

2024 STUDENT HANDBOOK



**OPPORTUNITY
KNOCKS**

SYA SUMMER YOUTH INTERNSHIP PROGRAM



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MIAMI-DADE COUNTY PUBLIC SCHOOLS SUMMER YOUTH INTERNSHIP PROGRAM 2024

DATES/LENGTH	July 1, 2024 – August 5, 2024 (Tentative) All eligibility documentation must be submitted by the deadline of May 24, 2024 . Online pre-internship course needs to be completed within 30 days of issuance but no later than May 17, 2024 .
REQUIRED HOURS	150 HOURS – All hours must be completed during the dates of the SYIP Program (July 1 - August 5, 2024)
SUGGESTED SCHEDULE	30 HOURS PART TIME WEEKLY (Five Weeks)
WORK MODALITY	IN-PERSON (following current county & state health guidelines), VIRTUAL or HYBRID
STUDENT POPULATION	Rising 10 th through 12 th Grade high school students between the ages of 15-18 and enrolled in a Miami-Dade County Public High School
ELIGIBILITY	Students must: <ul style="list-style-type: none">• Be eligible to work in the U.S. and a resident of Miami-Dade County• Be currently enrolled in a Miami-Dade County Public Schools high school or Charter School• Open an account with the EdFed - The Educational Federal Credit Union*• Complete the online pre-internship course, submit ALL documents, and register for internship hiring process through miamiinterns.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 employers must register at miamiinterns.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	Employers may schedule interviews in-person or 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: <ul style="list-style-type: none">○ 1st payment July 18○ 2nd payment August 8 - after all assignments and timesheets are submitted to their teacher supervisor 2) Students must open an account by May 24, 2024 with the EdFed - The Educational Federal Credit Union the official credit union of the SYIP Program 3) 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 not acceptable) For more information, call the SYIP Hotline at 305-693-3005.



MIAMI-DADE COUNTY PUBLIC SCHOOLS

2024 Summer Youth Internship Program (SYIP), July 1 through August 5 (tentative)

Frequently Asked Questions (FAQs)

- 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, Career Source South Florida, and EdFed - The Educational Federal Credit Union are several sponsoring organizations.
- 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 or Charter Schools. Students must be eligible to work, reside in Miami-Dade County, open an account with the EdFed - 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 17, 2024. The deadline to complete all eligibility documents and opening a EdFed - The Educational Credit Union account is Friday, May 24, 2024. The SYIP requires completion of 150 hours during the five-week period, July 1 – August 5, 2024 (tentative).
- How do students enroll?
A student must first complete the online pre-internship course and submit required completed documentation to the School Champion. Parents and students can contact the Internship Hotline (305-693-3005) to find out more about enrollment and their School Champion.
- 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 Miamiinterns.org (opening April 1, 2024 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.**
- Is this a paid internship?
If students are approved after completing all requirements no later than May 24, 2024, 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.
- 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 \$750.00 – Thursday, July 18, 2024
 - 2nd payment of \$750.00 – Thursday, August 8, 2024

Students must open their credit union accounts by Friday, May 24, 2024, 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, 2024 (tentative).
- 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.
- 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, 2024 (tentative)
Eligibility Document Deadline: May 24 2024**

**Online Pre-Internship Course
within 30 days of enrollment or at the latest Deadline: May 17, 2024**

Protocols for Schools

1. Administrators recruit and support a staff member to be the “School Champion.” If a school does not have career academies where a CTE teacher can be the “School 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. School Champion facilitates preparation of students with work skills online training course and disseminates information concerning internship rules, procedures, and policies:
 - o Manage enrollment and grading of online Intern Preparation Course. “School Champion” contacts CTE office for Florida Ready To Work professional development and enrollment of students. (Check in My Learning Plan for Internship Preparation Course – Virtual Facilitator Training. *Scheduled in January, February and March 2024.*
 - o Review the Summer Internship Training Program Handbook with the interns (posted on <https://ctemiami.net/internships-2024/>).
 - o Support students in obtaining an account with EdFed - The Educational Federal Credit Union by **May 24, 2024** for payment of grant stipends.
 - o Publicize and encourage parents to attend one of the virtual Parent Information Session scheduled TBA.
4. Collect all required documents and submit to the district office electronically via online binder (OneDrive) by **May 24, 2024**, 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 miamiInterns.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 24, 2024**.
2. Complete Online Florida Ready To Work Soft Skills and Schoology Course within 30 days of enrollment or at the latest **by May 17, 2024**.
3. Students will be approved to sign up at miamiInterns.org upon completion of all Online Pre-Internship Course lessons.
4. Clarify any scheduling or transportation problems.
5. Accept in miamiInterns.org the position offered.
6. Call to cancel any subsequent interviews once a position has been accepted.
7. Notify lead teacher/counselor/School Champion at the school and the CTE office after the close of school year when hired at 305-693-3005.
8. Open a EdFed - The Educational Federal Credit Union account by **May 24, 2024**. 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 tentative dates (July 1 - August 5, 2024)**.
2. Complete a W-9 and TANF when sent to you through Adobe Sign. (Remember information on this form is your information **NOT** your parents)
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 MiamiInterns.org
2. Registered to do business in the state of Florida and located in Miami Dade County
3. Agree 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 an 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 time-sheet on a weekly basis and the total time-sheets 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





State-sponsored foundational employability skills training and credentialing solution.

Online career-contextualized training develops the foundational skills required by most jobs, across industries. The training is self-directed, self-paced, and accessible from any computer or tablet any place, anytime.

Student intern applicants will complete the Soft Skills Training



Soft Skills Training teaches employability and social skills in a career context. Modules include Communicating Effectively, Conveying Professionalism, Promoting Teamwork & Collaboration, and Thinking Critically & Solving Problems. The courseware offers a blended learning approach with offline project-based activities and capstone projects to supplement the interactive digital curriculum.



Digital Skills Training is a self-paced course that provides learners with the skills needed to navigate technology in the workplace. Modules include Computer Operations, Internet Browsing, Digital Communication, Digital Documents, and Digital Security.



Academic Employability Skills Training offers a series of career-focused modules to improve learners' readiness in foundational academic employability skills including math, reading, and data. The courseware can be self-paced or delivered by an instructor, and all content addresses core skills required for entry into all 16 national career clusters.

Each training module contains a course component that includes instructional content, a knowledge-check quiz, and practice exercises that allow learners to apply the skills to real life, practical situations. To complete each module, learners take a posttest to recap what they've learned.

The posttest at the end of each module measures mastery of content. When the learner scores 80% or greater on the posttest, they earn an eBadge and advance to the next module. When learners have completed every module and earned their eBadges, they earn a Certificate of Completion.

Did you know...

Learners who successfully complete the training courseware can access digital versions of their eBadges and Certificates of Completion. These digital badges can be shared on social media, added to an email signature, included in an online portfolio or resume, and more.



INTEGRATING INTO THE INTERNSHIP ENVIRONMENT

Do's and Don'ts

- | | |
|--|--|
| <p>Do:</p> <ul style="list-style-type: none">- 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 | <p>Don't:</p> <ul style="list-style-type: none">- 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 Provider 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 305-693-3005, 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 High School Course Credit

Students will be enrolled in a 1-credit high school course for the length of the internship.

- The course title will vary depending on the student's major focus in high school. (See the course framework below.)
- School: Department of Career and Technical Education (CTE)*
- Grades will be entered into the 2023 Summer School Session gradebook by the student's assigned Internship Instructional Supervisor (for assignments see pages 8-12.)**
- Students' final course grade will be calculated as 50% weekly assignments; and 50% Internship Provider evaluation (worksite supervisor)

**STUDENTS DO NOT WORK AT CTE, they will report for work AT THEIR WORKSITE, either online or at a physical location.*

***A desktop computer or laptop is highly recommended for students to use for the weekly graded assignments. **To check out a district laptop, you must make arrangements well before the end of school.** Contact your School Champion/Teacher or School Administration to check out a district laptop.*

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.

Students may also apply for Dual Enrollment credit, which will require additional work assigned by the college instructor. See information below and School Champion about the application process.

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

Statewide Course: Internships/Practicums/Clinical Practice

MDC Course Number: CIS1949 Computer Information Systems (AOIT)
EGN1949 Engineering (AOE)
GEB1949 General Business Internship 1 (AOF)
GEB2949 General Business Internship 2 (AOF)
HFT1949 Co-op Work-study Internships I: Hospitality (AOHT)
EME2024 Creativity, Innovation, and Technology for the 21st Century Learner

Credit: 3 cr.

Course Descriptions:

CIS1949: Co-op Work Experience 1: Computer Information Systems: Designed as a work experience for students majoring in computer information systems programs. Students will learn to apply the skills and knowledge that they have acquired through their program of study in a real work environment.

EGN1949: Co-op Work Experience 1: Engineering: Designed for students majoring in engineering programs. Students will learn to apply the skills and knowledge that they have acquired through their program of study in a real work environment.

GEB1949: General Business Internship 1: Internship provides students with an opportunity to gain business experience while receiving academic credit. Students will learn to make connections between their internship experiences, academic coursework, and career goals.

GEB2949: General Business Internship 2 This internship is a continuation of GEB 1949 and provides students with an opportunity to gain business experience while receiving academic credit. Students will learn to make connections between their internship experiences, academic coursework, and career goals.

HFT1949: Co-op Work-study Internships I: Hospitality This is a course designed to continue training in student's fields of study through work experience. Students are graded based on documentation of learning acquired as reported by student and employer.

EME2040: Creativity, Innovation, and Technology for the 21st Century Learner: The student will learn to manage a productive and safe technology environment by promoting creativity and innovation in the classroom. The student will gain 21st century knowledge, skills, and attitudes for applying technology.

Eligibility Criteria

To be eligible for dual enrollment participation, students must meet the following criteria:

- Meet the eligibility requirements of Miami Dade County Public Schools
- Have a minimum 2.5 weighted High School GPA.
- Complete the [admissions application](#) at Miami Dade College and the SYIP Program Registration Form

For further assistance, please call 305-237-8888 or visit us online at <https://www.mdc.edu/highschool/dual-enrollment/>

INTERNSHIP ASSIGNMENTS

Each week, interns will spend time on assignments which will be in addition to work assigned by their internship worksite supervisor. The weekly assignments will be completed on student intern's own time, submitted and graded by their Instructional Supervisor.

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 submitted as assigned. Complete sentences, proper grammar and punctuation are also essential. Details will be posted for students through the bulb app website.

IT IS IMPERATIVE, that students maintain contact with their Instructional Supervisor every week for their weekly assignment directions. Students should check their email, voice mail and texts regularly.

A desktop computer or laptop is highly recommended for students to use for the weekly graded assignments.

To check out a district laptop, you must make arrangements well before the end of school. Contact your School Champion/Teacher or School Administration to check out a district laptop.

Internship Week, Assignment Theme and Due Dates TBA

WEEK 1 RESOURCES

WEEK 2 PLANNING AHEAD/REFLECTIONS

**WEEK 3 ASSESSMENT & TECHNOLOGY
STUDENT FINAL PROJECT
PROVIDER ASSESSMENT**

**WEEK 4, 5 AND last day of Internship
TIMESHEETS**

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. ***You will submit your goals and objectives ONLINE for the summer internship, creating a digital portfolio page using a template. More instructions will be given to you during the internship.***

Two Grades: One for creating page for your “Goals & Objectives” in your bulb digital portfolio; one grade for completing electronic time sheet

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 on page 15** in this 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 on MiamiInterns.org. Remember to have your WORK supervisor/internship provider to approve it when the system sends the email.

WEEK 2 - PLANNING AHEAD / REFLECTIONS

As an intern, it is important to plan ahead. Therefore you need to plan ahead for the final internship project, an informational presentation of your internship experience. The details are listed on following pages. Detailed directions for the final assignment and an upload link will be provided by your instructional internship supervisor and posted in Schoology lessons.

Three Grades: One for creating a page for “History, Mission and Vision” in your bulb digital portfolio, one grade for completing self-evaluation, one grade for completing timesheet.

Assignments

1. Create a page identifying the history, mission, and vision of the internship organization in your bulb digital portfolio. **Detailed directions and how to submit document will be provided during the internship.**
2. Begin taking/collecting photos for your PowerPoint/Photostory assignment that is due on Week 3.
3. Complete the time sheet for Week 2. Remember to have your WORK internship supervisor approve it.

REFLECTIONS

Completing student intern self-evaluation survey.

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 a link will be provided to you during the internship.

- 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, or what you can do in weeks 4 and 5 to achieve your goals and your internship provider's expectations for your internship.
- Watch your email or other communication to **complete the Student Intern Self-Evaluation Form** (your instructional supervisor will see the submission and give you a grade for completing form.

WEEK 3- ASSESSMENT AND TECHNOLOGY

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.

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. Interns will post their final presentation into the SYIP Bulb Digital Portfolio.

Assignment

1. Your job task is to create a PowerPoint/PhotoStory presentation about your Internship experience. You will be graded on the following:
 - a. Multimedia presentation (Video, PowerPoint/PhotoStory: 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 deadline July 21st. Submit the project in the bulb page and copy link into Schoology course. See course lesson for directions.
2. Complete and turn in the time sheet for Week 3. Remember to have your WORK internship supervisor sign it.
3. **Remind your internship provider to complete the Provider/employer intern evaluation. This is 50% of your final grade.**

**WEEK 4 & 5 - TIME SHEETS
DETAILS AND DUE DATES TO BE SENT
FROM INTERNSHIP SUPERVISOR, intern
text and posted in Schoology lessons**

INTERNSHIP ASSIGNMENT CHECK OFF*

Week 1 - RESOURCES	PERCENTAGE
<input type="checkbox"/> Goals, Objectives, Goal-related Activities bulb page	10
<input type="checkbox"/> Timesheet	5
Week 2 - PLANNING AHEAD / REFLECTIONS	
<input type="checkbox"/> Mission, Vision, and Company History bulb page	10
<input type="checkbox"/> Self-Evaluation Form	10
<input type="checkbox"/> Timesheet	5
<input type="checkbox"/> Begin taking/collecting photos for PowerPoint/Photostory	--
Week 3 - ASSESSMENT & TECHNOLOGY	
<input type="checkbox"/> Timesheet	5
<input type="checkbox"/> Multimedia Presentation embedded into bulb	55
Week 4 & 5 - FINAL TIMESHEETS	
<input type="checkbox"/> Timesheet	--

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

Scale: **A**=100-90 percent

B=89-80 percent

C=79-70 percent

D=69-60 percent

F=59 percent or less

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 or 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				

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 than 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 than 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?		

Future Ready Skills Assessment



Sample only, assessment will be completed online

Directions

Evaluate and provide feedback on your student’s skill level and development throughout the experience. Please be objective and candid in your assessment. Your responses will help the student identify their strengths and areas of improvement as they grow professionally.

PART 1: HIREABILITY FRAMEWORK

Rate your student’s performance on these key hireability skills. Select the appropriate agreement rating for each statement. If you did not observe a particular skill, please mark as “Neutral” and explain in the comment box. **Your submission of the Future Ready Skills Assessment is also the mechanism by which the student will receive credit for completing the experience.**

Collaboration	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Contributes to the work of the team and supports others					
Actively looks to resolve areas of disagreement or conflict through discussion					

Communication	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Actively listens to understand and asks clarifying questions					
Presents information in an organized manner that serves purpose of message, context, and audience					

Problem Solving	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Unpacks problems into manageable parts					
Generates multiple potential solutions to problems using relevant and factual information to guide decisions					
Identifies new and more effective ways to solve problems					

Initiative & Self-Direction	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Demonstrates receptiveness to performance feedback and adapts appropriately					
Stays calm, clear-headed, and unflappable under stress					
Works independently and seeks out information to complete tasks					

Future Ready Skills Assessment



Social Awareness	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Takes responsibility for one's own actions and does not blame others					
Demonstrates awareness of social and ethical situations					
Considers the feelings and needs of others when making decisions or performing tasks					

Planning For Success	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Manages time well and does not procrastinate, getting work done on time					
Arrives on time and is rarely absent without cause					

Hireability	Yes	No
I am willing to serve as a reference for future opportunities		
Based on your assessment the student's overall career readiness level is:		

A student's career readiness level is calculated based on the average rating of each skill statement. The levels are:

- Strongly Disagree: Room for Growth
- Disagree: Emerging
- Neutral: Moderate
- Agree: Skilled
- Strongly Agree: Expert

This rating doesn't affect the student's completion of the experience and is meant to give them a summary of their skill level.

PART 2: POSITION-SPECIFIC SKILLS

List one to three position-specific skills of particular significance in your industry, occupation, workplace, or project that the student was clearly expected to demonstrate during the experience. Examples could include programming, coding, or project management. Please do not repeat the skills already assessed. This is **optional**.

Skill	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

PART 3: KEY STRENGTH AND OPPORTUNITY FOR GROWTH

Key Strength: Everyone has at least one. Tell the student about a key strength they demonstrated or leveraged. Keep your answer text message sized.

Opportunity for Growth: Tell the student an area where they can further develop their skills and/or knowledge. Keep your answer text message sized.



SUMMER YOUTH INTERNSHIP PROGRAM



CareerSource
SOUTH FLORIDA



THE CHILDREN'S
TRUST



FOUNDATION
for NEW
EDUCATION
INITIATIVES

Forms & Instructions

***Forms must be typed
not handwritten.***

***Download a copy and complete on computer
then print for signature to submit
to School Champion***

***Ask your school champion/teacher's directions
for Schoology directions***

2024 Summer Youth Internship Program Documentation Check List

For each student to be considered for placement in the 2024 Summer Youth Internship Program, all eligibility documentation must be submitted by the deadline of May 24, 2024.

The Florida Ready to Work online pre-internship course and Schoology *lessons need to be completed within 30 days of registration, but no later than May 17, 2024.

*Charter School students will complete lessons in varying learning management systems.

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 official student document folder. **All documents must be uploaded to the District Online Internship Folder by "Internship Teacher Champion."**

Student Name: _____ ID #: _____

Email: _____ Telephone: _____

School: _____ Academy (if enrolled): _____

Student Information Check-off Sheet and Signed Forms Due May 24, 2024

INTERNS MUST BE HIRED IN THE MIAMIINTERNS.ORG SYSTEM

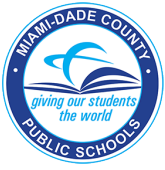
INSTRUCTIONS and blank copies of forms can be found on following pages of this handbook:

FORMS FOR STUDENT DOCUMENTATION FOLDER	UPLOADED
Summer Youth Internship Program Registration Form - Page 22	<input type="checkbox"/>
Emergency Student Data Form - Pages 23 - 25	<input type="checkbox"/>
Social Security Verification Form - Page 26	<input type="checkbox"/>
Proof of School Accident Insurance (directions and website on Page 28)	<input type="checkbox"/>
Field Trip - Parent Permission Form - Pages 29 - 31	<input type="checkbox"/>
Authorization for Photography/Video - Pages 32-34	<input type="checkbox"/>
Student/Parent Agreement - Page 35	<input type="checkbox"/>
Student Handbook Acknowledgement Form - Page 36	<input type="checkbox"/>
Florida Ready to Work Soft Skills Certificate of Completion - Page 37	<input type="checkbox"/>
Pre-Internship Course Completion (Schoology or Teams) - Page 38	<input type="checkbox"/>
Student's Resume (Overview of MiamiInterns.org on Page 39)	<input type="checkbox"/>
Proof of Credit Union Account with SYIP Internship Direct Deposit enrollment from official internship credit union EdFed - Students receive this form from credit union (must contact EdFed each year) (Directions on Pages 40 & 41)	<input type="checkbox"/>

Thank you!

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

"Hired" student interns will receive a secure email with the W-9 IRS FORM. See Page 27 for directions of completion of form and signing the secure email (ex: Adobe Sign)



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

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

STUDENT I.D.# _____

CURRENT SCHOOL _____ Location # _____

ACADEMY/CTE PROGRAM _____

INCOMING GRADE FOR FALL TERM _____

YEAR(S) OF PREVIOUS PARTICIPATION IN SYIP PROGRAM: None

If completed internship in past year select year 2020 2021 2022 2023

Note: This will not affect approval for this year's internship.

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 CELL PHONE _____ WORK PHONE _____

GUARDIAN'S E-Mail Address _____

Do you need 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 _____

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

Número/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 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 _____	



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 _____	

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 enfòmasyon 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 pèfòm 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 gouvènè 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 gouvènè zafè divòs, separasyon oubyen gadyen an.

Social Security Verification and Completion of W-9 and TANF Form

Student Intern, _____, (print name) will fully and accurately complete a W-9 and TANF form once received within a secure portal (ie. Adobe Sign). These forms will be completed with my full social security number as required. These forms are required so at the end of the year a 1099 form can be sent to me with the income I earned. I understand I will receive no stipend payment for my internship until I have completed the W-9 and TANF forms that will be sent via my M-DCPS student email or school email address through the secure portal.

_____ Student Signature _____ Date

_____ Student MDCPS or School email address

_____ Parent Signature _____ Date

_____ Parent email address

VERIFICATION

Name of Student – **Type name exactly as printed on Social Security CARD**

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:

_____ School Champion

_____ School Administrator

_____ Guidance Counselor

_____ M-DCPS District Staff

_____ Academy Teacher

DO NOT COPY OR SCAN SOCIAL SECURITY CARD



W-9 FORM INSTRUCTIONS

You will receive the W-9 form by secure email (such as Adobe Sign), keep these directions to use when filling out the form. When you sign the secure email, (such as Adobe Sign), it will email to the official person for payroll (your internship payment.) **School Champions/Teachers will not collect this form.**

- A - Fill out the full legal name of STUDENT** Name on your social security card (not parent's name)
- B - Check the Box marked Individual**
- C - Fill out complete address of student** (if you don't enter address correctly, won't receive W-2)
- D - Fill out full social security number of STUDENT** (not parent's number)
- E - Read Part III**
- F - Signature of STUDENT** (not parent)
- G - Fill out date signed**

Form W-9
 (Rev. October 2018)
 Department of the Treasury
 Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

A Full Legal Name of Student → **1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

B Check This Box ONLY! → **3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C-Corporation
 S-Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (LLC corporation, S/S corporation, P-Partnership) ▶
 Other (see instructions) ▶

C Student's Full Address → **5** Address (number, street, and apt. or suite no.) See instructions.
6 City, state, and ZIP code
7 List account number(s) here (optional)

D Student's Full Social Security Number (Not Parent's Number) → **7** Social security number

E Read to verify that you comply. → **Part II Certification**
 Under penalties of perjury, I certify that:
 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 3. I am a U.S. citizen or other U.S. person (defined below); and
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

F Student's Signature (Not Parent's Signature) → **8** Sign Here
 Signature of U.S. person ▶

G Date Signed → **8** Date ▶

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.

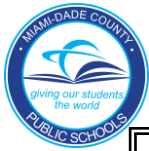
Health insurance that students have on their parents' or guardians' plan does not meet the requirement for Student Accident Insurance.

SIGN UP FOR INSURANCE:

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

Students can also submit a copy of their receipt from Activities Director with proof of paid insurance (not Football insurance).

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 realizar 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

- Nombre del padre/de la madre o tutor(a) _____
- No. de teléfono del padre/de la madre o tutor(a) Casa _____ Empleo _____ Celular _____
- Si los padres o tutor(a) no pueden ser localizados, por favor comuníquense con _____ Relación _____ No. de teléfono _____
- Póliza(s) de seguro que cubren a su hijo(a) _____ No. de Póliza(s) _____
- Nombre del médico _____ No. de teléfono _____
- Llene lo siguiente solamente si aplica a su hijo(a):
 - Mi hijo(a) tiene el siguiente problema médico: _____
 - Mi hijo(a) toma las siguientes medicinas con regularidad: _____
(El correspondiente formulario medico 2702 está archivado en la escuela)
 - 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 pwomnad pou _____ Pon _____
Pwofesè/non pahvonè Gwoup/Sijè Destination

Bi pwomnad sa a se _____

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

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

Mwen konprann si m pa ka peye pou pwomnad 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 idantifye lòt sous pou fon. (rezèvasyon sa a pap aplike pou aktivite ki pa dirèkteman relate ak enstriksyon klas, pa egzanzp, 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 celulaire _____
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, sèl yo aplikab:
 - a. Pitit mwen an gen pwoblèm medikal sa yo: _____
 - b. Pitit mwen an pran medikaman sa yo regilyèman: _____
(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, South Florida 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, South Florida 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, South Florida 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 Fideicomiso de los Niños (The Children's Trust) del condado Miami-Dade, Career Source South Florida, Miami Dade County, South Florida 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 Fideicomiso de los Niños (The Children's Trust) del condado Miami-Dade, Career Source South Florida, Miami Dade County, South Florida 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 Fideicomiso de los Niños (The Children's Trust) del condado Miami-Dade, Career Source South Florida, Miami Dade County, South Florida Educational Federal Credit Union y Miami Dade County Public Schools su personal, los proveedores de servicios, empleados, agentes 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, South Florida Educational Federal Credit Union and Miami Dade County Public Schools otorizasyon 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, South Florida 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 televizyon ak/oswa imaj video (yo rele "Anregistreman") pou yo ka itilize yo nan nenpot ki kalite fòm pwomosyon kankou: edukasyon, rechèch, dokumantè, sit interenet 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, South Florida 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.



MIAMI-DADE COUNTY PUBLIC SCHOOLS
Summer Youth Internship Program
Student and Parent Responsibilities

The Summer Youth Internship program (SYIP) has been planned to develop students academically, economically and socially. There are responsibilities to the school, to the community and the business sponsors that must be considered when accepting students into these programs.

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

1. Adhere to rules and regulations of the business and act in an ethical manner;
2. Provide their 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. Complete and submit a current W9 with student's complete nine (9) digit social security number before receiving stipend payment.
6. Be in attendance (no more than two unexcused absences) and punctual on the job and for all specified meetings, including those conducted remotely;
7. Not voluntarily quit/resign from a job without previous authorization from the internship provider and the instructional supervisor; and
8. 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 their own internship position.

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. Participate in a Parent Online Information Session
4. Understand that the student is responsible for their own transportation;
5. Understand that Miami-Dade County, Miami-Dade County Public Schools (M-DCPS), CareerSource South Florida, The Children's Trust, EdFed – The Educational Federal Credit Union, and/or the Foundation for New Education Initiatives, Inc. will not be held liable in any 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.
6. Release 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 Education Initiatives, Inc. in accordance with the program requirements.
7. Allow child (if eligible) to participate in the Dual Enrollment program at Miami Dade College or FIU and receive college credit for satisfactory completion of their internship experience. For more information – please visit the MDC of FIU Dual Enrollment Website.

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
Student ID#	Student School	
Parent/Guardian Name (print)	Parent/Guardian Signature	Date
Dr. Lupe Ferran Diaz, Administrative Director M-DCPS Department of Career and Technical Education	Signature	July 1, 2024 Date

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

09/16/2024

PREPARATION COURSES FOR STUDENTS

- **Florida Ready to Work Soft Skills Modules** – student downloads Certificate of Completion, school champion submits with other documentation.
- **Summer Internship Preparation Course in Schoology** – school champion will submit documentation showing completion of student lessons.

Students can access all materials within Schoology, after school champion copies Schoology App and lessons to Schoology course. Training for Schoology Preparation Course and Schoology App for Florida Ready to Work will be offered throughout February and March.



To prepare students for the 2024 Summer Youth Internship Program, students are required to complete **Soft Skills modules** within **Florida Ready to Work** courseware. Each training module contains a course component that includes instructional content, a knowledge-check quiz, and practice exercises that allow learners to apply the skills to real life, practical situations. To complete each module, learners take a posttest to recap what they've learned.

The posttest at the end of each module measures mastery of content. When the learner scores **80% or greater on each posttest**, they earn an eBadge and advance to the next module. When learners have completed all four modules and earned their eBadges, they earn a **Certificate of Completion**.

*Student intern applicants do not have to earn **Soft Skills Credential**, or complete the other modules, but it is highly recommended they do so for continued success in career development.*



See sample on left of CERTIFICATE OF COMPLETION which can be downloaded by student upon completion of four credential badges in Soft Skills.

If intern applicant has earned this certificate in past school years, student does NOT have to take courseware again, but must submit Certificate of Completion to school champion. (Log in and download certificate)

Summer Internship Preparation Course in Schoology

Students will also be required to complete the lessons in the Schoology course which will cover the student handbook, details and instructions for the Summer Internship Youth Program (SYIP), resume writing, interviewing, and navigating the MiamiIntern.org website. **Teachers will submit documents showing student completion of the Schoology course.**

Pre-Internship Course Completion

FINAL LESSON IN SCHOOLOGY STUDENTS WILL SUBMIT IN THE LESSON - WORD DOCUMENT
Certificate AND SUBMIT TO YOU - Teachers/School Champions will sign name
to scan and submit with the other forms.

School Champions, have students submit resume to you by email or your preference of means. Please review resume and suggest changes to students.

STUDENT RESUME

1. STUDENTS can SUBMIT IN THE LESSON
2. Or emailed to Teachers/School Champions,
3. Resume must be submitted with all the other forms AND
4. Posted in Miami.Interns.org student account School Champion should check the resume before adding to the forms,ask for any changes from students before it is posted on MiamiInterns.org

MiamiInterns.org

Students, your resume is a vital part of the internship application and search for an internship provider.

You must upload your resume to MiamiInterns.org to be approved by the internship program directors for internship provider search or if you already have a company/internship provider.

After approval for MiamiInterns.org, as you apply to companies, they will then review your resume. This will tell them if you might have best qualifications for their internship. If so, they will send you an interview invite.

Therefore, it is important your resume is reviewed by school champion for correct information, format, grammar, etc.


The resume is also very useful for district internship staff.

Resume & Interview Lessons in Pre-Internship Course

Lessons are provided within the pre-internship course guiding you to create an effective resume and how to give a great interview!

More information and detailed directions for provider search will be posted on the home page of MiamiInterns.org

Internship school champion or academy lead teacher will provide you with information for Pre-Internship course in Schoology or Charter school students - in Team course)



SUMMER YOUTH INTERNSHIP PROGRAM

EdFed partners with Miami-Dade County Public Schools to provide easy access to payroll through your EdFed checking account.

Benefits of membership include

- Entire family is eligible for membership
- Checking and savings accounts with no monthly maintenance fee¹
- Convenient surcharge-free withdrawals at EdFed ATMs with additional access to over 55,000 Allpoint and Presto! ATMs nationwide
- Cash Back Auto Loans with FREE service to help negotiate your next vehicle purchase²
- Comprehensive lending solutions to help with your vehicle or home purchase
- EdFed Rewards Visa Credit Card with no annual fee³
- Exclusive discounts on local retailers, restaurants, and attractions
- Access to financial education workshops and events
- EdFed-sponsored student scholarship programs

What you need to get started

- **\$5.00 initial deposit**
- **Original, photocopy, or digital copy (e.g., photo) of Social Security Card**
- **One form of valid ID:**
 - US driver's license
 - US state ID
 - Government-issued passport
 - Resident Alien ID
 - US Military ID
 - Original/Certified Copy of Birth Certificate
 - Current year School ID
- **Proof of physical address, if not listed on ID**
Verification is acceptable via student's M-DCPS portal.
- **Students ages 14 and under must be accompanied by a parent or guardian⁴**

Call (786) 775-5464, or to find a local branch, visit [EdFed.org/locations](https://www.edfed.org/locations)

Please do not send personal information or required documentation with your initial inquiry.

1 If you have not made a withdrawal from, deposit to, or transfer involving your account for more than one (1) year, the Credit Union may classify your account as a dormant account. The Credit Union imposes a monthly service fee for continuing to process your dormant account as set forth on the Service Fee Schedule.

2 Offer good on all new EdFed auto loans funded on or after 3/22/22. Offer may be discontinued at any time without prior notice. Cash will be provided as a \$100 credit applied to the primary borrower's Prime Share within 30 days of loan funding. Loan must remain open with a balance for a minimum for 14 days to qualify.

3 As of 1/28/2023, Annual Percentage Rate (APR) ranges from 14.00% to 18.00%. The APR will vary with the market based on the Prime Rate. Eligibility for the lowest rate and loan approval are based on creditworthiness, the ability to repay, and your credit score.

4 Parent/legal guardian must be joint on the account and must provide a valid form of ID with current address.



Federally insured by NCUA.



Dream brighter. Live bolder.®



THE OFFICIAL FINANCIAL INSTITUTION OF SYIP

2024 SUMMER YOUTH INTERNSHIP PROGRAM

IMPORTANT: Please follow these steps to open your account at **EdFed – Educational Federal Credit Union**. If you do not complete your application by the **May 24th** 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).
- Student's Social Security card – This can be the original, a copy or a digital photo
- One of the following government-issued, unexpired forms 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/2024internship and complete the Membership Application (Refer to Membership Application Resource Guide for assistance filling it out)
- b) Sign the application using either a pen with blue or black ink
- c) Once you have completed and signed the application, follow one of the options below for opening your account:
 - i. If opening your account in-person, print your completed and signed application and bring it with you to your scheduled account opening day at your school or open your account at one of EdFed's seven branches or thirteen high school branches;
OR
 - ii. Bring the completed application with your required identification document to open your account at one of EdFed's seven branches

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. 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 school champion **no later than May 24, 2024 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?

<https://ctemiami.net/summer-internships/>

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.

TANF SYEP ELIGIBILITY/SCREENING

Summer Youth Employment Program			
Youth's Name:		SSN:	
If no SSN, was proof of SSN application provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is the youth a United States Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If no, is the youth a Qualified Non-Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
DEMOGRAPHIC INFORMATION			
Family Size:	Date of Birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligibility Criteria:	
<input type="checkbox"/> In a family receiving Temporary Cash Assistance <input type="checkbox"/> Residing in the home of a parent <input type="checkbox"/> Residing in the home of a caretaker	
Documentation: Florida Screens Required	
<input type="checkbox"/> AIHH	<input type="checkbox"/> AIID
<input type="checkbox"/> AIIM	<input type="checkbox"/> ARDT
<input type="checkbox"/> IQCH	
Purpose 2: Reduce the dependency of needy parents by promoting job preparation, work, and marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligibility Criteria:	
<input type="checkbox"/> Youth's family income does not exceed 200% of the Federal Poverty Level	
Documentation: Check all that apply	
<input type="checkbox"/> Tax Returns	<input type="checkbox"/> Pay Stubs (last 4 weeks)
<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Free/Reduced Lunch
	<input type="checkbox"/> Employment Verification Form
	<input type="checkbox"/> 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

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.

Anti-Discrimination Policy

The School Board of Miami-Dade County, Florida adheres to a policy of nondiscrimination in employment and educational programs/activities and strives affirmatively to provide equal opportunity for all as required by:

Title VI of the Civil Rights Act of 1964 - prohibits discrimination on the basis of race, color, religion, or national origin.

Title VII of the Civil Rights Act of 1964 as amended - prohibits discrimination in employment on the basis of race, color, religion, gender, or national origin.

Title IX of the Education Amendments of 1972 - prohibits discrimination on the basis of gender. M-DCPS does not discriminate on the basis of sex in any education program or activity that it operates as required by Title IX. M-DCPS also does not discriminate on the basis of sex in admissions or employment.

Age Discrimination Act of 1975 - prohibits discrimination based on age in programs or activities.

Age Discrimination in Employment Act of 1967 (ADEA) as amended - prohibits discrimination on the basis of age with respect to individuals who are at least 40 years old.

The Equal Pay Act of 1963 as amended - prohibits gender discrimination in payment of wages to women and men performing substantially equal work in the same establishment.

Section 504 of the Rehabilitation Act of 1973 - prohibits discrimination against the disabled.

Americans with Disabilities Act of 1990 (ADA) - prohibits discrimination against individuals with disabilities in employment, public service, public accommodations and telecommunications.

The Family and Medical Leave Act of 1993 (FMLA) - requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for certain family and medical reasons.

The Pregnancy Discrimination Act of 1978 - prohibits discrimination in employment on the basis of pregnancy, childbirth, or related medical conditions.

Florida Educational Equity Act (FEEA) - prohibits discrimination on the basis of race, gender, national origin, marital status, or handicap against a student or employee.

Florida Civil Rights Act of 1992 - secures for all individuals within the state freedom from discrimination because of race, color, religion, sex, national origin, age, handicap, or marital status.

Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA) - prohibits discrimination against employees or applicants because of genetic information.

Boy Scouts of America Equal Access Act of 2002 – No public school shall deny equal access to, or a fair opportunity for groups to meet on school premises or in school facilities before or after school hours, or discriminate against any group officially affiliated with Boy Scouts of America or any other youth or community group listed in Title 36 (as a patriotic society).

Veterans are provided re-employment rights in accordance with P.L. 93-508 (Federal Law) and Section 295.07 (Florida Statutes), which stipulate categorical preferences for employment.

In Addition:

School Board Policies 1362, 3362, 4362, and 5517 - Prohibit harassment and/or discrimination against students, employees, or applicants on the basis of race, color, ethnic or national origin, religion, marital status, disability, genetic information, age, political beliefs, sexual orientation, sex/gender, gender identification, social and family background, linguistic preference, pregnancy, citizenship status, and any other legally prohibited basis. Retaliation for engaging in a protected activity is also prohibited.

For additional information about Title IX or any other discrimination/harassment concerns, contact the U.S. Department of Education Asst. Secretary for Civil Rights or:

**Office of Civil Rights Compliance (CRC)
Executive Director/Title IX Coordinator
155 N.E. 15th Street, Suite P104E
Miami, Florida 33132**

Phone: (305) 995-1580 TDD: (305) 995-2400

Email: crc@dadeschools.net Website: <https://hrdadeschools.net/civilrights>

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