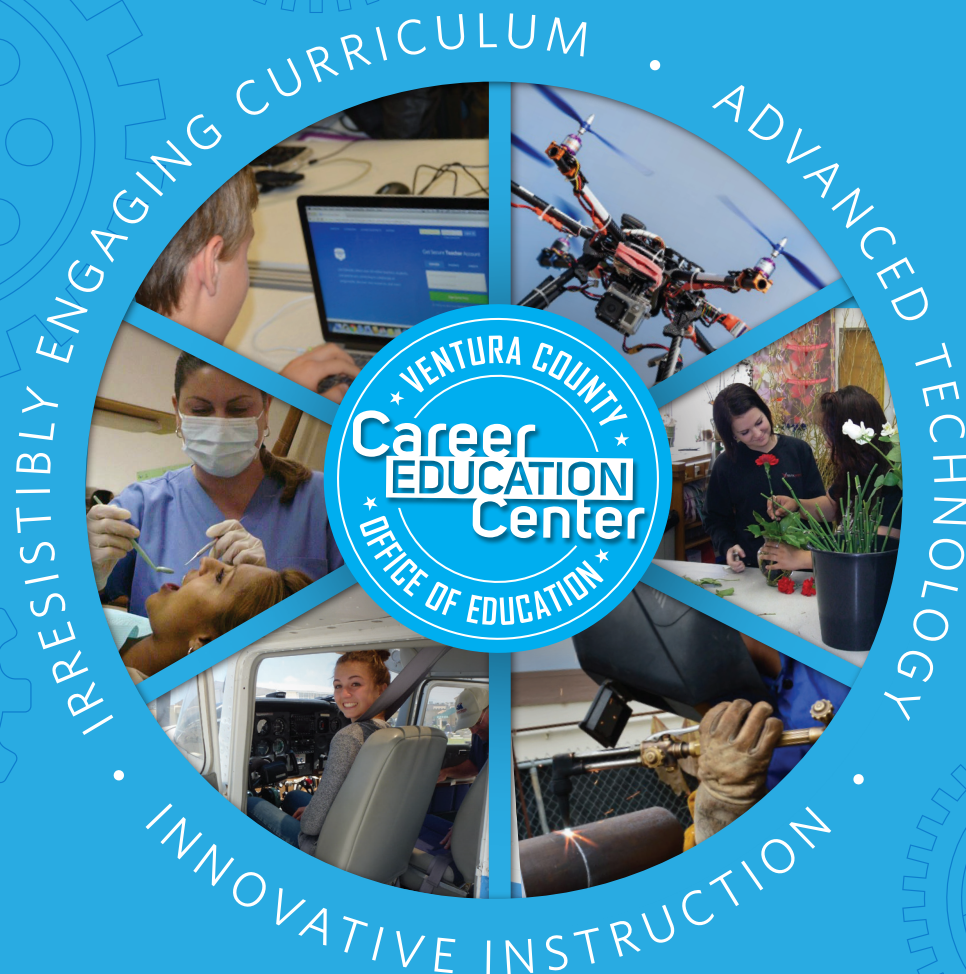


VCOE CAREER EDUCATION CENTER

Internship Handbook for Teachers



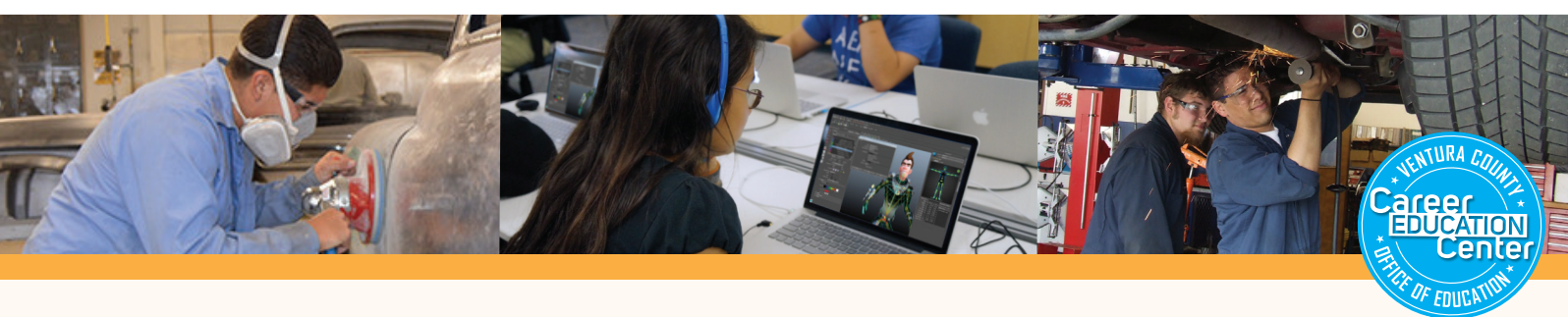
Internship Steps For ROP Courses

Here at the Career Education Center, internships have proven to be an extremely effective method of enhancing our educational offerings by providing a combination of classroom instruction and paid or unpaid instruction in a business or industry setting. The outcome of on-the-job training is a highly effective means of developing solid employment skills. All ROP courses must include an internship.

Internships enable sharing of the education process between the ROP teacher and the manager/employer of the internship site. The student's career preparation is, therefore, jointly planned and supervised. This shared responsibility for learning is facilitated through the use of a written **Individualized Training Plan (ITP)** and a **Classroom Training Plan and Assessment (CTP)**. The plans ensure that the students at the training site experience a progression of learning activities.

These methods of instruction are mutually beneficial to students, employers, and to the CEC. Employers have access to a pool of potential employees with proven occupational competencies, and students attain a realistic understanding of the workplace, develop appropriate work habits, and establish training and employment records.





Possible Internship Questions for Students

Pre-work Before Internship Placements

Before making contact with employers or working with industry liaisons to assist with finding internship placements, there is some pre-work that should be done with your students. The following questions are meant to gather additional information from your students regarding the type of internship site that interests them and would benefit their enhanced education.

Possible Internship Questions for Students

- Do you currently work?
- What is your dream internship?
- What would you like to gain from this internship experience?
- What are the steps necessary to obtain an internship with this employer (do they require resume/application)?
- What hours are you available to participate in the internship?
- Do you have transportation to get to the internship site?

Teacher Pre-Internship Preparation

- Employer outreach by teacher, often in tandem with students to identify employers who take intern placements
- Review internship procurement strategies with students: job/internship search, resume, applications
- Learn worksite expectations: professionalism, on-time, dress code, following instructions, gratitude
- Review timecard procedures
- Develop and complete the following two components:
 - 1) **Classroom Training Plan and Assessment** - an assessment developed by the teacher to review instructional competencies with the student before and after completion of the internship
 - 2) **Individual Training Plan** - a training plan coordinated by the teacher and employer to measure the student's success during the internship

Three Types of Internships

The Career Education Center supports three different types of internship placements in ROP courses. The first is a non-paid internship, called a **Community Classroom**. The second is a paid internship called a **Cooperative Classroom**, and, lastly, we offer **On-site internships** for classes that are a challenge to place interns (such as game design and some healthcare pathways) because of proprietary regulations and privacy laws.

- a) **Community Classroom Internships - Non-paid**
- b) **Cooperative Classroom - Paid**
- c) **On-site Internships**

A) Community Classroom Internships - Non-paid

Teacher Steps:

- 1) Identify Employers willing to support student internship placements (this can also be a student activity for them to research and look for potential job site)
- 2) Schedule a call with Rose Evans, Student Services Assistant, at (805) 437-1586, to review the protocol for the **VCOE Community Classroom & Cooperative Vocational Education Agreements**
- 3) Once the internship site is identified, the teacher must make an appointment with employer prior to students attending to review the following protocols:
 - a) Review the **Community Classroom Agreement** with employer and obtain signature from employer
 - b) Review and develop schedule and procedures for contact if the student fails to report for work
 - c) Provide student **Emergency Contact Information/Medical Authorization** and protocol to employer
 - d) Review **Worksite Individual Training Plan (ITP)**
 - e) Review accident procedures and protocol with employer
 - f) Review Student Intern Timecard
 - g) Calendar teacher observation visits with employer
 - h) At conclusion of internship, send data collection survey to employer

B) Cooperative Classroom - Paid

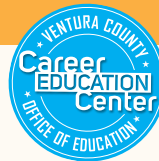
- 1) Same as above
- 2) Students must also have a valid work-permit to be employed if under age 18 (issued by their home school)

Students may not begin the internship placement until all forms are complete and signed by both the employer and VCOE.

C) On-site Internships

We are at the forefront of teaching new technologies and exploring innovative practices and training at the Career Education Center. Through this leadership, we are often providing classes that emerging entrepreneurs are developing alongside us in the workplace. This innovation can make internship placements difficult, especially in areas such as: information technology and healthcare.

We know we will be unable to find placements for all students in all pathways. Therefore, some teachers may develop on-site internships, which include industry-based projects with intensive support from employers and volunteers. If you believe your students will not be able to find a placement at an internship site, please connect with your site administrator immediately to develop an on-site project that will meet the requirements of an on-site internship.



Classroom Training Plan and Assessment (CTP)

An assessment developed by the teacher to review instructional competencies with students before and after completion of internship

CLASS NAME: _____ TEACHER _____

Student Name: _____ Home School: _____

Grade: 11 12 Adult Semester: 1 2 Year _____

Date Reviewed with Student ____/____/____

Student Signature _____

3 Exceeds Standards
2 Meets Standards
1 Needs Improvement
NA Not Applicable

| Learning Objectives | Curriculum Unit | Evaluation (Circle Number) |
|---------------------|-----------------|----------------------------|
| 1. | | 3 2 1 NA |
| 2. | | 3 2 1 NA |
| 3. | | 3 2 1 NA |
| 4. | | 3 2 1 NA |
| 5. | | 3 2 1 NA |
| 6. | | 3 2 1 NA |
| 7. | | 3 2 1 NA |
| 8. | | 3 2 1 NA |
| 9. | | 3 2 1 NA |
| 10. | | 3 2 1 NA |

Teacher Comments: _____

TOTAL:

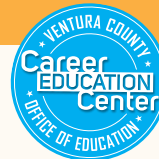
Grading Scale:

A 90-100%
B 80-89%
C 70-79%
D 60-69%
F Below 60%

| | | |
|--|--|------------------------------|
| Certificate of Proficiency <input type="checkbox"/> Y <input type="checkbox"/> N | Attendance Certificate <input type="checkbox"/> Y <input type="checkbox"/> N | Final Grade: _____ |
|--|--|------------------------------|

Teacher's Signature Date

Student's Signature Date



Worksite Individual Training Plan (ITP)

A training plan coordinated by the teacher and employer to measure the student's success during the internship

CLASS NAME: _____ **TEACHER** _____

Community Classroom (CC) _____ First day at the worksite: _____

Cooperative Vocational Education (CVE) _____ Last day at the worksite: _____

STUDENT INFORMATION

Name _____ Contact # _____

High School _____ Grade _____ D.O.B. _____

WORKSITE INFORMATION

Name of Worksite _____

Address _____ City _____ Zip _____

Telephone # _____ Supervisor Name _____

I (the undersigned) agree to follow the R.O.P. internship guidelines and Student Training Plan.

Supervisor's Signature

Training Plan Agreement Date

.....

THIS PORTION TO BE COMPLETED AT END OF INTERNSHIP EXPERIENCE

Would you recommend this student to an employer or hire him/her as an employee at your site, if you had the opportunity to do so? (This is not an offer of employment.) Yes _____ No _____

(If no, please state why) _____

(If applicable) Date student status changed from intern (unpaid) to co-op (paid employee) _____

What overall grade would you give this student for their performance? (Circle one) A B C D F

Check here if student did NOT complete internship requirements/hours _____

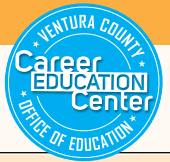
Evaluator's Comments _____

Evaluator's Name (print)

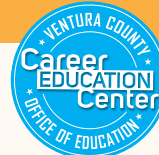
Signature

Date of Evaluation

Worksite Individual Training Plan (ITP) - PART II



| | | | |
|--|--|---|---|
| Class Name: _____ Worksite Competencies (below is sample only-please refer to your class curriculum) | | CC/CVE Total Hours | Worksite Supervisor Rating <u>Student Proficiency Level</u> 3 = Exceeds Proficiency Student is able to achieve skill unsupervised 2 = Meets Proficiency Student needs minimal supervision to achieve skill 1 = Needs Improvement Student needs considerable supervision to achieve skill 0 = Unable to evaluate this skill at this time N/A = skill not available at this worksite |
| UNIT # | BLOCK TITLE | | 3 = EXCEEDS 2 = MEETS 1 = NEEDS IMPROVEMENT <i>Please check appropriate box</i> |
| 4.0 | Workplace behaviors, habits, and attitude | | <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA |
| 4.1 | Employability proficiencies | | <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA |
| 4.1.1 | Maintains regular attendance | | <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA |
| 4.2 | Work ethics and behavior | | <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA |
| 4.2.1 | Follows rules, regulations, and policies as established by site | | <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA |
| 4.3 | Interpersonal relationships | | <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA |
| 4.3.3 | Exhibits positive and respectful behavior | | <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA |
| 4.4 | Self-management | | <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA |
| 4.4.1 | Demonstrates initiative, enthusiasm, and self-motivation | | <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> NA |
| | | | |
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Community Classroom Agreement

THIS AGREEMENT is made between the Ventura County Office of Education, hereinafter called the COUNTY OFFICE, and

hereinafter called the AFFILIATE.

WHEREAS, the COUNTY OFFICE, through the Career Education Center, desires to provide instruction and training for students in _____; and

WHEREAS, the AFFILIATE is able to provide the laboratory learning site for said course subject to the terms and conditions as hereinafter set forth;

NOW, THEREFORE, the COUNTY OFFICE and the AFFILIATE agree as follows:

1. The AFFILIATE shall enter into a contract with the COUNTY OFFICE, through the Career Education Center, to provide learning experiences to a maximum of _____ student(s).
2. It is understood that these classes will be conducted between _____ during the _____ school term, at the following location _____.
3. The JOB-SITE SUPERVISOR and/or responsible AFFILIATE designee shall:
 - a. Provide on-the-job experiences related to the Career Education Center training program
 - b. Follow the student training plan
 - c. Consult with the teacher regarding the student's progress
 - d. Verify the student timecard
 - e. Evaluate student performance
 - f. Student supervision shall be provided at all times by the AFFILIATE site supervisor or a responsible AFFILIATE employee
4. The Career Education Center TEACHER shall:
 - a. Provide related classroom instruction
 - b. Provide training plan and timecard
 - c. Make supervision visits to the training site
 - d. Monitor the student's progress
 - e. Discuss student evaluation with site supervisor
5. While working for the AFFILIATE, this contract will be considered VOID if the AFFILIATE allows the student to participate in any of the following jobs or activities: family owned business, child care, housekeeping, newspaper delivery, street vending, door-to-door sales, phone soliciting, self employment, independent contracting, any job requiring driving, any business not at an observable stationary site, any business located in a private residence, any business not open to the public, or any other job deemed inappropriate under the California Labor Laws.
6. The students shall be subject to the rules and regulations of the AFFILIATE during the hours they are in the AFFILIATE's facilities. All students are under the discipline and authority of the staff of the Career Education Center.
7. The AFFILIATE agrees that the Career Education Center students shall not displace any regular employee of the AFFILIATE nor shall the students' training activities preclude the hiring of additional employees.
8. Neither the Career Education Center nor the AFFILIATE shall discriminate against any student or employee on the basis of race, color, national origin, ancestry, political affiliation, marital status, religion, creed, sex, age, sexual orientation or handicap in employment practices or on-the-job training experiences.
9. The COUNTY OFFICE shall provide necessary compensation and liability insurance for bodily injury and property damage in the amount of \$1,000,000 each while the students are on the premises of the AFFILIATE, and shall hold harmless the AFFILIATE, its officers, agents and employees from every liability, loss, damage or expense which may be incurred except for liability resulting from the sole negligence or willful misconduct of the AFFILIATE, its officers, employees, agents or independent contractors who are directly employed by the AFFILIATE; and the AFFILIATE shall be held harmless for any injury to or death of persons or damage to property caused by any act, neglect, default or omission of the COUNTY OFFICE, its employees or students.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT.

Stanley C. Mantoath,
Ventura County Superintendent of Schools

By: _____

By: _____

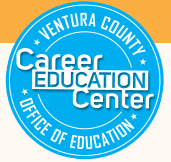
Title: **Career Education Center Administrator**

Title: _____

Dated: _____

Dated: _____

Cooperative Vocational Education Agreement



THIS AGREEMENT is made between the Ventura County Office of Education, hereinafter called the COUNTY OFFICE, and _____ hereinafter called the AFFILIATE.

WHEREAS, the COUNTY OFFICE, through the Career Education Center, desires to provide instruction and training for students in _____; and

WHEREAS, the AFFILIATE is able to provide the laboratory learning site for said course subject to the terms and conditions as hereinafter set forth;

NOW, THEREFORE, the COUNTY OFFICE and the AFFILIATE agree as follows:

1. The AFFILIATE shall enter into a contract with the COUNTY OFFICE, through the Career Education Center, to provide learning experiences to CEC students, for the period beginning _____, _____ and continuing until this agreement is cancelled as provided in item 8 below.
2. The JOB-SITE SUPERVISOR shall:
 - a. Provide on-the-job experiences related to the Career Education Center training program
 - b. Follow the student training plan
 - c. Consult with the teacher regarding the student's progress
 - d. Verify the student timecard
 - e. Evaluate student performance
3. The Career Education Center TEACHER shall:
 - a. Provide related classroom instruction
 - b. Provide training plan and timecard
 - c. Make supervision visits to the training site
 - d. Monitor the student's progress
 - e. Discuss student evaluation with site supervisor
4. The students shall be subject to the rules and regulations of the AFFILIATE during the hours they are in the AFFILIATE's facilities. All students are under the discipline and authority of the staff of the Career Education Center.
5. Neither the Career Education Center nor the AFFILIATE shall discriminate against any student or employee on the basis of race, color, national origin, ancestry, political affiliation, marital status, religion, creed, sex, age, sexual orientation or handicap in employment practices or on-the-job training experiences.
6. The AFFILIATE agrees to employ the student(s) for a minimum of eight (8) hours per week. The student(s) will be paid at least the minimum wage as stipulated by current California State Industrial Welfare Commission Order. A work permit is required for all students under the age of 18.
7. The AFFILIATE will provide the student(s) with insurance coverage in accordance with existing law.
8. Either party may cancel this agreement by giving written notice thirty (30) days in advance of the final date for termination of the agreement.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT.

Stanley C. Mantooth
Ventura County Superintendent of Schools

By: _____

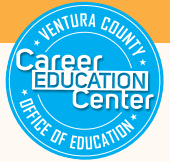
By: _____

Title: **Career Education Center Administrator**

Title: _____

Dated: _____

Dated: _____



Student Enrollment & Emergency Form

CEC START DATE _____ CLASS NAME _____ PERIOD/SESSION/TIME _____ HIGH SCHOOL _____

Senior ☐ Junior ☐ Sophomore ☐ Freshman ☐ Out of School ☐ Other _____

Name: _____
Last First Middle Initial

Birth Date: ____/____/____ Age: ____ Male ☐ Female ☐

Student's Email Address: _____ Does student have a Section 504 Plan ☐ IEP ☐

Address: _____
Number & Street City Zip

Home/Parent Phone #: _____ Student Cell/Phone #: _____

Mother/Guardian _____
Name Cell Phone # Work Phone #

Father/Guardian _____
Name Cell Phone # Work Phone #

Home Language: English ☐ Spanish ☐ Other: _____

STUDENT EMERGENCY AUTHORIZATIONS

Any teacher, officer or other employee of the Ventura County Office of Education shall be authorized to call the doctor named below or the Emergency Paramedics for medical treatment in the event of an injury or illness of the above student, which in the opinion of the teacher, officer or employee, requires immediate medical attention. This authorization shall be and remain in full force and effect until revoked in writing. The school assumes no financial responsibility for medical care or ambulance transportation in case of emergency. (PLEASE SEE THE BACK OF THIS FORM FOR MORE INFORMATION).

Physician _____ Any licensed Physician Yes ☐ No ☐
Name Phone

Please describe any **allergies, illness, injuries or medications** which are important for the school to know about (See below): **None** ☐

In the event of an illness, emergency or natural disaster and you cannot be reached, an authorized school official may call the following friend or relative who will take responsibility for your student's care. Persons to be called, if parents cannot be reached, must live locally, have a telephone and be willing to provide transportation and care insofar as the law provides. (PLEASE SEE THE BACK OF THIS FORM FOR MORE INFORMATION).

| NAME | RELATIONSHIP | PHONE # | CELL PHONE# |
|----------|--------------|---------|-------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

PARENT & STUDENT CERTIFICATION / TRANSPORTATION AUTHORIZATION

I hereby grant my permission for the above named student to enroll in the Career Education Center class listed above. I also give my permission and accept liability for the above named student to drive to and from this class and the assigned work intern site as needed. I understand the intention and requirements of CEC training. I also authorize a copy of this form to be released to the student's intern site. I hereby grant my permission for authorized CEC staff to transport my child in emergency situations. I am aware that a complete copy of the Student Handbook is available on the www.vcoe.org/cec website. We are aware of, understand, accept and agree to follow the policies and procedures stated in the handbook. Our signatures below indicate our commitment to fulfill our obligations according to the requirements of the handbook.

Date _____ Signature of Parent/Guardian _____ Date _____ Signature of Student _____

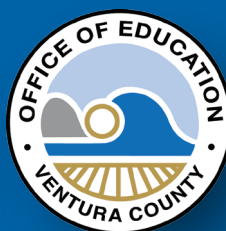
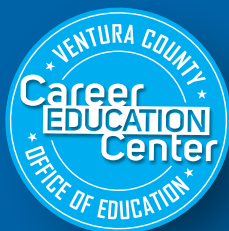
MEDIA AUTHORIZATION

If you are under age 18, you must have this signed by your parent or guardian. If you are 18 or older, please sign it yourself.

| | | |
|--|------------------------------|-----------------------------|
| I approve of having photographs of my child taken at school for parents/guardians and school records. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I approve of having photographs taken and/or videotaping of my child for educational purposes. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I approve of having photographs taken and/or videotaping of my child for newspaper articles, and other public information. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I approve of having photographs of my child taken at school for social media purposes (i.e. Facebook; Twitter, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date _____ Signature of Parent/Guardian _____ Date _____ Signature of Student _____

I have read and understand the back of this form. _____ (Parent/Guardian Initial)



Career Education Center

vcoe.org/cec

CEC AIRPORT

465 Horizon Circle, Camarillo, CA 93010

Site Administrator: Giselle Bice - (805) 437-1420

CEC MOORPARK

5700 Condor Drive, Moorpark, CA 93021

Student Services Assistant: Rose Evans - (805) 437-1586

Site Administrator: Zenda Abbott - (805) 437-1581

For contract questions, please contact Rose Evans at (805)437-1586 or roevans@vcoe.org



/CareerEdCenter



@CareerEdCenter

