**Student Registration and Parent/Guardian Permission Form for Internship** (Top part to be completed by WBL coordinator, except names)

Both the student and the parent or guardian should review the expectations outlined in this form. A signature on this form grants permission to participate and indicates a commitment to fulfill the expectations. **This form must be signed and returned to (whom, where) by (due date) or the student will not be able to participate in an internship.**

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| Student name: | Parent/guardian name: |
| Dates of internship: | Employer host and location: |
| Hours of work: |  |
| School-based internship supervisor name, phone, and email: | Work-based learning coordinator name, phone, and email: |
| Expectations for students:   1. Participate in classroom lessons to prepare for the internship, including completing a resume and practicing interview techniques. 2. Complete an internship application to send with a resume. 3. Participate in interviews with potential internship workplace supervisors. 4. Send an introductory email to the workplace supervisor. 5. Participate in developing/refining the learning plan that outlines general workplace and job-specific skill goals. 6. Make own arrangements for transportation to and from the internship site. 7. Demonstrate appropriate workplace behavior, including punctuality and appropriate attire. 8. Cooperate with work-based supervisor in completing assigned tasks. 9. Meet with school-based supervisor and work-based supervisor at least twice to assess and document progress in acquiring skills specified in learning plan. 10. Complete individual internship reflection assignments and participate in group reflection activities. 11. Write a thank-you note to the workplace supervisor and request a letter of recommendation. 12. Complete an evaluation of the internship. 13. Participate in additional reflection activities in the fall. | |
| Expectations for parents or guardians: Please check each box to indicate that you understand and agree to each item.  ☐ Support student’s participation and fulfillment of the above expectations.  ☐ Give permission for student to participate, understanding that the (name of district) bears no responsibility for health, accident, or transportation insurance while the student is away from school to work at the internship site.  ☐ (If needed) Provide transportation to and from the internship.  ☐ (If needed) Allow student to drive to and from the internship. | |
| Student signature: | Parent signature: |