



Clear Creek High School  
Internship Agreement

<b>Student Name:</b>	<b>School:</b>
<b>Internship Location:</b>	<b>Internship Supervisor:</b>
<b>Address:</b>	<b>Phone:</b>

**STUDENT AGREEMENT**

**As the Student:**

1. I recognize that the High School Counselor is the final authority for any adjustments or changes at my internship location. I will be the first person contacted regarding any major concerns about my performance in my internship.
2. I understand that my internship is an educational experience and that class credit will be awarded.
3. I understand that there is a balance between school and my internship and I will be held accountable for classwork and assignments that I miss during my internship hours.
4. I will furnish my own transportation to and from the internship site unless transportation is provided for me by the school. If transporting myself, I agree to observe all traffic laws and regulations and to carry proof of auto insurance.
5. I will be ON TIME to my internship. I understand that I am to report to my internship as scheduled, even when school is not in session (weekends, breaks, etc).
6. I will notify my supervisor and the High School Counselor when I am not able to report to my internship.
7. I agree that if I am terminated from my internship, I will inform my High School Counselor immediately.
8. I agree that if I would like to terminate my internship, I will provide a written letter of resignation and provide a minimum of two weeks' notice.
9. I understand that if I get terminated or resign from my internship, I may lose the elective credit for the internship.
10. I understand that I will be evaluated on my internship performance according to the company's employee guidelines. If I violate any of the guidelines, my internship may be terminated.
11. I agree that I will abide by the Code of Conduct for Clear Creek School District and that any violation in the Code of Conduct can result in disciplinary action including suspension or expulsion from school in addition to termination of my internship.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**Clear Creek High School  
Internship Agreement**

<b>Company:</b>	
<b>Internship Location:</b>	<b>Supervisor:</b>
<b>Address:</b>	<b>Phone:</b>

**INTERNSHIP PARTNER AGREEMENT**

**As the Internship Partner:**

1. I understand that this internship through Clear Creek High School is a learning opportunity to connect classroom instruction to a career pathway through authentic career experiences.
2. I agree to support the terms of this agreement and provide a variety of learning opportunities and performance reviews which will contribute to the student's overall career development.
3. I understand that student safety is the top priority. I understand, as the authorized signatory for the company, that we have a responsibility to ensure that there is a screening procedure in place for employees who are mentoring and/or supervising students. This will be reviewed by the Clear Creek High School counselor and human resources department prior to student placement to ensure that our company policy aligns with Clear Creek School District.
4. I will notify the high school counselor immediately if the student violates the terms of this agreement or is in danger of termination for any reason.
5. I understand that I may terminate the internship at any time, including if the student does not meet the expectations of this agreement or if the student leaves the program.
6. I will help support the student by providing an industry performance evaluation, standard training opportunities, and industry certifications applicable to the student's internship duties.

**Workers Compensation Acknowledgement:**

Clear Creek School District shall pay the student's workers' compensation insurance when the student **is not** paid by the internship partner. A certificate of coverage will be provided to the employer by the high school counselor at the time of the execution of the internship agreement.

If the internship partner **is paying** the intern, the internship partner shall pay the student's workers compensation insurance and shall assume liability for the student's conduct within the scope of their internship. By signing this agreement, the paying internship partner acknowledges that it is the student's employer for purposes of workers' compensation and other applicable employment laws.

\_\_\_\_\_  
Internship Supervisor

\_\_\_\_\_  
Date



**Clear Creek High School  
Internship Agreement**

<b>Parent/Guardian:</b>	
<b>Email:</b>	
<b>Address:</b>	<b>Phone:</b>

**PARENT AGREEMENT**

**As the Parent/Guardian:**

1. I understand that my student is participating in the internship program and this requires that my student will be off campus during school hours for their internship and activities.
2. I understand that my student is expected to be in school on the days that they are not assigned to be at their internship.
3. I understand that there are inherent risks involved in work-based learning opportunities and experiences. I hereby release and discharge Clear Creek School District and its administrators, employees, representatives, and Board of Education for any claim, cause of action, rights, damages, and demands of any kind or nature, known or unknown, including claims for attorney's fees and costs arising out of the aforementioned activity in which I and my child have elected to voluntarily participate.
3. I understand that my student will be required to work on assignments outside of the classroom. All teachers will assign work and provide weekly due dates.
4. I understand that if my student is frequently absent or failing classes, they will be removed from their internship and will return to full-time classes at the school or through online learning.
5. I understand that during the training phase of the internship, my student will gain experience and has the potential to earn industry specific certifications to help with their employability skills.
7. I understand that my student may receive up to 150 hours of internship experience earning .5 elective credits.
8. I understand that my student might be required to transport himself/herself to and from their internship. Some students may have transportation provided by their school or public transportation.
9. I understand that if my student is going to drive, I will be required to fill out the applicable paperwork to allow my student to transport his/her self.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**Clear Creek High School  
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<b>Internship Goals and Expectations</b> <b>Completed by Internship Partner and Student</b>
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<b>Employee Goals/Expectations</b>  Use blank spaces below for additional expectations. <i>*If possible, complete during the middle and end of the internship with the student present.</i>	<b>0=Student did not perform to expectations</b> <b>4= Student performed beyond expectations</b>				
	0	1	2	3	4
<b>Character:</b> Students will demonstrate integrity through personal, professional, and civic actions as well as take ownership for their choices and actions.					
<b>Communication:</b> The students will clearly articulate their thoughts and ideas and communicate with a variety of audiences.					
<b>Problem Solving/Critical Thinking:</b> Students creatively and fearlessly, approach difficult challenges and strategically explore solutions to complex challenges during their internship experience.					
<b>Collaboration:</b> Students respectfully work with others with a we-rather-than-me approach and have a mindset to get tasks accomplished in the internship environment.					
<b>Adaptability:</b> Students demonstrate resilience through courageous risk-taking and learning from failure as well as the flexibility to adjust to changes, recognize their options, and be confident in choosing an alternative pathway during their internship experience.					
<b>Leadership:</b> Students model behavior that is professional and inspirational, listen to various opinions and are willing to empower others.					

\_\_\_\_\_  
Internship Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
High School Counselor Signature

\_\_\_\_\_  
Date