August 5, 2021
Eligibility Document Deadline: May 28, 2021
Online Pre-Internship Course Deadline: May 14, 2021

Protocols for Schools

1. Administrators recruit and support a staff member to be the "Schoolwide Internship Champion." If a school does not have career academies where a CTE teacher can be the "Schoolwide Internship Champion," it is suggested that administrators recruit an available staff member.

2. Recruit interns who meet the eligibility criteria for the Summer Youth Internship Program (SYIP).

3. Internship Champion facilitates preparation of students with work skills online training (Odysseyware) and disseminates information concerning internship rules, procedures, and policies:

    - Manage enrollment and grading of online Intern Preparation Course. "Internship Champion" contacts CTE office for Odysseyware course professional development and enrollment of students. *Scheduled starting in March 2021.*

    - Review the S**ummer Internship Training Program Handbook** with the interns (posted on https://www.ctemiami.net/internships-2021/).

    - Support students in obtaining an account with EdFed – The Educational Federal Credit Union by **May 28, 2021** for payment of grant stipends.

    - Publicize and encourage parents to attend ONE of the virtual Parent Information Sessions scheduled May 10, 12, 13, 2021 (English); May 12, 2021 (Separate sessions for Spanish and Creole. Informational flyer posted on https://www.ctemiami.net/internships-2021/).

4. Collect all required documents and submit to the district office electronically via online binder (LiveBinder) by **May 28, 2021**, if documents are not received by this date the student will not be eligible to participate in the SYIP program.

5. Confirm your students are hired on https://miami.getmyinterns.org/

6. Notify students of SYIP status before the close of school year and give students the Internship hotline (305-693-3005) so that the students can contact the CTE Department with placement information or questions after the close of school.

7. Collect and submit by due date to the CTE office all required documents for dual enrollment through Miami Dade College or Florida International University (hard copies) by due date set by MDC and FIU, if student is eligible.

Protocols for Students

Pre-Internship:

1. Complete all requirements for eligibility as per checklist by **May 28, 2021.**
2. Complete Online (Odysseyware) Pre-Internship Course by **May 14, 2021.**
3. Students will be approved to sign up at https://miami.getmyinterns.org/ upon comple-tion of Online (Odysseyware) Pre-Internship Course
4. Clarify any scheduling or transportation problems
5. Accept the first position offered
6. Call to cancel any subsequent interviews once a position has been accepted
7. Notify lead teacher/counselor/Internship Teacher Champion at the school and the CTE office after the close of school year when hired at 305-693-3005.
8. Open an EdFed – The Educational Federal Credit Union account by **May 28, 2021**. If not open in time, first payment will be delayed.

During the Internship

1. Work the entire length of the internship (5 weeks/150 hours). **All hours must be completed during the SYIP program dates (July 1 - August 5, 2021).**
2. Complete a W-9 when sent to you through Adobe Sign. (Remember information on this form is your information **NOT** your parents' information.)
3. Follow the schedule as assigned by the Internship Provider
4. Complete all assignments as indicated in Student Handbook
5. Observe summer school attendance policies (no more than two absences allowed)
6. Make up any hours for stipend payment purposes, if applicable.

Protocols for Internship Providers

1. Sign-up at https://miami.getmyinterns.org/
2. Registered to do business in the state of Florida and located in Miami Dade County
3. Agree to and sign the cooperative (Internship) agreement (sample in the student handbook).
4. Assign a worksite mentor
5. Interview the student intern for placement (remotely or in-person)
6. Participate in a virtual internship provider orientation
7. Sign a M-DCPS field trip form that will allow the worksite supervisor to take the student intern off-premises for official work-related meetings
8. Ensure that an Emergency Contact Form is on file at the office for each student intern
9. Review and approve intern's timecard on a weekly basis and the total timecard at the end of the SYIP five-week program
10. Complete an assessment of the intern at the end of the SYIP five-week program

INTEGRATING INTO THE INTERNSHIP ENVIRONMENT

Do's and Don'ts

Do:
- be on time.
- be responsible.
- be dependable.
- be cooperative.
- be honest.
- be pleasant and polite.
- be alert coming and going to work.
- dress for success.
- be a team player

Don't:
- use street language.
- eat at your desk.
- use the Internet for personal business without prior approval.
- check personal e-mails.
- chew gum.
- play personal music devices while on the job.
- text on the job

Using the Telephone/Cellular Phone

- Ask permission to use the telephone for personal calls.
- If you are permitted to make personal calls, make them short.
- Do not make any long distance personal calls.
- Do not take or make personal calls from your cellular phone.

You and Your Internship Supervisor (at work site)

- Make a note of your supervisors' names and telephone number both Internship Supervisor and M-DCPS Instructional Supervisor, in case of emergency.
- If you are ill and cannot go to work, call your Internship Supervisor and the M-DCPS Department of Career and Technical Education at 305-693-3030, as soon as possible.
- If you become ill at work, notify your Internship Supervisor and ask permission to leave.
- Listen carefully when instructions are given. If necessary, take notes. Ask questions when you do not understand the instructions.
- Follow instructions; do not improvise. There may be a reason why a job is done in a particular manner.
- If you are directed to use equipment you are unfamiliar with, ask for instructions.
- Do not risk injuring yourself or damaging the equipment.
- The records you handle are confidential. Do not disclose information you may see.
- Ask your internship supervisor if there is additional work if you feel underutilized.

Getting Along with Others

- If a problem arises, try to solve it with your co-workers. If not, ask for assistance from your internship supervisor and/or the M-DCPS Instructional Supervisor.
- If you are given an assignment by more than one person, check with your internship supervisor as to which task takes priority.
- Pitch in and help when things are busy. Be willing to stay after work, however, stay alert and be safe.
- Observe the individuals with whom you work. What characteristics do they have that will help you to succeed? Work to develop them.

INTERNSHIP ASSIGNMENTS

The internship assignments are designed to provide experience in and first-hand knowledge of the workplace environment. Through these assignments, you will gain skills in the areas of interpersonal relations, resources, company organization, and technology. These experiences will also help you to determine your compatibility with a career path. **All written assignments must be done on your own time** and must be typed. Complete sentences, proper grammar and punctuation are also essential. The guidelines for written assignments can be found in the Introduction section of this handbook.

Internship Week, Assignment Theme and Due Date

WEEK 1 **RESOURCES**

WEEK 2 **PLANNING AHEAD**

WEEK 3 **REFLECTION**

WEEK 4 **ASSESSMENT**

WEEK 5 **TECHNOLOGY**

WEEK 1-RESOURCES

After completing this assignment, you will become aware of goals and objectives of the internship, your job responsibilities, how to develop your personal goals, the importance of time management.

Assignments:

1. Develop a list of personal goals & objectives that you would like to accomplish during your internship.

    a. Set up a meeting time with your internship supervisor to discuss your goals, objectives, and job responsibilities.

    b. From that meeting, formulate a revised outline of realistic goals, objectives, and goal-related activities as well as the anticipated timeline for completion.

2. Locate the **Internship Assessment** in the handbook**.** Review the performance factors.

    - Explain to your internship work supervisor that the assessment process should be completed by Week 3. Then, ask the following question and record your internship supervisor's responses.
        - "What criteria will be used to evaluate my performance on the indicators on the **Internship Provider Internship Assessment?**"

3. Complete and turn in the time sheet for Week 1. Remember to have your WORK internship supervisor sign it.

4. If you will be receiving a grant stipend, your funds will be automatically deposited to your account with EdFed – The Educational Federal Credit Union with two deposits made to your account during the internship training program depending on whether your hours and assignments are turned in on a timely basis.

WEEK 2- PLANNING AHEAD

As an intern, it is important to focus on priorities, goals, and objectives as well as plan ahead. This knowledge will positively impact your work environment and relationships with co-workers as well as supervisors. Detailed directions for the final assignment and an upload link are provided in the online Internship course.

Assignments

1. Write or attach a document identifying the history, mission, and vision of the internship organization. **Detailed directions and how to submit document will be provided in the online Internship course**.

2. Begin taking/collecting photos for your PowerPoint/Photostory assignment that is due on Week 5.

3. Complete and turn in the time sheet for Week 2. Remember to have your WORK internship supervisor sign it.

WEEK 3- REFLECTIONS

Reflection allows an intern to consider the work he/she has provided to an organization and to better understand their role within the organization. Having the time to reflect also gives you the opportunity for personal growth when you can look within and see the skills that you have acquired through this internship. Detailed directions and an upload link are provided in the online Internship course.

Assignments

1. Review the goals you expected to achieve during your internship with your supervisors and discuss with them the goals you accomplished and explain why you feel achievement occurred. If your goals were not achieved, clarify why you feel they were not reached.
2. Complete the **Self-Evaluation Form** and submit the form to your Instructional Supervisor in the online Internship course. See course lesson for directions.
3. Complete and turn in the time sheet for Week 3. Remember to have your WORK intern supervisor sign it.

WEEK 4- EMPLOYER ASSESSMENT

During the internship, you have encountered performance skills necessary for workers to function effectively in high performance organizations that will be able to compete in a global economy.

These skills include problem-solving, reasoning, critical thinking, working in teams, allocation of resources, interrelationships and systems, and the uses of information and technology.

Assignments

1. Review the Employer Internship Assessment with your internship work supervisor. Ask him/her to talk to you about your performance during the internship and to complete the employer assessment. The link to the assessment will be emailed to them. If you are a NAF student, the internship work supervisor will have 2 assessments to complete. (See page 17 for a sample of assessment, pages 18 - 20 for the NAF assessment.)
2. Turn in the time sheet for Week 4.

WEEK 5-TECHNOLOGY

There are many benefits of using technology in the workplace. Technology can improve the up-to-date information and communication resources, increase work performance, and provide a link to needed resources. Detailed directions and an upload link are provided in the online Internship course.

Assignment

1. Your job task is to create a PowerPoint/PhotoStory presentation about your Internship experience. You will be graded on the following:

a. PowerPoint/PhotoStory presentation: content, creativity, grammar and spelling, slide transitions, clipart and photos
b. You may present this project to your colleagues in the junior class upon your return to school. This presentation may serve as your first assignment in your senior Academy class. *Check with your lead teacher once school starts in August for submission and presentation at your school.*

CRITERIA:

- Minimum of 15 slides which should include a title and closing slide.
- Include a photo of your office, company, internship supervisor or co-workers and company logo.
- Content: title slide, history of organization, organization chart, duties and responsibilities, recommendations to future interns, closing slide
- **Narration: the presentation should be narrated and self-running.**
- Internship Grading criteria:
  - Format: In the online course, you will either upload an electronic copy, (you may need to compress any photos to reduce the size of the file) or upload a link to a "cloud" storage site, such as "Google, Onedrive, Dropbox, etc." and send an invite to the Instructional Supervisor in order to view the file (by email and through the online course message box.)

***DUE DATE**:*

1. Final project for Internship credit deadline TBA**.** Submit the project in the online Internship course. See course lesson for directions.
2. Complete and turn in the time sheet for Week 5. Remember to have your WORK internship supervisor sign it.

***Note:** Deadline for submitting FINAL assignments and documents will be given to interns at the beginning of the internship. All documentation must be received by the Instructional Supervisor before the end of the internship.*

INTERNSHIP ASSIGNMENT CHECK OFF*

Week 1 -RESOURCES	**PERCENTAGE**
☐ Goals, Objectives, Goal-related Activities	10
☐ Timesheet	5
Week 2 –PLANNING AHEAD	
☐ Mission, Vision, and Company History	10
☐ Begin taking/collecting photos for PowerPoint/Photostory	--
☐ Timesheet	5
Week 3 -REFLECTIONS	
☐ Self-Evaluation Form	10
☐ Timesheet	5
Week 4 -ASSESSMENT	
☐ Timesheet	5
Week 5 -TECHNOLOGY	
☐ PowerPoint/Photostory	45
☐ Timesheet	5

Scale: **A**=100-90 percent
B=89-80 percent
C=79-70 percent
D=69-60 percent
F=59 percent or less

***The total percentage (50%) will be averaged in with the internship supervisor evaluations (50%) to determine the final grade.**

MULTIMEDIA PRESENTATION PROJECT: Internship Powerpoint/Photo Story

CATEGORY	7	5	3	1
Requirements	All requirements are met and exceeded, such as: minimum of 15 slides, including title and closing slide; photo and narration.	All requirements are met.	One requirement was not completely met.	More than one requirement was not completely met.
Content	Covers topic in-depth with details and examples such as history of organization, organization chart.	Includes essential knowledge about the topic. Subject knowledge appears to be good.	Includes essential information about the topic but there are 1-2 factual errors.	Content is minimal OR there are several factual errors.
Attractiveness	Makes excellent use of font, color, graphics, effects, etc. to enhance the presentation.	Makes good use of font, color, graphics, effects, etc. to enhance the presentation.	Makes use of font, color, graphics, effects, etc. but occasionally these detract from the presentation content.	Use of font, color, graphics, effects etc. but these often distract from the presentation content.
Organization	Content is well organized using headings or bulleted lists to group related material.	Uses headings or bulleted lists to organize, but the overall organization of topics flawed.	Content is logically organized for the most part.	There was no clear or logical organizational structure, just lots of facts.
Mechanics	No misspellings or grammatical errors.	Three of fewer misspellings and/or mechanical errors.	Four misspellings and/or grammatical errors.	More than 4 errors in spelling or grammar.
Legend: A=30-35, B=25-29, C=20-24, D=1-19, F=0				

Florida Department of Education
COURSE DESCRIPTION - GRADES 9-12

Subject Area: Experiential Education
Course Number: 8845139-AOHT/ 8815130 – AOF/ 0500300LS – AOIT/ 0500300LS – AOE
Course Title: Hospitality Internship I/ Financial Internship I/ Executive Internship I (Leadership Skills)
Credit: 1.0 credit (high school)

A. **Major concepts/content:** The purpose of this course is to provide a practical introduction to the work environment through direct contact with professionals in the community. The content should include, but not be limited to, the following:
   1. Discussion of professional job requirements
   2. Building vocabulary appropriate to the area of professional interest
   3. Development of decision-making skills
   4. Development of personal and educational job-related skills

B. **Special note:** The nature of this program requires great flexibility in the duration of the course and the number of contact hours. Student performance standards must be designed to meet the uniqueness of the course.

C. **Course Requirements:** After successfully completing this course, the student will:
   1. Describe educational, personal, and professional requirements of the profession.
   2. Understand and use vocabulary appropriate to the profession.
   3. Understand special needs unique to a particular profession.
   4. Demonstrate knowledge of special technologies.
   5. Read literature related to the profession.
   6. Exhibit growth in functioning in the adult world and professional community.
   7. Use appropriate decision-making techniques in exploring career possibilities.
   8. Demonstrate appropriate responsible behavior in various situations.
   9. Demonstrate application of academic skills in the performance of the internship responsibilities.

Florida Department of Education
Internship Training Program
Dual Enrollment Credit – Miami Dade College

Statewide Course: **Internships/Practicums/Clinical Practice**

MDC Course Number:
EGN 1949 Engineering (AOE)
HFT 1949 Hospitality Management (AOHT)
GEB 1949 General Business Finance (AOF)
MAN 1949 Management Internship (AOF)
BSC 1949 Biology Co-op Work Experience 1 (AOHS)
CIS 1949 Computer Science & Computing Technologies (AOIT)
(Minimum 160-hour requirement)

Credit: **3 cr.**

Course Descriptions:

Engineering: This is a capstone course designed for students majoring in engineering programs; students will apply skills and knowledge that they have acquired through their program of study in a real-work environment.

Hospitality Management: Practical application in a clinical setting of knowledge acquired in a classroom related to lodging, restaurants, travel and tourism; individuals to perform marketing and management functions and tasks in enterprises engaged in hospitality functions, including lodging services and related event and convention services, food and beverage service, and travel and tourism.

General Business: Practical application in a clinical setting of knowledge acquired in the classroom related to business or administrative policy, international business and finance, small business, social, legal political and ethical environments of business.

Management Internship: Students will learn to develop practical knowledge and skills in the application of theory to actual problems in a non-classroom setting in a student's field of study.

Biology Co-op Work Experience: Biology Designed to provide training in a student's field of study through worKk experience. Students are graded based on documentation of learning acquired as reported by student and employer.

Computer Science & Computing Technologies: This course is designed as a work experience for students majoring in computer information systems programs. Student will apply their skills and knowledge that they have acquired through their program of study in a real work environment.

Competencies:
Competencies will include but not be limited to knowledge of:

- Workplace goals and structure
- Relevant industry regulations
- Workplace practices and procedures
- Process control in an industrial workplace environment
- Specific skills-sets employed in an industrial workplace environment
- Workplace professionalism

Transfer Status: Not automatically transferable.

Students must meet the Miami Dade College dual enrollment eligibility requirement of having an unweighted 3.0 GPA and certified as college ready in Reading and Writing by passing one of the following tests: PERT, SAT/ ACT, FCAT. Refer to the following link for testing cutoff requirements:
http://www.mdc.edu/main/testing/criteria/college_credit_certificate_programs.aspx#fcelptscores

SUMMER YOUTH INTERNSHIP PROGRAM
SELF – EVALUATION

Student's Name: _____

School Name: _____

Internship Site: _____

The questions that follow ask you to evaluate your internship experience over the last five weeks. Your input in completing this questionnaire will assist us in improving the existing program. Please turn this evaluation in to your Instructional Supervisor with the assignment for week three.

I. In what career field did you intern? _____

Please use the following rating scale: **Strongly Agree 4 • Agree 3 • Disagree 2 • Strongly Disagree 1**

II. Evaluate your work environment by writing in the space provided the number that best describes how you feel. Explain the rationale for any rating other then 4 or 3.

___ 1. Employees in my department understood their job requirements and went about meeting them.
___ 2. I knew the requirements of my internship assignment.
___ 3. Employees in my department cooperated in order to get the job done.
___ 4. Care was taken to insure the work area was pleasant for the employees.
___ 5. My internship assignment gave me a feeling of personal accomplishment.
___ 6. I was able to use my talents and abilities in accomplishing my duties.

III. Evaluate your internship supervisor by writing in the space provided the number that best describes his/her role. Explain the rationale for any number other then 4 or 3.

___ 1. Ability to motivate employees
___ 2. Ability to delegate authority
___ 3. Ability to solve work-related problems
___ 4. Sense of fairness
___ 5. Ability to communicate effectively with employees
___ 6. Ability to be diplomatic and to provide performance feedback

IV. Use the criteria below to evaluate the overall internship experience.

___ 1. How satisfied were you with the pre-placement process at your school?
___ 2. How satisfied are you that your internship assignment broadened your work-related knowledge?
___ 3. How satisfied were you with your opportunities to learn varied tasks within your department?
___ 4. How satisfied were you with the information/guidance you received from your Internship Supervisor?
___ 5. How satisfied were you with the guidance you received from your Instructional Supervisor?

V. Taking everything into consideration, how satisfied were you with:

___ 1. Your internship assignment?
___ 2. Your work environment?
___ 3. The company you were assigned?
___ 4. The role of your Instructional Supervisor?
___ 5. The internship program?

VI. Answer the following questions:

What are the strengths of the program? _____
What are the weaknesses of the program? _____
How can the program be improved? _____

The following Internship Assessment will be completed online by the Internship Provider to evaluate the student intern's performance.

#	Section	Question	Response	Value
1	Student Evaluation	Behaves ethically		
2	Student Evaluation	Listens attentively		
3	Student Evaluation	Comprehends information		
4	Student Evaluation	Communicates verbally		
5	Student Evaluation	Communicates in writing		
6	Student Evaluation	Practices safety procedures		
7	Student Evaluation	Maintains a positive attitude		
8	Student Evaluation	Responds appropriately to directions by supervisor		
9	Student Evaluation	Is productive		
10	Student Evaluation	Uses time wisely		
11	Student Evaluation	Strives to do an excellent job		
12	Student Evaluation	Collaborates with co-workers		
13	Student Evaluation	Maintains a professionally groomed appearance		
14	Student Evaluation	Adapts to diverse situations		
15	Student Evaluation	Uses necessary technology		
16	Student Evaluation	Is punctual		
17	Student Evaluation	Takes initiative in appropriate ways		
18	Student Evaluation	Asks appropriate questions		
19	Student Evaluation	Seeks to learn		
20	Student Evaluation	Prioritizes tasks appropriately		
21	Student Evaluation	Shows appropriate persistence		
22	Student Evaluation	Completes assigned tasks		
23	Student Evaluation	Exhibits professional behavior as defined by the industry or field		
24	Student Evaluation	Understands career requirements in the industry or field		
25	Student Evaluation	Understands the culture, etiquette, and practices of the workplace/ organization		
26	Student Evaluation	Please contribute additional observations or explanations of your ratings; particularly if the ratings are "excellent" or "needs improvement.		
27	Program Evaluation	Which industry represents your company?		
28	Program Evaluation	Employer orientation		
29	Program Evaluation	Employer resources (Miami.getmyinterns.org website, internship hotline, and internship handbook)		
30	Program Evaluation	Information provided about the internship (email communications, website, promotional materials)		
31	Program Evaluation	District support provided (SYIP Staff)		
32	Program Evaluation	Responses to employer inquiries were accurate and timely		
33	Program Evaluation	The SYIP Program provided a meaningful way for our company to support student success and develop workplace and leadership skills that will enhance the future workforce.		
34	Program Evaluation	What are the strengths and/or weaknesses of the program?		
35	Program Evaluation	How can the program be improved?		
36	Program Evaluation	Would you be interested in participating in next year's program?		

The following Internship Assessment will be completed online in NAFTrack by the Internship Provider to evaluate the NAF Academy student intern's performance.

NAFTrack CERTIFICATION

NAFTrack Certification Internship Assessment

Directions:
Please answer the following items based upon your experience observing the student intern. ***It is important that you be objective and candid in your assessment of the intern, as your responses carry credibility to the process***. If you have not had the opportunity to observe the student's skill level in a particular area, please respond N/A: "No Opportunity to Observe."

Any item receiving a score of 1 requires the supervisor to comment on the reason for this score.

SCORE	1 Does Not Meet Expectations	2 Approaches Expectations	3 Meets Expectations	4 Exceeds Expectations	N/A No Opportunity to Observe

Part I. Core College and Career Readiness Skills					
Collaboration & Teamwork that includes the following skills:	1	2	3	4	NA
Acts and collaborates as a team member					
Exhibits ability to work with diverse individuals					
Interacts with supervisors, clients, and teammates appropriately					
Communication that includes the following skills:	1	2	3	4	NA
Demonstrates effective verbal communication					
Constructs effective written communications					
Listens attentively and observes work environment					
Creativity & Innovation that includes the following skills:	1	2	3	4	NA
Incorporates creativity and innovation into tasks					
Critical Thinking and Problem Solving that includes the following skills:	1	2	3	4	NA
Thinks critically, formulates, and solves problems					
Demonstrates precision and accuracy					
Utilizes systems thinking					

Information Management that includes the following skills:	1	2	3	4	NA
Locates, comprehends, and evaluates information					
Applies information technology when completing tasks					
Initiative & Self Direction that includes the following skills:	**1**	**2**	**3**	**4**	**NA**
Demonstrates flexibility and adaptability when completing tasks					
Takes initiative, is self directed and resourceful					
Asks appropriate questions					
Demonstrates awareness of own abilities and performance					
Comprehends career opportunities/requirements in the industry or field overall					
Understands career opportunities/requirements in the specific occupational area related to the internship or student project					

Professionalism & Ethics that includes the following skills:	1	2	3	4	NA
Demonstrates integrity and ethical behavior					
Manages time effectively; punctual					
Takes responsibility for learning; seeks to learn					
Prioritizes tasks					
Demonstrates persistence in completing activities					
Brings tasks and projects to completion					
Exhibits responsible and professional behaviors as defined by the industry or field					
Understands the culture, etiquette, and practices of the workplace or the project client's organization and knows how to navigate the organization					
Quantitative Reasoning that includes the following skills:	**1**	**2**	**3**	**4**	**NA**
Uses effective quantitative reasoning					

Part II. Position-Specific Technical Skills

Please list one to three position-specific technical skills of particular significance in your industry, occupation, workplace, or project that the student was clearly expected to demonstrate during the internship. ***Please do not repeat general skills assessed in Part I.*** Examples of position-specific skills could include computer networking, accounting skills, event planning, and second language fluency, that might appear as requirements on a job description. **Part II is currently optional and does not count toward the student's certification.**

Please rate the student on these skills demonstrated according to the rating scale below:

1	**2**	**3**	**4**
Skill Falls Below Expectations	Skill Approaches Expectations	Skill Meets Expectations	Skill Exceeds Expectations

Skill	Rating			
	1	2	3	4
	1	2	3	4
	1	2	3	4

Forms & Instructions

Forms can be completed online and printed for signature

or

(save file with Adobe Acrobat Pro or other software)

2021 Summer Youth Program Internship

For each prepared student to be considered for placement in the 2021 Summer Youth Internship Program all the forms listed on this document must be completed by MAY 28, 2021, along with completion of all other requirements: online preparation course completed by May 14th, credit union account opened by May 28th, see handbook for details.)

This Check-Off Sheet must be placed as first page in pdf file of documents submitted to the Department of Career and Technical Education by way of the LiveBinder folder. **All documents must be uploaded to the LiveBinder District Online Internship Folder by "Internship Teacher Champion."**

Student Name: _____ ID #: _____

Email: _____ Telephone: _____

School: _____ Academy (if enrolled): _____

Student Information Check-off Sheet - Forms Due May 28, 2021

The following documents must be completed and placed into LiveBinder folder by student's Internship Champion Teacher, in order for student to be CONSIDERED for an internship; (plus: online preparation course completion by May 14th, credit union account opened by May 28th.)

INTERNS MUST BE HIRED IN THE MIAMI.GETMYINTERNS.ORG SYSTEM

INSTRUCTIONS and blank copies of forms can be found on following pages of this handbook:

FORMS FOR LIVEBINDER	UPLOADED
Summer Youth Internship Program Registration Form	☐
Emergency Student Data Form (FM-2733 Rev. 06-19)	☐
Social Security Verification Form	☐
Proof of School Accident Insurance	☐
Field Trip - Parent Permission Form (FM-2431 Rev. 07-19)	☐
Authorization for Photography/Video	☐
Pre-Internship Course Completion Certificate	☐
Student's Resume	☐
Student Handbook Acknowledgement Form	☐
Proof of Credit Union Account with SYIP Internship Direct Deposit enrollment from EdFed – The Educational Federal Credit Union. Students receive this form from credit union (must contact each year)	☐

Thank you!

NOTE: Only students receiving an email will complete TANF Form (Teachers will not collect this file)

Hired student interns will submit a W-9 IRS FORM to Internship District Teacher/Supervisor during the first week of the summer internship. (Not before internship)

MIAMI-DADE COUNTY PUBLIC SCHOOLS
SUMMER YOUTH INTERNSHIP PROGRAM (SYIP) REGISTRATION FORM *

STUDENT'S LEGAL NAME _____
(Last, First, Middle)

STUDENT I.D.#_____

CURRENT SCHOOL _____ Location # _____

ACADEMY/CTE PROGRAM _____

INCOMING GRADE FOR FALL TERM _____

YEAR(S) OF PREVIOUS PARTICIPATION IN SYIP PROGRAM _____

STUDENT'S ADDRESS _____
(House Number/Street Name, Apartment #)

_____
(City, State, Zip Code)

STUDENT'S CELL PHONE _____

STUDENT'S E-MAIL ADDRESS _____

DATE OF BIRTH _____
(Month, Day, Year)

GUARDIAN'S NAME _____

GUARDIAN'S CELLPHONE_____WORKPHONE_____

GUARDIAN'S E-Mail Address _____

DO YOU HAVE A DEVICE (COMPUTER, LAPTOP, TABLET, ETC.) TO DO REMOTE WORK? YES ☐ NO ☐

DO YOU HAVE INTERNET ACCESS AT HOME TO DO REMOTE WORK: YES ☐ NO ☐

**Completion of this form does not guarantee placement and enrollment in the Summer Youth Internship Program.*

EMERGENCY STUDENT DATA FORM

School No./Name _____ I.D. No. _____ Grade _____ Section _____

Student's Last Name | APP | First Name | Middle Name

Address _____

Main contact phone number to be used for emergencies and automated messaging: _____

Registering Parent/Guardian's Name | Relation | Place of Employment

Telephone | Cellphone | Email

Non-Registering Parent/Guardian's Name | Relation | Place of Employment

Telephone | Cellphone | Email

Is either parent in the Military? Yes ☐ No ☐ Branch _____

Kindergarten Only: Was the child in pre-school or child care? Yes ☐ No ☐

Was the full cost paid by you? Yes ☐ No ☐ What type? Headstart ☐ ESE ☐ Migrant ☐ Other ☐ Unknown ☐

EMERGENCY CONTACT INFORMATION: I authorize the school district to provide or secure any necessary emergency care for my child. It is the parent's legal responsibility to assume medical and transportation expenses for your child. In the event that parents of child cannot be reached, provide contact information below of two persons, by order of priority.

(Name) | *(Relation to Student)* | *(Address)* | *(Phone at Work)*

(Name) | *(Relation to Student)* | *(Address)* | *(Phone at Work)*

Family Doctor | *Phone* | *Preference of Hospital* | *Phone*

Student health/allergy data which should be known in an emergency: _____

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: Please provide the names of persons authorized or not authorized to take your child from school during the school day. Note that persons listed as emergency contacts are not authorized to pick up your child, unless listed in this section.

Authorized: _____ _____ _____

Authorized: _____ _____ _____

Not authorized: _____ _____ _____

Not authorized: _____ _____ _____

IT IS THE PARENT'S RESPONSIBILITY to inform the school in person of any changes in the information listed on this form. Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true.

Date: _____ Printed Registering Parent/Guardian's Name _____

Registering Parent/Guardian's Signature _____

Parents/guardians have the right to review the professional qualifications of their child's classroom teacher(s) including the licensing status, degree major, graduate degree(s) and the field of certification. This "right to know", available from your child's school, includes whether your child is receiving services provided by paraprofessionals and, if so, their qualifications.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree under Fla. Stat § 837.06, or whoever makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree, under Fla. Stat. § 95.525, which are punishable as provided in Fla. Stat., §§ 775.082, 775.083 and 775.084.

The Emergency Student Data Form governs early release withdraw of the student. The registering parent/guardian must sign/verify this form and is responsible for providing truthful and accurate information. If the student's parents are divorced or separated, the enrolling parent is responsible for providing information that is consistent with the most recent court order governing such matters as divorce, separation or custody.

FORMULARIO DE DATOS DEL ESTUDIANTE PARA UTILIZAR DURANTE EMERGENCIAS

Numero/Nombre de la Escuela _____ Número de Identificación. _____

Grado _____ Sección _____

Apellido del estudiante	APP	Nombre propio	Segundo nombre

Dirección _____

Número de contacto telefónico principal que ha de ser ser utilizado en casos de emergencia y mensajes automáticos: _____

Nombre del padre de familia / tutor que matricula	Parentesco	Lugar de empleo

Teléfono	Teléfono celular	Correo electrónico

Nombre del padre de familia / tutor que no matricula	Parentesco	Lugar de empleo

Teléfono	Teléfono Celular	Correo electrónico

¿Está alguno de los padres en las fuerzas armadas? Sí ☐ No ☐ Rama_____

Sólo para estudiantes del Kindergarten: ¿Asistió el niño a una escuela preescolar o a una guardería? Sí ☐ No ☐

¿Pagó usted todos los gastos? Sí ☐ No ☐ ¿Qué programa? *Head Start* ☐ *ESE* ☐ Migratorio ☐ Otro ☐ Lo desconozco ☐

INFORMACION DE CONTACTOS DE EMERGENCIA: Autorizo al distrito escolar a proporcionar o asegurar cualquier cuidado de emergencia necesario para mi hijo/a. Es la responsabilidad legal de los padres asumir los gastos médicos y de transporte proporcionados a su hijo. En el caso de que no se pudiese localizar a ninguno de los padres del niño por favor, proporcione información de contacto de dos personas, por orden de prioridad, en los espacios que aparecen a continuación.

(Nombre)	Parentesco	*(Dirección)*	*Teléfono del trabajo*

(Nombre)	Parentesco	*(Dirección)*	*Teléfono del trabajo*

Doctor de cabecera	Teléfono	Preferencia de hospital	Teléfono

Informes acerca de la salud/alergias del estudiante que tienen que ser conocidas en caso de emergencia:

_____

_____

PERMISO PARA QUE EL ESTUDIANTE SALGA DE LA ESCUELA: Por favor, proporcione los nombres de las personas que están autorizadas o que no están autorizadas para recoger a su hijo durante la jornada escolar. Tome en cuenta que las personas que aparecen como contactos de emergencia, no están autorizadas para recoger a sus hijos, si sus nombres no aparecen en la lista que se encuentra a continuación:

Autorizados: _____ _____ _____

Autorizados: _____ _____ _____

No autorizados: _____ _____ _____

No autorizados: _____ _____ _____

ES LA RESPONSABILIDAD DE LOS PADRES informar personalmente a la escuela de cualquier cambio respecto a la información que se encuentra en este formulario. Declaro bajo pena de perjurio, que he leído lo anterior en este [documento] y que la información que ahí aparece es verdadera.

Fecha: _____ Nombre del padre de familia / tutor que matricula en letra de molde: _____

Firma del padre de familia / tutor que matricula: _____

Los padres de familia/tutores tienen el derecho de revisar las cualificaciones profesionales de los maestros de sus hijos, incluyendo el estatus de la licencia, la especialidad, maestría, títulos postgrado y el campo de la certificación. La información respecto a este "derecho a saber", está disponible en la escuela de sus hijos, que incluye si sus hijos están recibiendo servicios prestados por los ayudantes de maestro y de ser así, sus cualificaciones.

El que a sabiendas hace una declaración falsa por escrito con la intención de engañar a un funcionario público en el ejercicio de sus funciones oficiales será culpable de un delito menor de segundo grado según el Estatuto de la Florida § 837.06, o quien hace una declaración que se verifica que es falsa es culpable del delito de perjurio, un delito grave de tercer grado, según el Estatuto de la Florida § 92.525, punible conforme a lo dispuesto en los Estatutos de la Florida, §§ 775.082, 775.083 y 775.084.

El Formulario de Datos del Estudiante Para Utilizar Durante Emergencias, rige quién ha de recoger al estudiante de la escuela. El padre de familia / tutor que matricula deberá firmar/ verificar este formulario y es responsable de proporcionar información verdadera y precisa. Si los padres del estudiante están divorciados o separados, el padre que matricula al estudiante, es responsable de proporcionar información que sea consistente con la orden judicial más reciente que gobierna asuntos tales como el divorcio, la separación o la custodia.

FÒM DONE POU IJANS ELÈV

Nimewo/Non Lekòl_____ Nimewo I.D. _____ Ane Eskolè ___ Seksyon _____

Non Elèv la | APP | Prenon | Lòt Non

Adrès _____

Premye nimewo telefòn pou kontakte pou ijans ak mesaj otomatik: _____

Non Paran / Gadyen ki Fè Enskripsyon an | Relasyon | Andwa Travay

Telefòn | Selilè | Adrès Lèt Elektwonik

Non Paran / Gadyen ki pa Fè Enskripsyon an | Relasyon | Andwa Travay

Telefòn | Selilè | Adrès Lèt Elektwonik

Èske youn nan paran yo nan Militè? Wi ☐ Non ☐ Branch _____
Jadendanfan Sèlman: Èske timoun nan te nan klas matènèl oubyen gadri? Wi ☐ Non ☐
Èske se ou ki te peye tout frè a? Wi ☐ Non ☐ Ki kalite? "Headstart" ☐ "ESE" ☐ Migran ☐ Lòt ☐ Mwen pa Konnen ☐

ENFÒMASYON SOU KONTAK IJANS: Mwen otorize distri lekòl la pou l bay oubyen asire pitit mwen resevwa nenpòt swen ijans li bezwen. Se responsablite legal paran pou aksepte depans medikal ak transpòtasyon pou pitit yo. Anka nou pa ka kontakte paran timoun nan, bay enfòmasyon sou kontak de (2) moun anba a, selon lòd priyorite.

(Non) | *(Relasyon ak Elèv la)* | *(Adrès)* | *(Telefòn nan Travay)*

(Non) | *(Relasyon ak Elèv la)* | *(Adrès)* | *(Telefòn nan Travay)*

Doktè Fanmi an | Telefòn | Lopital Ou Prefere | Telefòn

Done sou sante/alèji elèv la nou dwe konnen an ka yon ijans: _____

_____

FÒM OTORIZASYON POU LAGE ELÈV SOTI NAN LEKÒL LA: Silvouplè bay non moun ki otorize oubyen ki pa otorize pou soti ak pitit ou a lekòl diran jounen lekòl la. Note non moun ki nan lis kontak ijans la pap ka vini chèche pitit ou a lekòl la si non li pa nan seksyon sa a.

Otorize: _____ _____ _____

Otorize: _____ _____ _____

Pa otorize: _____ _____ _____

Pa otorize: _____ _____ _____

SE RESPONSABLITE PARAN YO pou enfòme lekòl la an pèsòn nenpòt chanjman nan lis enfòmasyon sou fòm sa a. Anba pinisyon lalwa pou fosèman, mwen deklare mwen li [dokiman] sa a e fè ki site yo se laverite.

Dat: _____ Enprime Non Paran / Gadyen ki Fè Enskripsyon an _____

Siyati Paran / Gadyen ki Fè Enskripsyon an: _____

Paran/gadyen gen dwa pou revize kalifikasyon pwofesè klas pitit li a (yo) ki gen ladan kondisyon lisans, prensipal karyè, diplòm gradyasyon li, ak matyè sou sètifika li. Dwa "pou w konnen sa a" disponib nan lekòl pitit ou a ki gen ladan kèlkeswa pitit ou a ap resevwa sèvis nan men parapwofesyonèl, e si se sa, kalifikasyon yo.

Sepandan si w konnen ou ekri sa ki pa vrè nan entansyon pou twonpe yon sèvant leta nan pèfòme responsablite ofisyèl li yo ap jwenn ou koupab krim dezyèm degre ki pa vyolan anba lwa florid 'Stat. § 837.06', oubyen ou verifye deklarasyon ki pa vrè ou ap koupab krim fosèman, yon zak twazyèm degre, anba lwa Florid 'Stat. § 92.525', ki mache ak pinisyon lwa Florid 'Stat., §§ 775.082, 775.083' e '775.084'.

Fòm Done pou Ijans Elèv gouvène lage elèv yo soti lekòl bonè. Paran / Gadyen ki fè enskripsyon an dwe siyen / verifye fòm sa e li responsab pou bay enfòmasyon ki vrè e kòrèk. Si paran elèv la divòse oubyen separe, paran ki enskri elèv la responsab pou bay enfòmasyon ki konsistan avèk dènye lòd tribinal ki gouvène zafè divòs, separasyon oubyen gadyen an.

Social Security Verification Form

Date_____

Name of Student – PRINT or type name exactly as printed on Social Security CARD

_____

Student ID #: _____

School Name: _____

The last 4 digits on card: _____

I, _____, (print name) verify that the student listed above has a social security card which I have seen. The card does not state that additional documentation is needed for work, and therefore indicates that this student is eligible to work.

_____, Signature (person verifying card)

I am:

_☐_Internship Teacher Champion
_☐_ Academy Teacher
_☐_ Guidance Counselor
_☐_ School Administrator
_☐_ M-DCPS District Staff

DO NOT COPY OR SCAN SOCIAL SECURITY CARD

STUDENT ACCIDENT INSURANCE

All students enrolling in the Summer Youth Internship Program must have Voluntary Student Accident Insurance (Football Insurance is not accepted). The insurance fee is nonrefundable.

Health insurance that students have on their parents' or guardians' plan does not meet the requirement for Student Accident Insurance.

SIGN UP FOR INSURANCE:

https://www.hsri.com/K12_Enrollment/Main/default.asp

Students who purchase either the At-School coverage or the At-School including Athletics & Activities coverage during the school year are covered for the ENTIRE SUMMER INTERNSHIP PROGRAM even though their ID cards state that coverage ends on July 31, the expiration date of the current plan year.
(Football Insurance is not accepted.)

MIAMI-DADE COUNTY PUBLIC SCHOOLS
PARENT PERMISSION FORM -- FIELD TRIP

Field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and to serve as community service projects.

SECTION I. IDENTIFYING INFORMATION

SCHOOL _____ DATE _____

STUDENT'S NAME _____ I.D. NO. _____ GRADE/HR _____

SECTION II. NOTIFICATION TO PARENT

_____ is planning a field trip for _____ to _____
School Group Sponsor Name — Name of School Group — Destination

The purpose of the trip is _____

TRANSPORTATION: Private Vehicle _____ Bus _____ Airline _____ Other _____
Name of Carrier — Please Specify

This trip will be chaperoned by _____ Cost to each student $ _____
(Total Number of Chaperones)

I understand that if I am unable to pay for the cost of this trip, and I want my child to participate, where appropriate, my child will be given an opportunity to raise funds through authorized fund-raising activities, or be given assistance in identifying another funding source. (This provision does not apply to activities not directly related to classroom instruction, e.g., Grad Bash, football games, banquets, etc.)

DATE(S) OF TRIP :*(Include departure/return time)* FROM _____ TO _____

--The above time schedule and/or personnel may be changed due to unforeseen circumstances. --

PLEASE KEEP THE TOP PORTION FOR YOUR INFORMATION.

RETURN THE BOTTOM PORTION TO THE TEACHER.

SECTION III. PARENT/GUARDIAN'S WRITTEN PERMISSION TO PARTICIPATE IN ACTIVITY

I hereby give permission for my child _____ Student I.D. No. _____
(Child's Name)

to participate in the field trip to _____
(Destination)

DATE(S) OF TRIP :*(Include departure/return time)* FROM _____ TO _____

I have completed the EMERGENCY CONTACT INFORMATION in Section IV (see below).

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SECTION IV. EMERGENCY CONTACT INFORMATION

1. Name of parent/guardian _____

2. Parent/Guardian Phone No(s). Home _____ Business _____ Cell _____

3. In case parent/guardian cannot be reached, please contact: _____ Relationship _____ Telephone No. _____

4. Please list any insurance policy covering your child _____ Policy No. _____

5. Physician's Name _____ Telephone No. _____

5. Only if applicable, complete the following:

a. My child has the following medical problem: _____

b. My child takes the following medications regularly: _____
(Proper Medical form #2702 is on file at the school)

c. My child has the following allergies: _____

I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS WHILE ON THE TRIP.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS

FORMULARIO DE AUTORIZACION PARA PADRES - EXCURSIONES

Las excursiones no son obligatorias. Las mismas son planificadas a fin de realzar el programa de estudios, alentar la participación de los estudiantes en actividades extracurriculares y servir como proyectos de servicios a la comunidad.

SECCION I. DATOS DE IDENTIFICACION

ESCUELA _____ FECHA _____

NOMBRE DEL (DE LA) ESTUDIANTE _____ NO. DE IDENTIFICACION _____ GRADO _____

SECCION II. NOTIFICACION A LOS PADRES

_____ planea una excursión con _____ a _____
Nombre del(de la) patrocinador(a) (Nombre del Grupo) (Destino)

El propósito de la excursión es _____

TRANSPORTE: Vehículo Privado _____ ómnibus _____ Aerolínea _____ Otro _____
(Nombre de la compañía) (Por favor, especifique)

Esta excursión será supervisada por _____ Costo por estudiante $ _____
(Numero de Chaperones)

Entiendo que si deseo que mi hijo(a) participe y no puedo pagar el costo de esta excursión, cuando sea posible, a mi hijo(a) se le dará la oportunidad de recaudar fondos mediante actividades de recolección de fondos o se le asistirá en la identificación de otras fuentes de recursos financieros (Esta medida no se aplica a las actividades que no se relacionen directamente con la instrucción que se realiza en las aulas, como por ejemplo, la noche de los graduados o "Grad Bash", los juegos de fútbol y los banquetes, etc.)

FECHA:*(Incluir hora de salida y llegada)* DE _____ A _____

-- El horario o el personal pueden ser cambiados por circunstancias imprevistas --

PARA QUE SE MANTEGA INFORMADO(A) POR FAVOR CONSERVE LA PORCION SUPERIOR

POR FAVOR DEVUELVA LA PORCION INFERIOR A LA ESCUELA

SECCION III. AUTORIZACION DE PADRES/TUTORES PARA QUE EL (LA) ESTUDIANTE PARTICIPE EN LA EXCURSION

Le doy la autorización para que mi hijo(a) _____ No. de Identificación _____
Nombre del (de la) niño(a)

participe en la excursión a _____
Destino

FECHA:*(Incluir hora de salida y llegada)* DE _____ A _____

He llenado los datos SOBRE A QUIEN LLAMAR EN CASO DE EMERGENCIA de la Sección IV (a continuación).

FIRMA DEL PADRE/DE LA MADRE O TUTOR(A) _____ FECHA _____

SECCION IV. DATOS SOBRE A QUIEN LLAMAR EN CASO DE EMERGENCIA

1. Nombre del padre/de la madre o tutor(a) _____

2. No. de teléfono del padre/de la madre o tutor(a) Casa _____ Empleo _____ Celular _____

3. Si los padres o tutor(a) no pueden ser localizados, por favor comuníquense con _____ Relación _____ No. de teléfono _____

4. Póliza(s) de seguro que cubren a su hijo(a) _____ No. de Póliza(s) _____

5. Nombre del médico _____ No. de teléfono _____

5. Llene lo siguiente solamente si aplica a su hijo(a):

a. Mi hijo(a) tiene el siguiente problema médico: _____

b. Mi hijo(a) toma las siguientes medicinas con regularidad: _____
(El correspondiente formulario medico 2702 está archivado en la escuela)

c. Mi hijo(a) tiene las siguientes alergias: _____

AUTORIZO A QUE SE DE TRATAMIENTO MEDICO A MI HIJO(A) EN CASO DE ACCIDENTE O ENFERMEDAD MIENTRA SE ENCUENTRE EN ESTE VIAJE

FIRMA DEL PADRE/DE LA MADRE O TUTOR(A) _____ FECHA _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS
FÒM PÈMISYON - PWOMNAD

Pwomnad pa obligatwa. Yo fèt pou amelyore kourikouloum nan, pou ankouraje elèv yo patisipe nan ekstra aktivite akadernik, e pou sèvi kòm pwojè.

SEKSYON I. IDANTIFYE ENFÒMASYON

LEKOL _____ DAT _____

NON ELÈV LA _____ NO. I.D. _____ NIVO ANE ESKOLÈ/ÈD TAN _____

SEKSYON II. NOTIFIKASYON POU PARAN

_____ iap planitye yon pwornnad pou _____ Pon _____
Pwofesè/non pahvonè GwouplSijè Destination

Bi pwomnad sa a se _____

TRANSPÒTASYON: Machin Prive _____ Bis _____ Avyon _____ Lòt _____
Non Konpayi Espesifye

Pwomnad sa a ap gen siveyan A chapewon _____ L ap koute chak timoun _____
(Pwofesè/ParanlToude - endike konbyen)

Mwen konprann si rn pa ka peye pou pwornnad sa a, e mwen vle pitit mwen patisipe, lè li apwopriye, n ap otri pitit mwen an opòtinite pou li kolekte lajan atravè aktivite pou kolekte ton lekòl la otorize, oubyen nan bay asistans nan idantitye lòt sous pou fon. (rezèvasyon sa a pap aplike pou aktivite ki pa dirèkteman relate ak enstriksyon klas, pa egzanp, sware gradyasyon, jwèt foutbòl, bankè, eks.)

Dat N ap Derape _____ Dat N ap Retounen _____

--Le ki make anwo a e/oubyen moun yo kab chanje akoz yon sikonstans enprevi--

SILVOUPLÈ KENBE POSYON ANWO A POU ENFÒMASYON.

RETOUNEN POSYON ANBA A BAY PWOFESÈ A.

SEKSYON III. PÈMISYON PARAN/GADYEN A LEIKRI POU PATISIEPE NAN AKTIVITE

Mwen bay pèrnisyon pou pitit mwen _____ No. I.D. _____
(ATon Timoun nan)

patisipe nan pwomnad _____
(Destination)

Dat N ap Derape _____ Dat N ap Retounen _____

Mwen ranpli ENFÒMASYON KONTAK IJANS la nan Seksyon IV (wè anba a).

SIYATI PARAN/GADYEN _____ DAT _____

SEKSYON IV. ENFÒMASYON KONTAK IJANS

1. Non paran/gadyen _____
2. No. Telefòn paran/Gadyen (yo) Kay: _____ Biznis _____ telefòn celulair _____
3. An ka nou pa ka jwenn paran/gadyen an, silvouplè kontakte _____ Relasyon ak elèv la _____ No. Telefòn _____
4. Silvouplè site nenpòt asirans ki kouvri pitit on _____ No. Kontra _____
5. Non dokte li _____ No. Telefòn _____
5. Ranpli hy ki suiv yo, sèlsi yo aplikab:
   a. Pitit mwen an gen pwoblèm medikal sa yo: _____
   b. Pitit mwen an pran medikaman sa yo regilyèrnan: _____
   (Bonjan fòm medikal #FM-2702 nan dokiman lekòl la)
   c. Pitit mwen an gen alèji sa yo: _____

M OTORIZE TRETMAN MEDIKAL POU PITIT MWEN AN KA AKSIDAN OUBYEN MALADI PANDAN LI NAN PWOMNAD LA.

SIYATI PARAN/GADYEN _____ DAT _____

AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of

_____ hereby authorize and give consent to service providers and the staff of The Children's Trust of Miami-Dade County, Career Source South Florida, Miami-Dade County, EdFed – The Educational Federal Credit Union and Miami-Dade County Public Schools as follows:

I hereby:

☐ **consent and authorize** **or** ☐ **do not consent and authorize**

the staff of The Children's Trust of Miami-Dade County, Career Source South Florida, Miami -Dade County, EdFed – The Educational Federal Credit Union and Miami-Dade County Public Schools to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

_____
Signature of Parent or Guardian

_____
Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Children's Trust.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Children's Trust of Miami-Dade County, Career Source South Florida, Miami Dade County, EdFed – The Educational Federal Credit Union and Miami-Dade County Public Schools their staff, service providers, employees, agents, affiliates and Board members.

AUTORIZACION PARA FOTOGRAFIA/VIDEO

Yo, _____, el padre o guardián del niño/a

_____autorizo y doy por este medio consentimiento a los proveedores de servicios y al personal de El Fidecomiso de los Niños (The Children's Trust) del condado Miami-Dade, Career Source South Florida, Miami-Dade County, EdFed – The Educational Federal Credit Union y Miami-Dade County Public Schools como sigue:

☐ **Otorgo permiso y autorizo - o -** ☐ **No otorgo permiso ni autorizo**

al personal de El Fidecomiso de los Niños (The Children's Trust) del condado Miami-Dade, Career Source South Florida, Miami-Dade County, EdFed – The Educational Federal Credit Union y Miami-Dade County Public Schools a tomar y a usar fotografías corrientes, fotografías digitales, películas, transmisiones de televisión, y/o a hacer grabaciones de mí, de mis niños, o de mis estancias con fines educativos, de investigación, documentales, y con el propósito de relaciones públicas.

_____
Firma del Padre o Guardián

_____
Fecha

Cualquier grabación puede revelar su identidad a través de la imagen por sí misma, sin esperar ninguna remuneración para usted, sus niños o sus estancias.

Cualquiera y todas las grabaciones tomadas de usted serán sólo propiedad del Fideicomiso de Los Niños.

Con respecto al uso de cualquier grabación tomada de usted, de sus niños o de sus estancias, renuncia por este medio a cualesquiera y a todas las demandas presentes y futuras que pueda tener contra El Fidecomiso de los Niños (The Children's Trust) del condado Miami-Dade, Career Source South Florida, Miami-Dade County, EdFed – The Educational Federal Credit Union y Miami-Dade County Public Schools su personal, los proveedores de servicios, empleados, agen-tes afiliados y miembros de La Junta Directiva.

OTORIZASYON POU DWA FOTOM/VIDEO

Mwen,_____, paran oswa gadien _____, bay òganizasyon kap rand sevis ak anplwaye “The Children’s Trust” nan arondisman Miami Dade, Career Source South Florida, Miami-Dade County, EdFed – The Educational Federal Credit Union and Miami-Dade County Public Schools otori-sasyon ak konsantman-m pou sak suiv la:

Mwen:

☐ **dakò ak otorize oswa** ☐ **pa dakò ak pa otorize**

Bay anplwaye “The Children’s Trust” nan arondisman Miami Dade, Career Source South Florida, Miami-Dade County, EdFed – The Educational Federal Credit Union and Miami-Dade County Public Schools konsantman-m ak pemisyon-m pou yo ka pran foto-m, foto pitit-mwen ak tout fanmi-m ou byen foto digital, épi filmé pwogram televisyon ak/oswa imaj video (yo rele “Anregistreman”) pou yo ka itilize yo nan nenpot ki kalite fòm pwomosyon kankou: edukasyon, rechèch, dokumantè, sit intenet ou byen relasyon piblik ak réklam.

_____
Signati Paran oswa Gadien

_____
Date

Nenpot anregistreman ki bay idantite-w, san yo pa peye ni mwen, ni pitit mwen, ak ni lot fanmi-m.

Nenpot ak tout enregistreman-m, de pitit mwen, ak fanmi-m ap toujou rete pwopriyete “The Children’s Trust” la.

Mwen renonse dwa-m pou m mande anplwaye “The Children’s Trust” nan arondisman Miami Dade, Career Source South Florida, Miami-Dade County, EdFed – The Educational Federal Credit Union and Miami-Dade County Public Schools ansam ak ajan li, anplwaye li, sèvite li ak manb direkte nenpot reklamasyon sou itilizasyon anregistreman sa yo sou kelkswa fòm.

CERTIFICATE OF COMPLETION

This form is printed out by the student at the end of the Internship Preparation Course. Teacher should vertify that the student has completed the course; sign the certificate; scan and upload to LiveBinder folder.

2021

CERTIFICATE *of* COMPLETION

THIS ACKNOWLEDGES THAT

SAMPLE

[RECIPIENT NAME]

HAS SUCCESSFULLY COMPLETED THE

ONLINE
INTERNSHIP PREPARATION COURSE

TEACHER SIGNATURE _____ **DATE** _____

2021 SUMMER YOUTH INTERNSHIP PROGRAM
STUDENT HANDBOOK ACKNOWLEDGEMENT

The 2021 Summer Youth Internship Program is designed to give students real-life experiences in the world of work. During this time, students will take on the roles and responsibilities of a valued member of a business organization. It is important that the student interns understand that dress, punctuality, attendance, and behavior reflects upon themselves and their parents, teachers, school, and peers. Actions speak louder than words and are remembered longer. As young professionals, it is important that the impression left is bright, like a star.

The Internship involves two individuals to oversee the intern; an internship workplace supervisor and a Miami-Dade County Public Schools (M-DCPS) Internship Supervisor. The M-DCPS Internship Supervisor's position is to oversee the internship, to visit interns and internship providers, and to assist in a successful internship. This individual may or may not be the intern's lead teacher, but is there to help with the challenges that may arise. Please call or e-mail the M-DCPS Instructional Supervisor if there are any questions or concerns.

This handbook has been developed to help you prepare and successfully complete the 2021 Summer Youth Internship Program. It contains activities, suggestions, and resources to assist in the completion of weekly assignments. It is the intern's responsibility to read this handbook and understand what will be asked of them. If there are any questions about assignments or activities, please discuss them with the M-DCPS Instructional Supervisor.

Enjoy your summer internship experience and remember your supervisors are here to help and support. If there are any questions, problems, concerns, or issues that arise, contact them for input and direction. Remember the 3P's: positive, polite and punctual. Good Luck.

I, _____ understand that it is my responsibility to read this handbook and clarify any items.
PRINT NAME

I further understand that I will be held accountable for all information contained in this handbook.

_____

SIGNATURE DATE SCHOOL

Miami Dade County Public Schools
Department of Career & Technical Education
10151 NW 19th Ave
Miami, FL 33147
Phone 305-693-3030 Fax 305-696-9346
Internship Hotline 305-693-3005

NOTE: Only students receiving an email will complete TANF Form (Teachers will not collect this file)

TANF SYEP ELIGIBILITY/SCREENING

Summer Youth Employment Program				
Youth's Name:			**SSN:**	
If no SSN, was proof of SSN application provided?	❑ YES	❑ NO	❑ N/A	
Is the youth a United States Citizen?	☐ YES	☐ NO		
If no, is the youth a Qualified Non-Citizen?	❑ YES	❑ NO	❑ N/A	
DEMOGRAPHIC INFORMATION				
Family Size:	Date of Birth: / /	Age:	Sex: ❑ M ❑ F	
Street address:				
City:	State:	ZIP Code:		
Phone Number: ( )	Alternate Number: ( )			

ELIGIBILITY

Purpose 1: Assist needy families so that children can be cared for in their homes ❑ Yes ❑ No

Eligibility Criteria:

❑ In a family receiving Temporary Cash Assistance
❑ Residing in the home of a parent
❑ Residing in the home of a caretaker

Documentation: Florida Screens Required

❑ AIHH	❑ AIID	❑ AIIM	❑ ARDT	❑ IQCH

Purpose 2: Reduce the dependency of needy parents by promoting job preparation, work, and marriage ❑ Yes ❑ No

Eligibility Criteria:

❑ Youth's family income does not exceed 200% of the Federal Poverty Level

Documentation: Check all that apply

❑ Tax Returns	❑ Pay Stubs (last 4 weeks)	❑ Employment Verification Form
❑ Unemployment Benefits	☐ Free/Reduced Lunch	❑ Other: SSI/SSDI, Child Support

2012 Federal Poverty Level-200%

Persons In Family/Household	Poverty Guideline	Persons In Family/Household	Poverty Guideline
1	$22,340	5	$54,020
2	$30,260	6	$61,940
3	$38,180	7	$69,860
4	$46,100	8	$77,780

Note: For families/households with more than 8 persons, add $3,960 for each additional person

PRIVACY ACT STATEMENT

_____**I understand** that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF funded services. This is mandatory under the Social Security Act, section 1137. The SSN is used to administer the program and associate all services, correspondence and participation with the appropriate individual.

_____**I understand** that if I do not have a SSN and I do not know how to apply for one, that I can request help from the One-Stop Career Center or other program provider.

_____**I understand** that my SSN will be used to associate all records to my identification, including program participation and the receipt of benefits/services.

Parent/Guardian Signature: _____Date: _____

RWB Designee: _____ Phone Number: ( ) _____

RWB Signature: _____ Date: _____

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711

SYEP 2012

NOTE: Only students receiving an email will complete TANF Form (Teachers will not collect this file)

Instructions for Completing TANF SYEP Eligibility / Screening Form

Summer Youth Employment Program

1. Youth's Name – Enter the youth's name as it appear on the social security card.
2. SSN – Enter the youth's SSN #, a copy of the SSN card is required
3. If no SSN was proof of SSN application provided – The SSN application will not be acceptable. If the youth does not have a physical SSN card the parent need to go to the Social Security Administration (SSA) office and apply for a replacement card. It usually takes about 2-3 weeks to receive the replacement card.
4. Is the youth a United Citizen: - The answer is based on the information that was submitted to you from the youth
5. If no, is the youth a qualified non-citizen? - Answer this question If the answer for #4 was no.

Demographic Information

Complete the Demographic Information section of the form based on the documentation that is provided.

Eligibility

If the youth is receiving free / reduced lunch / reduced lunch, Purpose 2 will be yes.

Documentation is needed for each youth that is receiving free / reduced lunch

Privacy Act Statement

The **first** and the **third** statement of the Privacy Act Statement which is pertaining to the youth Social Security Number need to be initialed.

Parent/Guardian Signature and Date need to be complete by the youth parent or guardian. RWB signature will be signed by M-DCPS staff.

THE OFFICIAL FINANCIAL INSTITUTION OF SYIP

2021 SUMMER YOUTH INTERNSHIP PROGRAM

IMPORTANT: Please follow these steps to open your account at **EdFed – The Educational Federal Credit Union.** If you do not complete your application by the **May 28th** deadline, **you may experience a delay in being paid**.

1. **What do I need to open my account with EdFed?**
   - ☐ *A minimum deposit of $5 (this will be automatically debited from your first deposit to activate your account).*
   - ☐ *Copy or digital photo of Student's Social Security card*
   - ☐ *Copy or digital photo of government-issued, unexpired form of identification such as: Driver's License, State Identification, Passport/Passport Card, or Resident Alien Card*
   - ☐ *Proof of physical address, if not listed on identification (verification is acceptable via student's MDCPS portal)*
   - ☐ *Your Mother's Maiden Name (mother's last name at birth)*
   - ☐ *Student's School ID Number*

2. **How do I open my account with EdFed?**
   a) *Go to www.edfed.org/2021internship and complete the Membership Application (Refer to Membership Application Resource Guide for assistance filling it out)*
   b) *Sign the application using either a pen, stylus, mouse, or touch pad (must be an original signature; cannot be a typed or template signature)*
   c) *Once you have completed and signed the application, you will need to follow the Secure Email Resource Guide to send the application along with copies of your Social Security card, government-issued identification, and/or proof of physical address to EdFed via our secure email system.*

3. **When will I receive my Account, ATM or Debit Card information?**
   Usually within 7-10 business days after your account has been successfully opened. .

4. **How can I access my accounts?**
   Once you have money in your account, you can make FREE withdrawals at any Publix ATM or an EdFed branch drive-thru. You can use most any ATM machine, but most other ATMs will charge a fee.

5. **What should I do with the Internship Direct Deposit Form in my new account packet that I received in the mail?**
   Give the form to your lead/champion teacher ***no later than May 28, 2021 or your payroll may be delayed.***

6. **What if I lost my Internship Direct Deposit Form?**
   You can contact EdFed via email at syipaccounts@edfed.org, and a staff member will be glad to assist you in getting the form.

7. **What happens if I miss the account opening deadline?**
   Your paycheck may be delayed until the next scheduled pay day.

8. **Who do I contact if I have questions regarding internship assignments, internship placements or payroll?**
   Career & Technical Education (CTE) at: ***305-693-3005, internship@dadeschools.net*** *or visit* ***www.ctemiami.net/internships-2021/***

9. **Who do I contact to find out if my account has been opened or for the status of my ATM/Debit card?**
   EdFed at: ***305-270-5239*** *or via email at syipaccounts@edfed.org.*

March 22, 2021

Dear Parent/Guardian:

Your child has been selected to participate in the 2021 Miami-Dade County Public Schools' (M-DCPS) Summer Youth Internship Program. M-DCPS' Department of Career and Technical Education office and EdFed – The Educational Federal Credit Union have partnered to offer your child the opportunity to open a savings and/or checking account. This will enable your child to have their internship compensation (stipend) automatically deposited into his/her own savings account.

EdFed is a great place for your child to begin his/her financial future because of higher dividends on savings accounts and a continued commitment to financial education. EdFed has been helping educators and their families achieve financial success since 1935, and is proud to provide a dependable financial resource for your children today.

In addition, as a parent/guardian of an M-DCPS student, you are eligible for membership with EdFed where you can take advantage of their many deposit and loan products.

If you have questions, please call (305) 270-5239 or visit www.edfed.org/studentservices.

Sincerely,

Name of Principal

SCHOOL NAME: _____

Do not fill out this form. Sample only will be give out to students after the internship begins.

MIAMI-DADE COUNTY PUBLIC SCHOOLS
Summer Youth Internship Program
Internship Provider, Instructional Supervisor, Student and Parent Responsibilities

Internship programs are planned to develop students academically, economically and socially. There are responsibilities to the school, to the community and to the business sponsors that must be considered when accepting students into these programs.

Internship Provider Responsibilities

The internship provider agrees to place the student intern in his/her business organization, including remotely, for the purpose of providing workplace readiness experience. The internship will be under the supervision of a qualified supervisor. The work will be performed under safe and hazard free conditions. The student will receive the same consideration given to employees with regard to safety, health, general working conditions, and other policies and procedures of the business. This includes but is not limited to all local, state and federal guidelines that related to working conditions in light of the COVID-19 pandemic. The internship provider will adhere to all state and federal policies related to nondiscrimination in employment and educational programs or activities with regards to race, gender, color, religion, ethnic or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preferences or disabilities. All Federal and Florida Child Labor Laws must be adhered to and are available for review in the Student and Employer Handbook or at www.myfloridalicense.com. I understand that the required dates of attendance will take place during the approved SYIP 2021 term and that NO vacation is allowed during this time frame. The internship provider agrees to adopt a background screening process that is consistent with M-DCPS guidelines at a minimum on the person(s) who will be supervising the student. The internship provider understands and agrees that it is subject to all applicable federal and Florida laws and School Board policies relating to the confidentiality of student records. Time sheets are a legal document and any falsification will be considered fraud.

The Student agrees to comply with all requirements found in the Student Internship Handbook:

1. Adhere to rules and regulations of the business and act in an ethical matter;
2. Provide his/her own transportation to place of internship;
3. Inform the internship provider and the instructional supervisor in the event of illness or emergency that prevents attendance;
4. If attending the internship in-person, comply with all state and federal guidelines on social distancing, proper hygiene, and illness prevention, including by wearing a facial covering when appropriate;
5. Be in attendance (no more than 2 unexcused absences) and punctual on the job and for all specified meetings, including those conducted remotely;
6. Not voluntarily quit/resign a job without previous authorization from the internship provider and the instructional supervisor; and
7. Understand that M-DCPS is the recognized authority for making any adjustments or changes in the internship program. This principle applies regardless of whether or not the student obtained his/her own internship position.

The Internship Supervisor agrees to:

1. Hold a minimum of two conferences with the internship provider to discuss the student's progress;
2. Communicate with internship provider to resolve any interference that may occur between the internship program and the company's policies;
3. If supervising the internship in-person, comply with all state and federal guidelines on social distancing, proper hygiene, and illness prevention, including by wearing a facial covering when appropriate;
4. Counsel the student about the work-based learning experience.

The Parent (Guardian) agrees to:

1. Ensure that their child follows internship provider/school expectations of the program;
2. Support the policy of requiring the student to complete the length of the internship program. Internship providers should not be put in a position of having to accommodate the vacation schedule of their intern's family.
3. Understand that the student is responsible for his/her own transportation;
4. Understand that Miami-Dade County, Miami-Dade County Public Schools (M-DCPS), CareerSource South Florida, The Children's Trust and/or the Foundation for New Education Initiatives, Inc. will not be held liable in case of accident/injury on the way to and from internship. Student must obtain M-DCPS Student Accident Insurance to be eligible for the program.
5. Release Miami-Dade County, Miami-Dade County Public Schools (M-DCPS), CareerSource South Florida, The Children's Trust and/or the Foundation for New Education Initiatives, Inc. from any and all claims arising out my child's participation in the program.
6. Allow Miami-Dade County Public Schools to share my child's relevant educational records with Miami-Dade County; CareerSource South Florida; EdFed – The Educational Federal Credit Union; The Children's Trust; and/or the Foundation for New Educational Initiatives, Inc. in accordance with the program requirements.

We, the undersigned, agree that we have read and understand the purpose and intent of the Internship Program Responsibilities.

_____ Student Name (print)	_____ Student Signature	_____ Date
_____ Parent Name (print)	_____ Parent Signature	_____ Date
_____ Internship Supervisor (Print)	_____ Internship Supervisor Signature	_____ Date
_____ Internship Provider Supervisor (Print)	_____ Internship Provider Supervisor Signature	_____ Date
Lupe Ferran Diaz, Ph.D., Executive Director Department of Career and Technical Education	_____ Signature	_____ Date

The School Board Attorney's Office approved this agreement as to form and legal sufficiency.

Copy with original signatures will be collected DURING the internship. Must be signed by all parties.