



Career and Technology Education (CTE) Programs Summer Experience Verification

Office of Curriculum and Instructional Programs
Department of Secondary Curriculum and Districtwide Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 560-60
October 2018

STUDENT INSTRUCTIONS: Upon completion of the CTE summer experience, submit this completed form, copies of time sheets, student's resume, and required student reflection essay (outlined below) to the high school internship coordinator (IC) by the end of the second week of school in September. Please note that MCPS assumes no responsibility for any claim, action, damage, liability, or expense arising from a student's summer experience, including those that arise due to the summer experience sponsoring organization's negligence or its violation of any applicable legal requirement. Parents/guardians and students are expected to review the sponsoring organization and opportunities offered with due care to determine if the opportunity is appropriate and safe for the students. Copies will be distributed by the IC as noted below.

INTERNSHIP COORDINATOR INSTRUCTIONS: Collect and review all documents and assignments required. Sign off on form and distribute copies as appropriate. Review list and select appropriate internship course code, and work with counselor for course enrollment. File copy of form as appropriate.

COUNSELOR INSTRUCTIONS: Enroll student in internship course for the fall semester using appropriate course code after consultation with Internship Coordinator. File copy of form as appropriate.

STUDENT INFORMATION

Name _____
Last First MI ID Number
Parent/Guardian _____ Phone: Home _____ Work _____
School _____ Grade _____ First Period Teacher _____
Student e-mail address _____

STUDENT REFLECTION: Think about your CTE summer experience and respond to the following question by attaching a typed essay. (*minimum 250 words*)

How did your summer experience align with your career goals, CTE courses, and college and/or career aspirations?

CTE SUMMER EXPERIENCE SPONSORING ORGANIZATION INFORMATION—To be completed by the sponsor after the summer experience is complete.

Name of Summer Experience Sponsor _____
Name and Address of Summer Experience Sponsoring Organization _____
Federal Employer Identification # ____ - ____ - ____ Phone ____ - ____ - ____ E-mail _____
Activities (described) _____

Record of Summer Experience

Start Date ____/____/____ End Date ____/____/____,
Number of Hours per Day (maximum of 8 in a 24 hour period) ____ Total Number of Hours Completed ____
Sponsor Signature _____ Date ____/____/____

MCPS INTERNSHIP COORDINATOR USE ONLY

1. Check the box of each item you have received:
 Timesheets documenting a minimum of 75 hours (single period) Employee Evaluation Forms
 Student Resume Timesheets documenting a minimum of 150 hours (double period)
 Timesheets documenting a minimum of 225 hours (triple period)
 Timesheets documenting a minimum of 200 hours (complete for NAF graduate status)
2. Check the reason the student engaged in this summer program:
 National Academy Foundation (NAF) Summer Experience
 CTE Program Capstone/Program Name: _____

Internship Coordinator Signature _____ Date ____/____/____