REQUIRED ACTION

WASHINGTON COUNTY SCHOOL DISTRICT

Career and Technical Education | Work-Based Learning

Work-Based Learning Internship Clearance Packet

Required paperwork for internship approval

Purpose: This packet must be completed, signed, and submitted before a student may begin a Work-Based Learning internship. Submitting this packet does not automatically approve the internship. The Work-Based Learning Specialist will review the packet, verify eligibility and the worksite, and notify the student when final approval is given.

Student Information

Student name:		Date of birth:	
School:		Grade:	
Student phone:		Student email:	
Parent/guardian name:		Parent phone:	
Parent/guardian email:			
CTE course / pathway:		Semester / year:	
Employer / worksite:		Supervisor:	

Students may NOT begin internship hours until they receive final approval from the Work-Based Learning Specialist.

What's inside: a completion checklist (page 2), a plain-English expectations summary that students and parents sign (page 3), required district forms (pages 4-10), injury procedures for your reference (pages 11-12), and a district approval page (page 13).

Questions? Contact the Work-Based Learning Specialist:

Ryan Rarick, PhD | Work-Based Learning Specialist, Washington County School District

ryan.rarick@washk12.org | (435) 673-3553 ext. 5162

Packet Completion Checklist

Use this page to make sure nothing is missed. Check each box as it is completed.

Section 1 - Student and Parent/Guardian pages

☐ **Internship Expectations Acknowledgment** *Page 3*

Signed by: Student and parent/guardian sign

A plain-English summary of program expectations. Read this first - it explains why each form in this packet is needed.

☐ **Media Release Form** *Page 4*

Signed by: Student signs; parent/guardian signs if student is under 18

Allows WCSD CTE to photograph and feature interns to promote the internship program. If you have concerns about signing, contact the WBL Specialist before submitting the packet.

☐ **LinkedIn Policy + Parental Consent Form** *Pages 5-7*

Signed by: Student and parent/guardian sign

Read the policy (pages 5-6), then check ONE box and sign the consent form (page 7). LinkedIn is used to meet the internship portfolio requirement and requires users to be at least 16. Opting out (or being under 16) means the WBL Specialist will meet with you to arrange alternatives.

☐ **Ride-Along Permission Form** *Page 8*

Signed by: Parent/guardian signs

Complete this even if travel is not expected in your placement - some internships involve riding between job sites with a supervisor, and having it on file avoids delays.

Section 2 - Employer pages

Take the packet to your worksite supervisor - the next two pages are completed together.

☐ **Student Training Agreement** *Page 9*

Signed by: Student, parent/guardian, AND worksite supervisor sign

The core internship agreement. Complete all information fields (dates, hours per week, company, supervisor). All three signatures are required.

☐ **Work Site Safety Agreement** *Page 10*

Signed by: Worksite supervisor signs

The employer verifies worksite safety expectations. The internship cannot be approved until this is completed and reviewed by the district.

Section 3 - For your information / district use

- **Workplace Injury Procedures** *Pages 11-12*

Signed by: No signature needed

Read and keep for reference. These pages explain what to do if an injury occurs - nothing is filled out before the internship starts.

- **District Final Approval** *Page 13*

Signed by: Completed by the WBL Specialist

District use only. The student will be notified when final approval is given.

Incomplete packets will delay internship approval. Submit the completed packet to the Work-Based Learning Specialist.

Internship Expectations Acknowledgment

Student and Parent/Guardian - please read together and sign below.

This page is a plain-language summary. The signed forms in this packet are the official, controlling documents.

By signing below, the student and parent/guardian acknowledge the following:

1. Submitting this packet does not approve or guarantee the internship. The student may not begin internship hours until the Work-Based Learning Specialist gives final approval.
2. The internship must align with a completed or concurrent CTE course, and the student must meet eligibility requirements, including maintaining a "C" average in all classes.
3. The student's class schedule must allow participation. Counselor approval may be required.
4. The employer and worksite must be verified and approved by the district before any hours begin.
5. The commitments in the Student Training Agreement (page 9) - regular attendance, advance notice of absences, professionalism, confidentiality, assignments, timesheets, and seminars - are conditions of continued participation. Failure to meet them may result in removal from the internship.
6. The Media Release and LinkedIn Consent in this packet support required program activities: promoting the internship program and completing the portfolio requirement. Choosing to opt out of either requires a meeting with the Work-Based Learning Specialist to identify alternatives, which may include not participating in the internship.
7. Transportation to and from the internship is the responsibility of the student and parent/guardian. The student may never transport other students to or from the internship.
8. Any workplace injury must be reported immediately to the worksite supervisor and the Work-Based Learning office, following the district procedures summarized on pages 11-12.

Student name (print): _____ Date: _____

_____
Student signature

Parent/Guardian name (print): _____ Date: _____

_____
Parent/Guardian signature

Washington County School District
MEDIA RELEASE FORM

Release of Rights for Photography and Multimedia Production
Reproduction and Commercial Display and Distribution
Use of Name and Written Quotes in Media and Publications

Original Producer/Owner
Washington County School District

I hereby grant permission to the Washington County School District-Career and Technical Education Section to use my photo and name in any media, advocacy or marketing efforts to help promote the importance of Career and Technical Education Internships.

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the reproduction and/or authorization by the Washington County School District to reproduce and use said photographs, recordings and/or digital media for use in all domestic and foreign markets, singularly or in conjunction with other photographs and digital media, for advertising, publicity, commercial, or other business purposes. I understand that the term "photograph" as used herein encompasses still photographs, motion picture footage, and digital images of all kinds, and that the term "recordings" includes analog or digital recordings and reproductions.

Further, I understand that others, with or without the consent of the Washington County School District, may use and/or reproduce such photographs and recordings.

I hereby release the Washington County School District and any of its associates or affiliate companies; their directors, officers, agents, faculty, staff, students and customers; and any and all appointed advertising agencies and their directors, officers, agents and employees from all claims of every kind on account of such use or reproduction.

Please print:

Name: _____

Address: _____

_____

Phone Number: _____

E-mail: _____

High School: _____

_____ _____
Signature of Student Date

_____ _____
Signature of Parent or Guardian Date
(Required if student is under 18 years of age.)

The Washington County School District is committed to providing educational and employment opportunities to students without regard to race, age, national origin or disability in accordance with Title VI of the Civil Rights Act of 1964, Title XI of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans With Disabilities Act.

STUDENT INTERN LINKEDIN POLICY

WHAT IS LINKEDIN?

LinkedIn is the world's largest professional network on the internet. You can use LinkedIn to find the right job or internship, connect and strengthen professional relationships, and learn the skills you need to succeed in your career.

School-Related LinkedIn Use

USBE has approved WCSD to use LinkedIn within the CTE Internship course to help students develop their portfolio and career network in order to successfully advance and navigate their professional pathways.

REFERENCE:
USBE Memorandum "Use of LinkedIn as a Platform for CTE Internships "
http://go.washk12.org/USBELinkedInMemo

- LinkedIn does not violate FERPA as the information provided to LinkedIn is a contribution of the student rather than the LEA. FERPA restricts an LEA/school from disclosing information held in records maintained by the LEA/school.

- LinkedIn has the option to hide users from the public view. Students may complete all components within the course by using the LinkedIn platform and only be visible to the persons they chose to be in their professional network.

- Additionally, Students approved to use LinkedIn must abide by and are accountable to WCSD policy 3700- Technology and Acceptable Use.

REQUIREMENTS FOR COMPLIANCE: Students using LinkedIn

1. To maintain a safe and productive learning environment, the District requires all students who access or create social networking sites within the course CTE Internships through District resources to abide by the following:

    1.1. If something you are about to post makes you uncomfortable, take a minute to consult with others.

    1.2. Do not bully others online.

    1.3. Be open offline about what you experience online. Report inappropriate online behavior.

    1.4. Maintain proper professional relationships with any school employee.
    1.5. All statements must be true and not misleading.

1.6. Only comment on things about which you are well informed.

1.7. Do not violate privacy, confidentiality, or legal guidelines.

1.8. Protect yourself and others by not revealing private, confidential, or sensitive information.

1.9. Ask permission before posting pictures or videos of others.

1.10. Maintain consistent, acceptable behavior online and offline.

1.11. Follow the Washington County School District Acceptable Use Policy https://procedure.washk12.org/policy/3000/3700

Parents of students using LinkedIn

2. Parents are important partners in developing safe and appropriate use of social media including LinkedIn and are encouraged to:

2.1. Monitor your child's use of social media.

2.2. Talk frankly to your child about proper online relationships and behaviors.

2.3. Be friends with your children online in order to view your child's online posts.

2.4. Be involved and aware.

2.5. Report inappropriate online behavior.

Parent opt-out option

3. Upon opting out, the parent will be contacted by their local CTE program to set up a meeting in order to identify reasonable alternative options to meet the requirements of the course outcomes.

LINKEDIN PARENTAL CONSENT FORM

There are some aspects of the Washk12 Career Development CTE Internship coursework and student participation that will require students to access and maintain an account on LinkedIn. LinkedIn is a career development tool used to present portfolio work and connect with industry professionals. LinkedIn requires all users to be at least 16 years old.

LinkedIn has the option to hide users from the public view. Although WCSD can not enforce this setting, Students will be instructed on the use of this feature and may complete all components within the course and only be visible to the persons they choose.

Students will be required to comply with the WCSD Acceptable Use Policy http://go.washk12.org/AUP and the STUDENT INTERN LINKEDIN POLICY attached to this document.

LinkedIn has its own terms of use and privacy policies that govern how LinkedIn will any data that your student submits on the site. You should review each of these policies.
https://www.linkedin.com/legal/user-agreement
https://www.linkedin.com/legal/privacy-policy

Please check ONE box

- ❑ **Opt-in :** You acknowledge and certify the following:
  - I am the legal parent/guardian and give my permission for my student to access and maintain an account on LinkedIn.
  - I have read and agree to the WCSD Acceptable Use Policy
  - I understand that while WCSD employees will make every effort to supervise my student's access to LinkedIn they cannot supervise my student's access at all times and ultimately it is my responsibility to assure that my student follows the STUDENT INTERN LINKEDIN POLICY
  - I understand my student will be held accountable for any actions committed in violation of these policies regardless of where they are committed.
  - I understand that the LinkedIn Policies govern the use of the data submitted.
- ❑ **Opt-out:** Upon opting out, the parent will be contacted by their local CTE program to set up a meeting in order to identify reasonable alternative options to meet the requirements of the course outcomes.

Parent/Guardian Name (Print)		
Signature		Date
Student Name (Print)		
Signature		Date

PARENT AGREEMENT FOR STUDENT "RIDE-A-LONG" STUDENT INTERN

Student Name: _____

Please Print

Parent/Guardian of Student Intern:

The internship experience may require transportation as part of the internship.

- I understand that my child must wear a seat belt at all times.
- I understand that the driver is a licensed and insured adult.
- I understand that travel with the employer is an integral part of this internship experience and will help to provide a complete experience.
- I understand that my child will never travel alone in a vehicle with the employer sponsor. or another adult.

Please indicate by checking one of the following choices below:

☐ I give permission for my child to "Ride-A-Long" as specified above.

☐ I do not give permission for my child to "Ride-A-Long" with their employer during the internship experience.

_____ _____

Parent/Guardian Date

_____ _____

Parent/Guardian (Please Print) Day time phone #

The Washington County School District does not discriminate on the basis of race, color, religion, sex, age, national origin, disability.
CO_OPTA

REQUIRED ACTION

STUDENT TRAINING AGREEMENT

Student Name: _____ _____ _____
last first middle

Phone: _____ Email: _____

Start Date: _____ End Date: _____ Hr/Week: _____

Company Name: _____ Address: _____

Supervisor Name: _____ Email: _____

The PARTICIPANT agrees to accept, and the Parent/Guardian agrees to support the following:

1. Continue to regularly attend school and the training location. Follow all rules of the program, and to notify the school/program and employer prior to any absences.
2. Demonstrate honesty, punctuality, cooperation, proper grooming, and a willingness to learn.
3. Consult advisor and employer about any problems that arise in the course of the internship.
4. Conform to the rules and regulations of the training site, and maintain confidentiality.
5. Complete required assignments and furnish necessary information, reports, and timesheets.
6. Attend CTE Internship seminars when scheduled
7. Maintain a “C” average grade in all classes
8. If I am paid for my internship, work injuries or occupational diseases sustained or contracted in the course of my internship are covered by the employer’s worker’s compensation insurer.
9. If I am an unpaid intern, work injuries or occupational diseases sustained or contracted in the course of my internship are covered by the local educational agencies’ worker’s compensation insurer. Any additional insurance desired is the responsibility of the parent/guardian.
    a. Should the participant require medical attention after sustaining a workplace injury a worker’s compensation claim may be filed by calling Company Nurse at (888) 375-0279
10. Transportation to and from the internship is the responsibility of the parent/guardian. Under no circumstances will the participant ever transport other students in their vehicle while en route to or from the work experience.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The TRAINING SITE SUPERVISOR agrees to the following:

1. Provide a thorough orientation to the job and training site
2. Provide a meaningful, well-supervised work experience
3. Provide evaluation of performance, time for consultation with, and on-site monitoring visits
4. Keep and complete accurate attendance and/or time records as required
5. Complete participant evaluation forms and program agreement (see attached)
6. Consult the program coordinator/teacher regarding problems related to the work experience
    a. The school district must be contacted before considering suspension/transfer/termination
7. Conform to state and federal labor laws, and provide worker’s compensation coverage for paid interns

Work Site Supervisor’s Signature: _____ Date: _____

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WASHINGTON COUNTY SCHOOL DISTRICT **WORK-BASED LEARNING**

WORK SITE SAFETY AGREEMENT	
Policy Summary: The work site safety agreement requires a cooperating employer to ensure that an adult employee is not intentionally alone with a student for any significant amount of time during any work-based learning activities. Maintain compliance with all applicable state and federal laws relating to workplace and student safety, privacy, and welfare; and provide a safe, educational, courteous, and welcoming professional environment that is free of harassment or discriminatory conduct that may result in a hostile, intimidating abusive, offensive, or oppressive learning environment. If the cooperating employer is a small business and cannot provide enough staffing to ensure two-deep leadership, the cooperating employer who will be given significant unsupervised access to a student in connection with the student's activities as an intern shall submit to a criminal background check. Please check the box that applies to your business: ❏ Our company can ensure two or more staff members with high integrity will be on shift ❏ Our company is too small to ensure two or more staff will be on shift	
Company Name	
Address	
Supervisor (print name)	
Signature	Date
WCSD USE ONLY	
Verifying District Employee:	
Signature	Date

What to Do if You Are Injured During Your Internship

Read and keep for reference. Nothing on this page is filled out before the internship starts.

First step - always: report any injury immediately to your worksite supervisor AND the Work-Based Learning Specialist, no matter how minor it seems.

Who covers a workplace injury?

Paid interns: covered by the employer's workers' compensation insurance. Report the injury to your supervisor and follow the employer's claim process.

Unpaid interns: covered by the school district's workers' compensation insurance. Follow the Company Nurse process below.

Step-by-step by situation

Emergency / serious injury	Call 911 immediately. Then have someone call Company Nurse. Hospital paperwork goes to WCSD Risk Management.
Minor injury (first aid)	Call Company Nurse at (888) 375-0279. If cleared, return to work.
Injury needing medical care	Call Company Nurse, then go to WorkMed (385 North 3050 East, St. George) - not your private physician. Provide the WorkMed paperwork to WCSD.
Seen by any medical professional	WCSD Form 122 must be completed and returned to WCSD Risk Management within 24 hours. The WBL Specialist will help you with this.
Not sure what to do	Contact your worksite supervisor and the Work-Based Learning Specialist immediately.

Key contacts

Company Nurse: (888) 375-0279

IHC WorkMed: 385 North 3050 East, St. George, UT 84790

WBL Specialist: Ryan Rarick, PhD | ryan.rarick@washk12.org | (435) 673-3553 ext. 5162

The full district injury flow chart is on the next page.

Form 122 (completed only AFTER an injury occurs): *https://procedure.washk12.org/forms/100/122*

FOR YOUR INFORMATION

WORKPLACE INJURY FLOW CHART

WASHINGTON COUNTY SCHOOL DISTRICT

Company Nurse | 1.888.375.0279

IHC WORKMED | 385 North 3050 East St. George, UT 84790

MINOR INJURY

- CALL COMPANY NURSE
- RETURN TO WORK

Form 122

Whenever an employee is seen by a medical professional for a workplace injury, form 122 must be filled out and returned to WCSD Risk Management within 24 hours

MODERATE INJURY

- CALL COMPANY NURSE
- GO TO WORKMED NOT YOUR PRIVATE PHYSICIAN
- PROVIDE WORKMED PAPERWORK TO WCSD
- COMPLETE FORM 122 & RETURN TO WCSD RISK MANAGEMENT

MAJOR INJURY

- CALL 911
- HAVE SOMEONE CALL COMPANY NURSE
- PROVIDE HOSPITAL PAPERWORK TO RISK MANAGEMENT TO REVIEW RESTRICTIONS
- COMPLETE FORM 122 & RETURN TO WCSD RISK MANAGEMENT

Work-Based Learning Specialist - Final Approval

This page is completed by the district. Students and parents do not fill out this page.

Student name: School:

Employer / worksite: Supervisor:

Internship area: Semester:

Start date: End date:

Hours/week:

Verification checklist

Verification item	Done	Notes
GPA / eligibility verified ("C" average)	☐	
CTE course alignment verified	☐	
Counselor / schedule approval	☐	
Employer placement verified	☐	
Work Site Safety Agreement reviewed (background check initiated if required)	☐	
Student Training Agreement complete (all 3 signatures)	☐	
Expectations Acknowledgment signed	☐	
Media Release complete	☐	
LinkedIn consent complete (or alternative plan documented)	☐	
Ride-Along Permission complete	☐	

FINAL CLEARANCE GIVEN: ☐ **Yes** ☐ **No** Student notified on:

WBL Specialist signature Date:

Counselor (if needed) signature Date:

Administrator (if needed) signature Date:

Student may not begin internship hours until final approval is given by the Work-Based Learning Specialist.