

2011-2012

Academy of Environmental Sciences and Services



Work-Based Learning

T. DeWitt Taylor Middle-High School
100 East Washington Ave.
Pierson, Florida 32720
386-740-9800

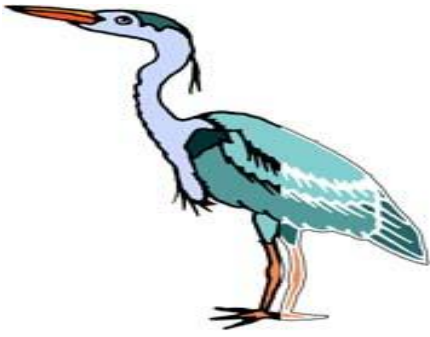
Mr. Ron Pagano, Principal
Mrs. ShariLou McConnell, Assistant Principal-
Curriculum

Mr. Kyle Hearn, Academy Director
Ms. Mary Gerlach, Academy Facilitator

Contents of Packet:

- Healthcare Professional Informational Letter
- Student & Business Requirements
- Student Scheduling Form
- Student-Parent Agreement Form
- Parent Permission Form
- Student Reflection Form
- Business Evaluation Form

Academy of Environmental Science and Services



Dear Business Partner,

Thank you for your interest in the Deltona High School Academy of Environmental Science and Services. This exciting four-year program begins at the ninth grade level and includes work-based learning through a Supervised Agriculture Experience.

Work-based learning or executive internship is a career-related experience which strives to pair the academy student with a professional in the agriculture/environmental world. The student has the opportunity to observe, participate, and discuss the daily activities of the specific career they are experiencing. This unique situation allows the student to use the vital information to help make future career decisions.

In a work-based learning experience situation, students are provided the opportunity to:

1. Develop an appreciation for the occupation.
2. Identify the advantages and disadvantages of the career.
3. Relate to the academic and career skills involved.
4. Identify the education and training needed.
5. Determine compatibility between the occupation and personal aptitudes and interests.

By allowing an Academy of Environmental Science and Services student(s) to observe and participate in your business, their learning experience will be more realistic and relevant. In addition, you will experience a feeling of gratification in knowing that you have helped a young person to pursue a career interest and become a productive member of our society.

If you would like additional information regarding the Academy of Environmental Science and Service, please do not hesitate to contact me at the information listed below.

Sincerely,

Mary Gerlach
Academy Director
386-740-9800 x23710
mgerlach@volusia.k12.fl.us



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Executive Internship Scheduling Form

Student Name: _____ Alpha Code: _____

Business Name: _____

Business Address: _____

Business Contact Person: _____ Title: _____

Business Phone Number: _____

Dress Code for shadowing: Jeans, collared shirt, clean sneakers/ tennis shoes,
and Taylor Middle-High School ID with badge holder.

Students will only be allowed to participate if they have a "C" or better in each of their current classes. Eligibility is checked at the close of each nine weeks grading period. Student with "I's" must have a signed "I"-contract on file signed by teacher and parent. Students must maintain a 2.5 GPA per grading period to be an eligible participant. Students placed on academic probation will not be eligible until they are released from probation.

Students are able to job shadow in increments of 2, 4, 6, and 8 hours. They are allowed 2 "excused" absences each nine weeks to participate in this opportunity. They can coordinate their schedule with the hours provided for by your business. They are required to be on time, dressed appropriately, and ready to work.

Students must arrange their **"own"** transportation to and from the business or facility. If they are unable to attend, they must contact their Business Contact.

Students receive a "grade" for participation in the shadowing experience, in addition to receiving a separate grade for completing the student reflection form upon return to class. The program requirements are 30 hours of job shadowing by the end of the school year.

Business Contact Signature: _____ **Date:** _____

STUDENT REQUIREMENTS

In order to participate in the work-based learning experience the student must complete the following:

- Complete and return the Student/Parent Agreement Form
- Complete and return the Signed Job-Shadowing Permission Form
- Complete and return the "Scheduling" Form
- Confirm job-shadowing dates/times with business/facility
- Meet grade eligibility each nine weeks
- Confirm all transportation needs to and from the facility
- Complete and return the Student Reflection Form to Ms. Gerlach
- Return the Business Reflection Form to Ms. Gerlach in a sealed envelope

BUSINESS REQUIREMENTS

Being grateful for the opportunity to allow our students into your business/facility, we ask your business to:

- Make sure all employees involved are notified and expecting the student's arrival
- Be prepared to provide a "basic" tour of the business/facility to the student
- Make arrangements for the student to view all aspects of the business/facility
- Prepare to educate the student on the career(s) at hand and answer any questions pertaining to the career(s)
- Complete the Business Reflection Form each visit and return to student upon departure in a sealed envelope

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Executive Internship

Student-Parent Agreement

I, _____, would like to participate in a work-based learning experience at the business/facility listed on the scheduling form. By selecting this option, I agree to the following:

Academics:

- _____ I understand that this experience is a class grade.
- _____ I understand that there are reflection forms that must be completed for a class grade as well.
- _____ I understand that I must be grade eligible, and not on academy probation to participate.

Dress Code:

- _____ I understand that jeans/dress slacks, collared shirt, tennis shoes/sneakers and a student ID must be worn at all times.
- _____ Should my business require it, I will dress in the appropriate attire suggested by the shadowing partner.

Attendance:

- _____ I will attend every shadowing experience as defined in the work-based packet (Minimum of 30 total hours).
- _____ I will arrive on time to each shadowing experience.
- _____ I understand that my attendance will be monitored by my instructor and consequences can occur if I chose not to attend.
- _____ I will not depart my shadowing experience until a minimum of 2 hours is completed each visit.

Attitude:

- _____ I will maintain a positive, respectful, and mature demeanor at all times.
- _____ I will maintain confidentiality as outlined by the healthcare organization.
- _____ I will represent THS in a professional manner.
- _____ I will treat all employees at the business/facility as a professional should be treated and respected.

Approval:

- _____ I understand that I may not attend the named facility unless all paperwork is Submitted, approved by my instructor.

Transportation (Parent/Guardian):

- _____ I understand that my child must provide his/her own transportation to and from this work-based experience.

I agree to all the terms of this work-based learning experience agreement. I have read and discussed this experience with my child and endorse the work-based learning experience. I shall strive to ensure that my child abides by the rules set forth herein.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Executive Internship Business Evaluation Form

Student's Name: _____

Business Contact Name: _____

Date of Experience: _____ Time In: _____ Time Out: _____

Is student dressed appropriately: Yes _____ No _____
Did student arrive on time, ready to work? Yes _____ No _____

Please complete each of the following questions regarding the student:

Did the student:	Yes/No
Express and interest and a desire to learn?	_____
Arrive on time to the facility/department?	_____
Dress appropriately for the experience?	_____
Ask questions regarding the career?	_____
Act professional in all dealings?	_____

What positive feedback do you have for this student to make their next experience even more enriched?

What is one suggestion that you have for improvement for this student, regarding their shadowing experience?

Overall, how would you rate today's experience with the student?

Excellent _____ Good _____ Average _____ Poor _____

Return to student in a sealed envelope upon conclusion of each visit

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Executive Internship Student Reflection Form

Student's Name: _____

Business Partner: _____

Date of Shadowing: _____

Did you feel welcomed at the business site? _____

Was the business partner prepared for your arrival? _____

What did you observe in the workplace that particularly interested you today? Please explain in detail.

Did you gain a better overall understanding of the business/facility you visited today?

Are you still interested in pursuing this career based on your experience today?

Are you looking forward to returning to this site next week/time for another shadowing experience? Why or why not?

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Executive Internship Parent Permission Form

This form will grant my (son/daughter), _____, permission to participate in the job shadowing part of the Academy of Environmental Science and Services curriculum. The dates for job shadowing will be determined by business availability and will be decided upon by instructor and student.

My child will be reporting to the following business: _____ and will report to the following business contact person upon arrival: _____ at the business/facility.

Student Cell Phone Number: _____

Student Email: _____

Student Signature: _____

Date: _____

PARENT PORTION:

I realize that my child must abide by the student code of conduct on all shadowing experiences and will represent TDHS in a positive manner. I also understand that the teacher/business in charge will exercise every precaution for the safety of students involved in this event, and I agree to assume full responsibility for any unforeseen accident which might occur during the travel or while participating in this shadowing experience. In addition, I understand that my child will be expected to provide their own transportation to and from this experience. I further assure that my son/daughter has been instructed to comply with the regulations of the school, teachers, sponsors, chaperones, and business partner who may be in charge of this activity.

Parent Phone Number: _____

Parent Email: _____

Parent Signature: _____

Date: _____