



Absence Reporting Procedures

In the event your intern is absent, please contact the student's Advisor within one hour of the student's start time if you have not heard from the student.

If you cannot reach your intern's Advisor, please feel free to contact Internship Coordinator or another Advisor.

- Mr.
- Ms.
- Mr.
- Ms.
- Ms.
- Ms.
- LTI Coordinator

Mentor

Date

Student

Date

Advisor

Date

The Delaware Met Charter High School

2015-2016 School Calendar

July 2015						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2015						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31				6	

September 2015						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
				2	18	

October 2015						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
			2	22		

November 2015						
Su	M	Tu	W	Th	F	S
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					
				2	14	

December 2015						
Su	M	Tu	W	Th	F	S
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
				2	12	

January 2016						
Su	M	Tu	W	Th	F	S
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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31				1	17	

February 2016						
Su	M	Tu	W	Th	F	S
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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					
				2	17	

March 2016						
Su	M	Tu	W	Th	F	S
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
				2	15	

April 2016						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
				1	18	

May 2016						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
				2	19	

June 2016						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		
					6	

- School Closed/ Holidays
- Professional Development Day (no school for students)
- Half Day for Students (PD for Staff)
- School Day – Student Exhibitions
- 1st/Last Day for Students
- Summer Infusion Program



Delaware Met Internship Contract

This agreement is the Delaware Met and _____, hereinafter referred to as "intern".

_____ is providing an internship site for the DE Met student.

_____ is named as the student's mentor.

The internship will take place each week on the following day: _____

Start time each day: _____ End time each day: _____

As an intern, I understand that my behavior reflects on the DE Met as a whole. Given that understanding, I agree to the following:

- 1) I will arrive on time each day I am expected to be at the internship site, and be ready to perform any assigned tasks. I will sign in and out each day and bring the sign in sheet to school with me on Thursday. I will not leave the site without permission from my mentor and/or advisor.
- 2) I will dress appropriately as described by my mentor in my internship set-up meeting.
- 3) I will call my mentor and advisor if illness or school cancellation prevents me from attending my internship on a specific day. I agree to contact my mentor and advisor before my scheduled starting time.
 - a. I understand that one unexcused absence will require a meeting between my mentor and my advisor or internship coordinator and could lead to the loss of the internship and any credits associated with the internship experience
 - b. I understand that the second unexcused absence will mean immediate loss of the internship, parent meeting and any associated credits.
- 4) I will fulfill any agreement I make with the internship site with regard to length of time of the internship and the work to be completed. I will complete the internship project I have committed to even though my interests may have changed.
- 5) I will behave according to the DE Met Code of Conduct
- 6) I will adhere to all policies set by the internship site as outlined in any company handbook and as set by my mentor.
- 7) I will address any problems or issues with my mentor and/or my advisor/and or internship coordinator and work to resolve these issues on a mature, responsible level.
- 8) I will present a positive image of a DE Met student.
- 9) I will journal daily for a minimum of 15 minutes while at my internship. I will bring my binder with my attendance sheet and journal to school on Thursday to be checked.
- 10) I will commit to an internship for a minimum of 3 months. If a situation arises that requires an earlier end, I will make all attempts to resolve the situation with my mentor, advisor and internship coordinator. In the event of an early end date, I will terminate responsibly by notifying my Mentor, Advisor and internship coordinator in writing.

Signature of Intern

Date

Signature of Advisor

Date

Logo with address and phone number

Dear Parent/Guardian,

This letter is to inform you of the information regarding your child's internship placement. All internships are taking place on Wednesdays of each week. The students will be reporting to their internship sites directly from home and return home upon completion of their internship day. On some occasions, internship mentors have special workshops or functions that may change the hours. You will be notified in writing if this is to happen.

Student Name: _____

Internship Placement: _____

Internship Address: _____

Internship Telephone Number: _____

Mentor's Name: _____

Internship Hours: _____

Please sign and detach the bottom of this letter and have your child return it to his/her advisor as soon as possible. Students will not be able to go out on their internships until this is signed and returned. _____ Internship Coordinator can be reached at _____. If you have any additional questions, you can call the school at any time.

Thank you.

The Delaware Met

I have read the above letter regarding my child's internship placement site. I understand if I have any questions or concerns I can contact my child's advisor and/or the internship coordinator at any time.

Parent/guardian Signature

Date



THE DELAWARE MET

INTERNSHIP SET-UP MEETING

What are the hours the intern will be working? _____

Will they always be at this location? If not, please list the days and times at the other location: _____

What should the student wear? _____

What is your policy on allowing the student to use their cell phone?

What should the student do for lunch and what are the lunch times?

Who should the student contact if they are going to be late or absent?

Who will contact the student if internship is cancelled? _____

What is the landline telephone number will the student call their advisor from?

Explain about the sign-in and sign-out policy: _____

Explain about journaling _____

***Give Mentor completed Student/Advisor Information Sheet**

Set date for project set up meeting



LTI Checklist For Final Clearance For Internships

Student: _____ Advisor: _____

Student/Advisor Checklist	"X" if attached
Internship Packet Cover with Student's Name filled in	
LTI BP Met Signed Permission Slip	
Copy of letter sent home to parent/guardian	
Completed Career Curriculum Training (CCT) with Certificate	
Signed proof of receipt of parent letter (bottom portion of letter)	
Completed Internship Set-up meeting document	
Completed Student/Advisor Information document	
Completed Mentor Contact Information document	
Signed Daily Checklist for LTI Readiness	
Signed Absence Reporting Procedures document	
Copy of School Calendar	
Cleared to go to internship by: _____	
	DATE: _____

We need to add official letterhead – with state seal or something like that.

LEARNING THROUGH INTERNSHIP (LTI)
PERMISSION SLIP

The bottom portion of this letter is the permission slip for the students of DE Met to attend all outings that are related to their internship, as well as attending the internship every week. The Learning Through Internship Interviews are the informational sessions the students will have with potential sites. The shadow days will occur after an interview is complete and both the student and mentor are interested in pursuing a possible internship. The student will spend approximately 2-3 hours at the site to get a feel for the mentor and the site, and allow the mentor to get a feel for the student as well. Once the internship has been established, the student will attend the internship on Wednesdays throughout the school year.

Please sign and return the bottom portion to the school as soon as possible. You will be notified via letter home as soon as an internship placement has been secured for your child.

If you have any questions, please do not hesitate to call _____, Internship Coordinator at

Thank you for your cooperation.

Delaware Met, Wilmington Delaware

Date _____ School: Delaware Met

Student's Name: _____

It is hereby requested that the abovementioned pupil be permitted to attend interviews, shadow days and internships through the Delaware Met. I understand that this permission slip covers my child for the 2015-2016 school year and in consideration of such permission, it is agreed by the undersigned as follows:

Neither the School nor any of its employees shall assume any responsibility for any intentional conduct of the student that results in a claim arising out of this internship program. All claims for intentional conduct are hereby waived. The undersigned will indemnify and save harmless the School and its agents and employees from all liability for claims arising out of intentional and/or contributorily negligent conduct of the student as against the School and its agents and employees.

Parent/Guardian Name

Parent/Guardian Signature

Date

Need to check if it should stay "school" or "DOE"



The Delaware Met

920 N. French Street, Wilmington, DE

MENTOR CONTACT INFORMATION

Mentor Name: _____

Business Name: _____

Address: _____

Office Telephone: _____

Cell Phone: _____

Email Address: _____

Best way to reach Mentor: _____

Additional people at site that may be contacted:

Name:

Phone Number:



Big Picture Academy at East Side High School

238 Van Buren Street, Newark, NJ 07105

STUDENT/ADVISOR INFORMATION

Student Name: _____

Students Nickname: _____

Student's Cell phone: _____

Student's Parent/Guardian name: _____

Student's Email Address: _____

Parent/Guardian home phone: _____

Parent/Guardian cell phone: _____

Student's Advisor: _____

Advisor's Cell Phone: _____

Advisor's Email Address: _____

Internship Coordinator: Debra Crosby

Office: 973-465-4963

Cell: 908-552-5332

Email: dcrosby@nps.k12.nj.us

