**High School**

**PRE-­‐INTERNSHIP CHECKLIST**

|  |  |
| --- | --- |
| Student Name:  | ID #  |
| Term of Internship:  | Grade/Grad Year:  |

**BACKGROUND INFORMATION**

Do you participate in sports/activities? ☐ Yes ☐ No

**Remember, you must pass 4 classes per term to be eligible.**

|  |  |
| --- | --- |
| Activity  | Season  |
|   |   |
|   |   |
|   |   |
|   |   |

Are you on track to graduate? ? ☐ Yes ☐ No

**INTERNSHIP BASICS**

Is internship **ON** ☐ or **OFF** ☐ the CHS campus?

Where is internship located?

 Which class periods are you requesting your internship to be? (place X next to period) – if

internship is after school, do not check boxes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1st**  | **2nd**  | **3rd**  | **4th**  | **5th**  |

If it is off campus, do you have transportation? ☐ Yes ☐ No

What credit would you like for the internship? ☐ High School Credit ☐ CCC Credit

Career Center Date:

Academic Counselor Date:

Student Signature Date:

Approved/Entered By: Date: