

South Bend Community School Corporation
Special Education Services



School _____ Student ID # _____ Date _____

Name _____ Phone _____

Address _____ City _____ Zip Code _____

The goal of students participating in the INTERN Program is to provide them the opportunity to acquire job skills in realistic work environments.

1. The INTERN employee/Teacher of Record will review, with the student, the types of training available and their job requirements.
2. The student will not displace or replace paid business partner employees.
3. Training in any one position will not exceed one semester.
4. Specific goals and skills will be included in the Individual Education Plan for the student.
5. The student will not be financially compensated for this training experience.
6. There is no promise of paid employment being offered at the conclusion of the training.
7. The business partner supervisor will participate with INTERN employees in student evaluations.
8. Supervision of the student will be scheduled and determined by the school in cooperation with the business partner supervisor.
9. A copy of this agreement will be provided to the business partner supervisor, INTERN employee, parent and student.

_____ I understand that my child's picture may be taken and used in preparation of his/her portfolio page, for use in presentations about South Bend Community School Corporation's INTERN Program, in training videos for our INTERN students, or in brochures or other publications prepared for the purpose of staff training and informing the public about the services of the South Bend Community School Corporation.

I give permission for _____ to participate in

community-based INTERN Training as described above. I understand that this is an ongoing part of my student's IEP.

Parent/Guardian Signature _____ Date _____

Permission granted covers the current school year. Thank you for your cooperation.

Revised 06/05/19