**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: