

Norman Public Schools
Internship and Work Based Learning Program Student Agreement

I, _____ will be responsible to:

(Student Name)

- 1) I understand I must attend an orientation prior to starting my internship and complete the assignments associated with this course to receive a grade of A.
- 2) I understand I am responsible for keeping a weekly time sheet and sharing this information with my business/organization supervisor and this information will be part of my evaluation. I also understand I must complete a minimum of 70 hours of work per semester.
- 3) I understand I must perform regularly scheduled work in my internship or work based learning professional area and become aware of the rewards, demands and skills involved.
- 4) I understand I am responsible for reporting any absences to my supervisor.
- 5) I have read and understand all the information provided in Section 2 of NPS Internship Program Packet regarding the Internship Course.
- 6) If an emergency occurs, notify your business partner supervisor and ICAP Coordinator as soon as possible.
 - a) Beth Patterson at NHS bpatterson2@normanps.org
 - b) Rita Uhlenhake at NNHS ritau@normanps.org
 - c) Kayla Nicholson at Dimensions kcarr@normanps.org
- 7) I understand I am responsible for my own transportation.
- 8) Discipline: I understand if I do not demonstrate responsible behavior, I may be removed from the program and may receive an U for failing to complete the Internship and Work Based Learning Program's requirements.
- 9) I understand the ICAP Coordinator will/may communicate with the Internship and Work Based Learning supervisor throughout the semester.
- 10) I understand that, depending on the nature of my position in this internship and work based learning program, it may be required to complete and sign subsequent liability or confidentiality forms for the company I am placed with.

I agree to follow the guidelines established for the Internship and Work Based Learning Program. I will respect the confidentiality of my mentor's business, clients, accounts or any other information to which I have access during this career seeking experience.

Student Signature: _____ **Date:** _____

Guardian Signature: _____ **Date:** _____