



TOWNSHIP HIGH SCHOOL DISTRICT 214 SUMMER INTERNSHIP APPLICATION

Township High School District 214 has developed life and career planning programs to meet the learning and developmental needs of all students. These programs exist to provide a broad range of activities aimed at increasing career awareness.

Career learning experiences take on many forms and are intended to help students with their life and career planning. From career nights, field trips and treks to shadowing, internships and academics, career experiences give students opportunities to explore and fit themselves into the world beyond the high school classroom.

The Summer Internship Program is available to students who are **extremely committed** to pursuing a specific career and have the knowledge, skill, dedication and spirit that will be required to engage in a very rigorous and challenging authentic learning experience.

All application materials must be completed and returned to your career advisor or counselor. If you have any questions, please contact either your Career Advisor, counselor or Mr. Hennig at (847) 718-5426.



Dear Student

Attached is an application for the District 214 Summer Internship Program. This program is designed to help you become more knowledgeable in a career area of your choice. An internship is a valuable **hands-on learning experience** that cannot be replicated in the classroom.

Once you are accepted into the internship program, a schedule will be established with your work site. **You must be able to work 20 hours per week.** We follow the exact same dates and requirements as summer school. Summer school fees must be paid before starting the internship. **Consider your schedule and your summer activities prior to applying for admission to this program.**

The internship will be a credited program that continues through both summer semesters. You will be required to write daily journals of time you spent on site and I will monitor your participation.

If you have any questions regarding this program, please contact me at (847) 718-5426 or email at paul.hennig@d214.org. Applications are due prior to May 1st and interviews will take place during the first week of May.

Sincerely

Paul Hennig



Checklist

Meet with career advisor to discuss career goals and sign up to attend a: (must participate in a **minimum of one event**)

- Career Night (held in the fall)
- Field trip
- Trek
- Job shadow

APPLICATION CHECKLIST:

----- Completed application by **MAY 1st**

----- Able to be in town and able to attend your internship **June 20th through July 28th (20 hours/week)**

----- Transportation (on your own)

----- Non-paid internship because one high school credit is earned

----- Summer School Fees (both semesters \$330)

----- Pass/Fail (if you choose) paperwork filled out

----- Computer Access (daily journals)

Completed form will then be reviewed and an interview time will be arranged during the first week of May.

District 214 Career Advisors

- Buffalo Grove - Mrs. Toussaint
- Elk Grove – Mrs. Brottman
- Hersey - Mrs. Behar
- Prospect - Mrs. Price
- Rolling Meadows - Mrs. Hibschi
- Wheeling - Mr. Jackowski



Summer Internship Career Areas

Please check the box of the career area in which you are interested in interning.

- Photography
- Veterinary Medicine
- Computer Technology
- Pharmacy
- Architecture
- Culinary Arts
- Education
- Web Design/Graphic Arts
- Physical Therapy
- Medicine
- Business
- Law
- Engineering
- Financial Institutions
- Journalism
- Corporate Day Care
- Automotive Repairs
- Other _____



Student Application

1. What interests you about the Summer Internship Program?
2. What goal(s) do you hope to meet by participating in the Summer Internship Program?
3. How will working within your chosen field help you meet your life and career planning goals?

4. What motivates you to do your best?

5. What strategies do you use to solve a problem? How do you decide how much time you devote to solving a problem before giving up?

6. What classes or activities have you been involved in related to the career in which you chose to intern? (Consider both in and out of school experiences).



TEACHER RATING

TOWNSHIP HIGH SCHOOL DISTRICT 214 SUMMER INTERNSHIP PROGRAM

The student named below has applied for participation in the Summer Internship Program. Please give us your feedback on this student and return the form to the student's counselor. **Any student information you provide will be confidential.**

In accordance with the District 214 Career and Life Plan proposal, students will acquire career experiences through part time employment, volunteering experiences, shadowing and/or mentorships. We are offering an opportunity for students to participate in academy activities that will focus on their specific career interest. These learning experiences will give students opportunities to explore and fit themselves into the world of opportunity beyond the high school classroom. It will afford students hands-on learning that cannot be replicated in the classroom.

This program is for students who will be entering their junior or senior year of high school and who (1) are extremely focused a career, and (2) have the knowledge, skill, dedication and spirit that will be required to engage in a very rigorous and challenging authentic learning experience.

All application materials must be completed and returned to your student's school counselor. They will then be forwarded to Mr. Paul Hennig at Prospect High School.

Nominated Student's Name:

Counselor:

Student's ID #:

Teacher Evaluator:

Relationship to student:

Please use the following form to rate the nominated student in the areas indicated.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
The student learns content (CIRCLE ONE):						
A. easily.	5	4	3	2	1	NA
B. intuitive.	5	4	3	2	1	NA
C. with little repetition.	5	4	3	2	1	NA
D. and retains learning.	5	4	3	2	1	NA
The student is interested in:						
A. the subject matter	5	4	3	2	1	NA
B. learning more about the subject matter, e.g., doing research reading, taking more classes.	5	4	3	2	1	NA
C. doing quality work and meeting high standards.	5	4	3	2	1	NA
D. age advanced knowledge and concepts.	5	4	3	2	1	NA
E. expressing opinions about the subject matter.	5	4	3	2	1	NA
The student:						
A. uses the subject matter to reason and solve problems.	5	4	3	2	1	NA
B. uses the subject matter in original ways.	5	4	3	2	1	NA
C. sees connections between different components of the same subjects.	5	4	3	2	1	NA

	5	4	3	2	1	NA
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
D. sees connections between the subject matter and other areas.	5	4	3	2	1	NA
E. produces many ideas related to the subject matter.	5	4	3	2	1	NA
F. works problems to completion.	5	4	3	2	1	NA
G. uses observation to understand the subject matter.	5	4	3	2	1	NA
H. analyzes their own abilities.	5	4	3	2	1	NA
I. designs quality productions.	5	4	3	2	1	NA
J. displays humor.	5	4	3	2	1	NA
K. understands another point of view	5	4	3	2	1	NA
L. shows initiative	5	4	3	2	1	NA

Make additional comments on this student's abilities or educational needs below:



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TOWNSHIP HIGH SCHOOL DISTRICT 214



To Parents:

Your child, _____ wishes to participate in an off-campus internship placement from Township High School District 214. Such participation will require training from and on the premises of a participating community mentor. As a participant, your child will receive no wages for training time and will not be protected by the Workmen’s Compensation laws of the State of Illinois for any injury or illness incurred as a result of his/her onsite training.

Because of this exposure, District 214 recommends that all participants in off-campus program placement be adequately covered by hospital/medical insurance. As a condition in any off-campus program placement, you must select one of the options indicated below.

I, _____ elect to purchase the hospital/medical insurance plan offered by Township High School District 214 to cover my child, _____ who is a participant in Township High School District 214’s off-campus internship program. Payment for or proof of this insurance coverage is enclosed.

(Signature of Parent or Guardian)

I, _____ am a participant in the hospital/medical insurance plan _____. The benefits provided by this plan meet the coverage needs of these programs and are equal to or greater than the District 214 plan and also cover my child _____.

(Signature of Parent or guardian)