2015-2016
Business Partnerships

INTERNSHIP HANDBOOK
FOR EMPLOYERS
Internship Defined

Internships provide hands-on training in a specific career area, enhance classroom learning, and help create a connection between school and careers. Internships have a predetermined finish date. During the school year, internships typically last 1 semester (18 weeks) and can be scheduled in the fall or spring semester. Internships are work based experiences that provide paid or unpaid work site training to students.

Each party to the internship “contract” must be clear about what an internship is and what it is not. The employing company needs to know what work situation they are offering, and the student needs to know what work situation he or she is seeking before beginning an internship.

Essential elements of an internship:

- A planned program of job training and work experience for students (which includes training related to pre-employment and employment skills) to be mastered at progressively higher levels and coordinated with learning in the school environment
- A sequence of activities that build upon one another, increasing in complexity and promoting mastery of basic skills
- Exposure to all aspects of an industry to promote the development of broad, transferable skills
- Real or simulated tasks and assignments that push students to develop higher-order critical thinking and problem-solving skills

Benefits of an Internship

**Benefits to a company**

- Long-term potential for loyal, reliable employees
- Investment in the industry by contributing to the education of new talent
- Employees with increased communication and coaching skills
- Valuable recruitment tool
- Preview potential new employees

**Benefits to a student**

- Develop transferable academic, technical and workplace skills
- Learn new skills utilizing current technology found in the workplace
- Experience in-depth job in a chosen career field
- Understand the culture of the workplace
- Increase self-esteem by assuming responsibilities and problem solving skills
Requirements on an Internship

**Requirements of the Company**

- Sign the affiliation agreement with Auburn Career Center
- Help develop a training plan with the business partnership coordinator and or teacher that reinforces or helps to teach the student program competencies
- Assign a mentor with demonstrated coaching skills. The company will need to assign an individual to be in charge of the intern. Regular feedback is essential for the student to improve
- Provide the student with a company orientation so the student knows the company policies and procedures
- Sign weekly logs created by the student to track student progress and work
- The employer’s obligation is to provide a safe work environment that follows all established rules and regulations

**Requirements of the Student**

- Fill out and turn in weekly logs to the Business Partnership coordinator
- Arrive on time and ready for internship experience
- Adhere to work site’s Safety Codes, Rules and Regulations
- Exhibit courteous, respectful behavior
- Uphold confidentiality at business partnership placement site
- Listen to directions from company mentor
- Be diligent and timely in his or her work
- Student will notify company and business partnership coordinator in the event of school snow days or other absences.
- Adhere to all Auburn school regulations while at internship site
- Attend and present at the Business Partnership Recognition Event

**Requirements of the Business Partnership Coordinator**

- Make sure Auburn Career Center and company each have a copy of the signed affiliation agreement
- Assist in finding a qualified student for the company’s needs
- Help develop a training plan with the business company and or teacher that reinforces or helps to teach the student program competencies
- Monitor weekly logs created by the student to track student progress and work and report progress to instructor
- Visit the training site once a quarter to monitor student and company satisfaction
## Strategies for working with student interns

When working with student interns, it is important to remember that students may be shy or quiet until they become accustomed to new people and settings. Do not mistake reticence for lack of interest. Some strategies for dealing with specific student characteristics are outlined below.

<table>
<thead>
<tr>
<th>Internship Characteristics &amp; Strategies</th>
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<tbody>
<tr>
<td>Interested in a sense of independence</td>
<td>Make interns accountable for their work</td>
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<tr>
<td>Up-front about what they think</td>
<td>Involve interns in project development; ask interns about their interests</td>
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<tr>
<td>Appreciate fairness and truth</td>
<td>Be frank, honest, and nonjudgmental</td>
</tr>
<tr>
<td>Want to do well but do not know how</td>
<td>Be friendly and clear; discuss project, activity, and or company expectations</td>
</tr>
<tr>
<td>Prefer involvement in multiple activities</td>
<td>Involve interns in a variety of tasks</td>
</tr>
<tr>
<td>Underdeveloped time management skills</td>
<td>Assign due dates; review timeliness; model and explain time management skills as you work with interns</td>
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<tr>
<td>Lack of self-direction</td>
<td>Check in with interns to ensure they are clear on what is expected of them</td>
</tr>
<tr>
<td>Know everything; influenced by peers</td>
<td>Elicit and respect interns’ ideas; provide alternative suggestions and share reasoning</td>
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<tr>
<td>Learn in short intervals</td>
<td>Give new information in small steps; provide opportunities for interns to practice and reinforce what they are learning</td>
</tr>
<tr>
<td>Many already have jobs</td>
<td>Explore skills interns already have and look for ways to enhance and build on them</td>
</tr>
</tbody>
</table>
Keys to SUCCESS!
Research suggests that work-based learning experiences significantly impact future career decisions made by students. As a participant in the internship program, you are the key to providing career insight to today’s youth and training for tomorrow’s workers!

- Have High Expectations!! Interns are more likely to do their best quality work if you have high expectations for what they can accomplish
- Provide positive feedback when interns handle a situation or task well
- Share your opinions without being judgmental
- Pull interns aside to discuss problems; do not discuss problems in front of other workers
- Help interns feel like part of the workplace, not a visitor
- Encourage interns to ask questions!

Resources:

Ohio Revised Code
** See 4109.6

Labor Laws for Internships

Questions? Contact
Michelle Rodewald, Business Partnership Coordinator
8140 Auburn Road
Concord, OH 44077
440-357-7542
mrodewald@auburncc.org
SAMPLE

Business Partnership Training Plan

*A training plan is required for all Internship and Mentorship students.

Student Name: **Sam Williams**  
School Year: 2013-2014

Program: **IPD**  
Instructor: **Mr. J. Smith**

Training Site: **Auburn Career Center**  
Training Supervisor: **Dave Belag**

**Competencies to be Addressed/Reinforced through the Business Partnership Experience**

**Employability Skills:**

- Follow Auburn and company safety policies and procedures
- Ability to take constructive criticism
- Apply decision making and problem solving techniques in the workplace
- Show respect to fellow employees and cooperate with others in the workplace
- Demonstrate good work ethic
- Analyze opportunities for personal and career growth

**Specific Program Skills:**

- Ability to disassemble and reassemble computers
- Can identify computer components
- Networking skills and formatting

**Skills to be introduced to student during Internship**

- Working with customers off site
- Removal of viruses in hard drives
- Customer service principles
- Sales knowhow

Student ___________________________________________  
Date _______________________

Instructor ___________________________________________  
Date _______________________

Supervisor ___________________________________________  
Date _______________________

2016-2017
Participation in a Business Partnership requires students:

- Participate in Auburn’s mock interviews
- Attend and complete CTE testing or National Certification testing
- Attend and present at the Business Partnership Recognition Expo
- Complete weekly logs and turn in every Thursday to the Business Partnership Office

Auburn Career Center does not discriminate on the basis of: race, color, religion, sex, national origin, age, disability, genetic information, sexual orientation, gender identity, status as a parent, marital status or political affiliation.
### Business Partnership Application 2015-2016

**Last Name_______________________ First Name ___________________ Program________________**

**Cell Phone_________________ Auburn email____________________ Associate School________________**

Eligibility is determined by the teacher, the business partnership coordinator, and the associate principal.

*Student understands that the Business Partnership Program may be revoked for any of the following reasons: discipline, grades, attendance, or at request of the worksite.*

**______________________________**  

**Student Signature**

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<table>
<thead>
<tr>
<th>To be filled out by Program Teacher</th>
<th>Initialed by Program Teacher</th>
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</thead>
<tbody>
<tr>
<td><strong>□ I recommend</strong> this student for the Business Partnership Program.</td>
<td></td>
</tr>
<tr>
<td><strong>□ I do not recommend</strong> this student for the Business Partnership Program.</td>
<td></td>
</tr>
<tr>
<td><strong>Comments:</strong> ____________________________________________________________</td>
<td></td>
</tr>
<tr>
<td><strong>Potential sites from advisory:</strong> __________________________________________</td>
<td></td>
</tr>
<tr>
<td><strong>Teacher Signature</strong></td>
<td></td>
</tr>
</tbody>
</table>

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**Important Teacher Checklist**

**□** Program teacher needs to provide an updated competency list specific to this student in order for this student to participate.

**Teacher: ATTACH COMPETENCY LIST**

Teacher will recommend the number of days the student should be at the internship site based on the student’s eligibility. **1-3__________**

Teacher will let Business Partnership Coordinator know when this student’s internship needs to be re-evaluated.

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<table>
<thead>
<tr>
<th>To be filled out by Business Partnership Coordinator and Principal</th>
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</thead>
<tbody>
<tr>
<td><strong>Application received___________ Interview date_______________</strong></td>
</tr>
<tr>
<td><strong>Passing all courses?_____ Auburn CUM GPA?_____ Attendance %?_____</strong></td>
</tr>
<tr>
<td><strong>Resume/Cover Letter complete?_____ Accurate Competency List_____</strong></td>
</tr>
<tr>
<td><strong>Comments:</strong> ____________________________________________________________</td>
</tr>
<tr>
<td><strong>Signature Business Partnership Coordinator:________________________ Date:________________</strong></td>
</tr>
</tbody>
</table>

**□ I approve** this student for the Business Partnership Program.

**□ I do not approve** this student for the Business Partnership Program.

**Comments:** ____________________________________________________________

**Signature of Auburn Principal:** __________________________________________ Date________________

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I recommend this student for the Business Partnership Program.

I do not recommend this student for the Business Partnership Program.

Comments: ____________________________________________________________

Signature Business Partnership Coordinator: __________________________ Date:______________
2015-2016 Business Partnership Consent Form

I _________________________ give my permission for __________________________ to participate  
(Parent/Guardian)  (Student name)
in Auburn’s Business Partnership program with ______________________________
(Name of Company)
from ________________ (beginning date) to ______________________________ (ending date).

Provide daily schedule for experience: ________________________________

Company Address: ____________________________  City ______________  Zip __________
Site supervisor: ____________________________  Phone: ____________________________  Email: ____________________________

I understand Auburn Career Center’s Business Partnership program provides a supplemental learning experience for the student. I further understand that the activities associated with this experience are such that school staff cannot supervise students during certain segments of the business partnership experience. I also understand that this educational experience is to take place during regular school hours. It is the students’ responsibility to attend required academic classes. Schedules may vary depending on the program.

I hereby give consent to the above named student’s participation in the Business Partnership program and its associated activities supervised or unsupervised. Furthermore, absolve the business partnership site and/or Auburn Career Center, school officials and chaperones of liability in the event of injury or death.

I _________________________ give permission for my son/daughter to drive to the Business Partnership site without riders.  
(Parent/Guardian Name)

_______________________________  ______________________________  ____________________
(Parent/Guardian Signature)  (Date)  (Phone)

EMERGENCY MEDICAL AUTHORIZATION 
(Complete one section below)

GRANT TO CONSENT:
I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentist and/or transfer of the child to any hospital reasonably accessible. This authorization does not include major surgery unless the medical opinions of two other licensed physicians concurring in the necessity for such surgery.

Please list any facts concerning your child's medical history including allergies, medication being taken and any other physical impairment to which a physician should be alerted: __________________________________________________________

_______________________________  ______________________________  ____________________
(Parent/Guardian Signature)  (Phone)  (Date)

REFUSAL TO CONSENT:
I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I would like the following actions to be taken: __________________________________________________________

_______________________________  ______________________________  ____________________
(Parent/Guardian Signature)  (Phone)  (Date)
STUDENT INTERN CONFIDENTIALITY PLEDGE

WHEREAS, ____________________________ ("the Student") is seeking or has accepted an internship position with the Board; and

WHEREAS, the Student is benefitting from said internship; and

WHEREAS, the Student acknowledges and understands that, during the course of his/her internship, he/she may have access to and/or be involved in the processing of verbal, written, computer generated, computer accessed, filmed, and/or recorded information of the Board related to students, employees, or the Board’s other programs or functions that may be privileged, confidential, and/or exempt from disclosure under applicable law ("the Information"); and

WHEREAS, the Board will not allow the Student to begin or to remain in the internship position until the Student agrees to conditions protecting the privileged, confidential, and/or protected nature of the Information.

NOW, THEREFORE, THE STUDENT UNDERSTANDS AND AGREES:

Section 1. The Student shall have access to the Information strictly for the performance of the Student’s assigned duties and for no other purpose. The Student shall further take all steps reasonably necessary to assure that the security of the Information, and any electronic systems maintained by the Board, is not breached by any action of the Student;

Section 2. The Student is required to maintain the confidentiality of the Information at all times, both during and after his/her internship experience. The Student shall not copy any of the Information, and shall not share or discuss any of the Information with any person, except as is necessary for the performance of the Student’s duties.

Section 3. To the extent that copies of, or documents regarding, the Information are provided to the Student during the course of his/her internship, the Student shall promptly return
such copies or documents at the end of his/her internship, or at any other time as the Board may request.

Section 4. The Student acknowledges and understands that any violation of the provisions of this Pledge may result in disciplinary and/or legal action.

Section 5. The Student acknowledges and agrees that the Student has carefully read and fully understands the terms of this Pledge and fully understands the meaning and intent thereof, including, but not limited to, its final and binding effect.

IN WITNESS WHEREOF, the Student voluntarily and of his/her own free will executed this Pledge on the date set forth below.

__________________________________________
Student

Date: _____________________________________
Affiliation Agreement
between
Auburn Career Center
and
COMPANY NAME

Address____________________  City____________ State__________ Zip_________

Auburn’s Business Partnership Program

This agreement is entered into on this DATE by and between Auburn Career Center and [Type text]

WHEREAS, Auburn Career Center is currently conducting educational programs in Career and Technical Education and desires to obtain workforce training and workforce education for the students enrolled in it education programs in conjunction with COMPANY NAME.

WHEREAS, COMPANY NAME has the facilities and is willing to provide workforce experience at its facilities to students enrolled in the said educational programs of Auburn Career Center.

NOW THEREFORE, in consideration of the mutual agreement set forth herein, between COMPANY NAME and Auburn Career Center the following aspects of affiliation are described:

1. **General Information**

   a. The length of the student assignment for the Business Partnership Program experience will be by mutual decision.

   b. If a student is unable to meet the requirements of the described workforce experiences, a conference between the Career Teacher of the respective program and Business Partnership Program Liaison at Auburn Career Center and the supervisor or designee shall be held to determine the appropriate course of action.

   Auburn will, however, have final responsibility for determining the academic status of students. COMPANY NAME may refuse to permit a student to return if student’s actions pose a risk to anyone.
c. The students are to be responsible for transportation and transportation costs while affiliating at COMPANY NAME.

d. The students, while at COMPANY NAME are to wear appropriate attire mutually agreed upon between COMPANY NAME and Auburn.

e. It is agreed by both parties that there shall be no discrimination on the basis of race, religion, creed, sex, national origin and will provide reasonable accommodations for individuals with disabilities.

f. The students will conform to the Policies & Procedures of COMPANY NAME and follow all directives of staff. Students will be informed by Auburn of general regulations and minimum safety standards including fire safety procedures, hazardous material, and sanitation and safety management.

g. Any stipend or any other compensation paid to the students for their work as part of the Business Partnership Program will be integrated into the Business Partnership expectations for the intern by COMPANY NAME. Otherwise, all work and work products will be considered to be on a volunteer basis unless other arrangements have been made.

h. The students who are not being paid or compensated are not considered employees of COMPANY NAME therefore the students will not be covered by social security, unemployment compensation, worker’s compensation, and institutions, liability coverage or any other employment related benefit. Unless, the agreement between COMPANY NAME and the student arranged a wage.

i. Auburn may refer to the affiliation with COMPANY NAME in its catalog and in other public information materials regarding its programs. COMPANY NAME may refer to the affiliation with Auburn in its brochures and other public information materials having to do with education programs. Each party reserves the right to a final review and approval of its parties reference in any and all public information materials.

j. Confidentially will be observed by students and Auburn instructors, staff and/or supervisors.

k. COMPANY NAME will administer emergency medical treatment (if applicable) to the student and call 911, if necessary for injury or illness suffered during the Business Partnership experience. The cost of such treatment will be the responsibility of the individual student or their family.
2. **Responsibilities of Auburn Career Center**

   A.) Auburn will provide a Business Partnership Program Liaison or Career Teacher to coordinate with COMPANY NAME and communicate on a weekly basis.

   B.) Auburn shall require all students participating in the Business Partnership Program to have on record with Auburn any current health records needed for in accordance with workplace regulations.

   C.) Auburn may withdraw any student from COMPANY NAME if proper supervision or education is not provided.

3. **Responsibilities of COMPANY NAME**

   a. COMPANY NAME shall provide physical facilities and environment needed for the Business Partnership experience of the students assigned to its facility, within the limits and abilities of COMPANY NAME Privileges will include parking.

   b. COMPANY NAME shall provide an orientation for the intern at the beginning of the Business Partnership Program assignments.

   c. COMPANY NAME may request Auburn to withdraw its intern from the Business Partnership experience if the work performance or behavior is unsatisfactory or disruptive, or whose health status is a detriment to the student’s successful completion of the Business Partnership experience assignment.

4. **Terms of Agreement**

   a. The agreement is not assignable, but is binding on the corporate successor of the parties.

   b. This agreement is not a third-party beneficiary affiliation agreement and confers no rights upon any students or employees of the parties.

   c. The agreement may be terminated by either party on written notice of said intent, delivered by certified mail upon the other party at least thirty (30) days prior to said cancellation date.
d. It is understood and agreed that the parties to this agreement may revise or modify this agreement by written amendment when both parties agree to such amendments.

e. This agreement shall be binding when executed by both parties.

f. This agreement supersedes all prior written and oral agreements between the parties.

g. This agreement will be governed by the laws of the State of Ohio.

h. This agreement is for a term of the remainder of the 2013-2014 school year unless terminated by either party.

i. The delay or failure of performance by either party shall not constitute default under the terms of this agreement, nor shall it give rise to any claims against either party for damages. The sole remedy for breach of this agreement shall be immediate termination.

IN WITNESS WHEREOF, the parties execute this Agreement by person who warrants that they have the authority to execute this agreement.

______________________________
Employer Signature

______________________________
Employer Printed Name

______________________________
Auburn Signature

______________________________
Auburn Printed Name

______________________________
Date

______________________________
Date

______________________________
Date

______________________________
Date
Please rate the intern on each objective using scale 1-5.  
1=unsatisfactory; 2=needs improvement; 3=satisfactory; 4=above average; 5=outstanding

<table>
<thead>
<tr>
<th>Rating</th>
<th>Tasks</th>
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<tbody>
<tr>
<td></td>
<td>Gets to internship on time and has good attendance</td>
</tr>
<tr>
<td></td>
<td>Has a positive attitude towards work</td>
</tr>
<tr>
<td></td>
<td>Dress appropriately for the work setting</td>
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<tr>
<td></td>
<td>Meets deadlines</td>
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<tr>
<td></td>
<td>Follow directions</td>
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<tr>
<td></td>
<td>Manages time and task effectively</td>
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<tr>
<td></td>
<td>Perform everyday tasks to your standards</td>
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<tr>
<td></td>
<td>Seeks feedback for self-improvement</td>
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<tr>
<td></td>
<td>Takes initiative, where appropriate, as problem arise</td>
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<tr>
<td></td>
<td>Accepts constructive criticism non-defensively</td>
</tr>
<tr>
<td></td>
<td>Demonstrate the ability to solve problems</td>
</tr>
<tr>
<td>Yes</td>
<td>Would you recommend this student for future employment?</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Do you plan to hire this student?</td>
</tr>
<tr>
<td>No</td>
<td></td>
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</tbody>
</table>

Other Comments:

Supervisor Signature ___________________________ Date ___________________________

Fax back to Michelle Rodewald at Fax: 440-358-8012 or email to mrodewald@auburncc.org
Required Student Log
Turn in *weekly* to the Business Partnership office.

<table>
<thead>
<tr>
<th>Task</th>
<th>Competencies Addressed /Reinforced</th>
<th>Supervisor Signature</th>
<th>Time</th>
</tr>
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<tbody>
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<td></td>
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If weekly logs are not turned in, your business partnership opportunity will be revoked. Verifications of attendance will be made by Business Partnership Coordinator.