



**South Bend Community School Corporation**  
Special Education Services

**INTERN Application**  
*"Training that Works"*

**This application MUST be attached to the current IEP**

Date: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

SBCSC ID#: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Eligibility \_\_\_\_\_ SSN: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**Previous Experience: (Use back of the sheet if necessary)**

- |                                    |     |    |                           |
|------------------------------------|-----|----|---------------------------|
| 1. Job Shadowing                   | Yes | No | If Yes, where/when: _____ |
| 2. Job Training (other and INTERN) | Yes | No | If Yes, where/when: _____ |
| 3. INTERN Training                 | Yes | No | If Yes, where/when: _____ |
| 4. Paid Work                       | Yes | No | If Yes, where/when: _____ |

**INTERN Training Choices (Circle your top choices)      AM      PM (Circle session preferred)**

- |              |                 |                                   |
|--------------|-----------------|-----------------------------------|
| Child Care   | Retail          | Nutrition/Food Services (Specify) |
| Clerical     | Laundry         | Food Services                     |
| Warehouse    | Grounds         | Food Preparation                  |
| Housekeeping | Social Services | Dining Room                       |
| Maintenance  |                 | Dish Room                         |

Teacher of Record: \_\_\_\_\_ TOR Telephone: \_\_\_\_\_

Does this student need a lift bus?    Yes    No    Is a bus aide required in the current IEP?    Yes    No

Please complete ALL sections of this application. Previous experiences help INTERN staff in determining student readiness. The information requested is needed to make the best possible match of the student to the INTERN training site.

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SBCSC IEP Effective Dates: \_\_\_\_\_



**South Bend Community School Corporation**  
Special Education Services

# INTERN Program Student Training Agreement

School: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The goal of students participating in the INTERN program is to provide them with the opportunity to acquire job skills in realistic work environments;

1. The SBCSC employee/Teacher of Record will review the types of training available and job requirements with the student.
2. The student will not displace or replace paid employees.
3. Training in any one position will not exceed one semester.
4. Specific objectives and skills will be included in the Individual Educational 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 establishment supervisor will participate with SBCSC employees in student evaluations.
8. Supervision of the student will be scheduled and determined by the school in cooperation with the establishment supervisor.
9. A copy of this agreement will be provided to the establishment supervisor, SBCSC employee parent and the student.

-----

\_\_\_I understand that my child's picture may be taken and used in the preparation of his/her portfolio page, for use in presentations about the SBCSC's INTERN Program, 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 understand that certain training opportunities with the INTERN Program (positions at health care facilities & some child care training sites) require screening for tuberculosis. I authorize this screening be given at no cost to me.

I give my 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.**

SBCSC IEP Effective Dates: \_\_\_\_\_

# INTERN Training Positions

---

## Social Services

Duties Include:

- Interacting with public
- Setting up and cleaning up after activities
- Escorting people to events

## Clerical

Duties Include:

- Filing and photocopying
- Mail distribution
- Office machine use
- Interacting with public

## Warehouse

Duties Include:

- Filling orders (may require independent reading)
- Lifting
- Using pallet jack to move skids

## Housekeeping

Duties Include:

- Sweeping, dusting, vacuuming, mopping, trash removal

## Maintenance

Duties Include:

- Maintaining equipment and fixtures
- Painting and scraping
- Setting up and tearing down equipment

## Grounds

Duties Include:

- Raking, mowing, shoveling, trimming, planting, watering

## Retail

Duties Include:

- Stocking and supplying
- Running a cash register
- Customer service

## Child Care (Medical form and TB test required)

Duties Include:

- Preparing and serving snacks
- Assist with feeding and hygiene
- Encourage age appropriate activities and goals

## Laundry

Duties Include:

- Sorting, folding, stacking, counting, labeling, loading and unloading machines

## Nutrition/Food Services

### Food Services

Duties Include:

- Maintaining serving areas with hot and cold foods
- Stocking

### Food Preparation

Students receive training, instruction and mentoring on and near ovens, fryers, griddles and steamers.

Duties Include:

- Assembling and preparation of specific food items

### Dining Room

Duties Include:

- Maintaining the cleanliness of dining areas
- Restock supplies as needed

### Dish Room

Duties Include:

- Sorting, scraping and preparing dishes/silverware for machine
- Loading and unloading dish machine