

GREAT OAKS INSTITUTE OF TECHNOLOGY AND CAREER DEVELOPMENT
CINCINNATI, OHIO
SHORT-TERM INTERNSHIP/EXTERNSHIP AGREEMENT

Diamond Oaks CDC – 574-1300
Laurel Oaks CDC – 937-382-1411
1-800-752-5480
Live Oaks CDC – 575-1900
Satellite CDC Office – 612-3637
Scarlet Oaks CDC – 771-8810
Placement Center – 612-5719

<p style="text-align: center;">Approved – Initial</p> Grades _____ Counselor Attendance _____ Counselor Recommendation _____ Instructor Approval _____ Dean/Designee	Campus: <u>Satellite</u> Placement Type: INTERNSHIP/ EXTERNSHIP Short Term 2-10 Weeks Program: <u>Batavia Legal Office Mgmt</u> Sr.	Today's Date: _____ Placement to Begin Date: _____
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<p style="text-align: center;">STUDENT (TRAINEE) INFORMATION</p> Student ID #: _____ Birth date: _____ Name: _____ Age: _____ Street Address: _____ City: _____ State: <u>OH</u> Zip: _____ Home Phone: _____ Other Phone: _____ Parent/Guardian: _____ Parent/Guardian Phone: _____ How many weeks: _____ Working Hours: From _____ To: _____	<p style="text-align: center;">EMPLOYER INFORMATION</p> Company Name: _____ Supervisor's Name: _____ Supervisor's Job Title: _____ Company Address: _____ City: _____ State: <u>OH</u> Zip: _____ Phone: _____ Fringe Benefits: _____ Any Job Concerns: _____ Affiliated School: <u>Batavia High School</u>
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List organized and progressive work processes (Competency/Job Tasks) to be performed on the job. The instruction precedes the actual performance of the tasks by the student. Sign and attach any additional pages.

COMPETENCY/JOB TASKS	EVALUATION/DATE
• _____	• <u>30th of</u> _____
• _____	• <u>every month</u>
• _____	• _____
• _____	• _____
• _____	• _____
• _____	
• _____	
• _____	
• _____	
SAFETY TASKS	
• <u>Instructor has reviewed general safety procedures.</u>	
• <u>Instructor has requested employer to review safety procedure at job site.</u>	
• _____	
• _____	
• _____	
Work Schedule: <input type="checkbox"/> Full Days (M-W-F) <input type="checkbox"/> ½ Days (Mon-Fri)	

The employer carries the responsibility to comply with all applicable federal and state laws.

Student is covered by Company's Insurance Plan/Worker's Compensation. **Yes No** (circle)

Employment Permitted under this section will not interfere with the schooling of the minors or with their health and well being.

The work of the student-learner (trainee) in the occupations declared particularly hazardous shall be incidental in his training; such work shall be intermittent and for short periods of time, and under the direct and close supervision of a qualified and experienced person, who has given prior instruction to student-learner (trainee).

I have received and read a copy of my responsibilities and will abide by them.

Employer/Designee	Date	Instructor/School Coordinator	Date
Student	Date	Dean/Designee	Date
Parent/Guardian	Date	Supervisor/Apprenticeship Coordinator	Date

The Great Institute of Technology and Career Development offers educational opportunities without regard to age, sex, race, color, national origin, religion, or presence of disability.

Distribute copies to: Placement Office Employer Parent and Student Instructor