



## THE SENIOR EXPERIENCE PROGRAM

### South County High School

**Description of Program:** Eligible seniors can choose to participate in a 1-week internship with local businesses and/or other local organizations in our community. This experience will benefit students by helping them explore possible areas of interest for college, and to provide tangible experience in a real workplace where they can put their academic interests into action. Students are responsible for finding and arranging their own location for their Senior Experience.

**Timing:** Applications will begin to be collected after winter break and will continue to be collected until 1 week prior to spring break. The experience itself will be conducted during the last week of regular classes prior to senior final exams.

**Eligibility:** A senior is eligible for the program if they meet the following criteria:

1. The student must not have any pending or remaining End of Course tests or SOL tests left to take as of the start of the internship.
2. The student must remain in good standing to graduate on-time from South County High School.
3. The student must complete and return all pertinent forms, including the Parent Authorization form, the Mentor Confirmation form, the Teacher Acknowledgement page, and any Teacher-Student Agreements made for remaining course requirements.
4. The student must fulfill all requirements of the program throughout the experience, or they will be withdrawn from participation and expected to resume attending their regular classes. In this case, students will be responsible for any missed work.

**Grades:** A student's 4th quarter grade will be determined by the grades achieved up to the point of the start of the internship unless otherwise stated in a Teacher-Student Agreement. Students are to return to SCHS for Final Exams.

**Student Share Fair:** Students will participate in a share fair in which they field questions from faculty, staff, and students about their experience.

**\*Teacher Acknowledgement Page and Agreements:** Seniors are required to discuss with teachers any outstanding major projects/requirements that may conflict with the Senior Experience schedule. Requirements could vary. Scheduling work hours around these commitments may require careful planning on the part of the student. Please meet with your teacher to determine specific requirements.



## SOUTH COUNTY SENIOR EXPERIENCE PROGRAM

### Parent/Guardian Authorization and Release

I hereby grant permission for my daughter/son to participate in the South County High School Senior Experience Program as described in the paperwork provided. I understand that this program is voluntary and that there is no requirement that my daughter/son participate in this program.

I understand that to participate in this program, my daughter/son will not attend regular classes at South County from **Wednesday, May 22 – Tuesday, May 28**, but will be expected to attend Final Exams according to South County’s senior exam schedule. If the student is currently enrolled in a course that has remaining major required components, such as concerts/rehearsals for Orchestra, the student is expected to fully participate in fulfilling those requirements, as agreed upon in a Teacher-Student Agreement.

I understand that my daughter/son will accumulate an average of 4 hours per day over the course of the program at the approved work/volunteer/internship/special project site(s). I hereby grant my permission for this to occur. I understand that South County High School is not responsible for finding a work location for the participant, but will need to approve it.

I further understand that my daughter/son is required to submit a timesheet accounting for all hours worked, to be signed and verified by her/his mentor, as well as prepare a presentation that reflects upon her/his experience. Failure to meet these obligations will result in the student being withdrawn from the Senior Experience Program. If removed, the student will be responsible for any regular classwork missed prior to the time of withdrawal from the program and could be removed from participation in other Senior activities.

I acknowledge that Fairfax County Public Schools (FCPS) will have no responsibility for the transportation of my daughter/son to and from a Senior Experience site, nor for any type of automobile or other insurance coverage. I confirm that my daughter/son is covered by medical insurance to my satisfaction. I hereby agree that FCPS shall have no liability resulting from, or arising out of, my daughter’s/son’s participation in the program, and hereby waive any such claim I may have.

I understand that I may withdraw my permission at any time by notifying the school’s Senior Experience coordinator in writing and that my daughter/son will thereafter be withdrawn from the Senior Experience program and return to South County daily until the end of the school year. The student will be responsible for any work missed prior to the time of withdrawal from the program.

By signing this form, the student verifies that s/he agrees to abide by all conditions required for the Senior Experience Program as detailed in this packet. **Even if the student is 18 years of age, his/her Parent/Guardian must still sign their approval.**

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Print Parent/Guardian Name	Parent/Guardian Signature	Date
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Student ID #	Print Student Name	Student Signature	Date
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**THE SENIOR EXPERIENCE PROGRAM**  
**Student Questionnaire**

Name:

Name of Organization/Workplace:

Mentor/Supervisor Name:

Mentor/Supervisor Phone Number:

Mentor/Supervisor Email:

1. Briefly describe what your internship sponsor's business or organization does.

2. Describe what you will be doing over the course of your work. What will be your responsibilities?

3. Why did you choose this workplace? What interests you about the organization and the work it does?

4. How will you get to your workplace each day? How long do you estimate it will take you to commute?



5. What is the dress code for your place of business/workplace?

6. Will the sponsor listed above be your direct supervisor? If not, please provide the name, and contact information for the person working closest with you during the program.

7. You will be preparing and making a presentation at the end of your internship. What central question or set of questions do you hope to answer about your organization and the work it does?



**THE SENIOR EXPERIENCE PROGRAM**  
**Employer/Mentor Commitment & Contact Information**

STUDENT INFORMATION

Name: \_\_\_\_\_ Student ID number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**I hereby agree to serve \_\_\_\_\_ hours of my Senior Experience under the supervision of the mentor referenced below.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List duties expected to be performed at placement:



EMPLOYER/SPONSOR/MENTOR INFORMATION

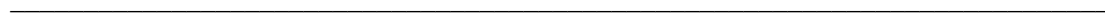
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Workplace: \_\_\_\_\_ Phone number: \_\_\_\_\_

Workplace address: \_\_\_\_\_

Nature of the organization: \_\_\_\_\_

Please indicate the specific daily hours you expect this student to work with you.



**I hereby agree to serve as a mentor for the South County HS student named above, for the number of hours indicated for her/his Senior Experience Program.**

Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Mentor should verify and initial hours worked by the student on the timesheet provided by the student each day. Students should work an average of 4 hours per day. Total hours may be flexible depending on the nature of the job. Mentors should contact the project coordinators at [SenExSCHS@fcps.edu](mailto:SenExSCHS@fcps.edu) if a student fails to perform as agreed.*



**THE SENIOR EXPERIENCE PROGRAM**  
**Teacher Acknowledgement**

Dear Teachers,

The student named below is applying to participate in this year's Senior Experience Program. Their participation is only approved pending confirmation that they remain in good standing to graduate on time. Students participating in the Senior Experience Program **will return for Final Exams**. Please complete a Teacher-Student Agreement on the next page only if your course has remaining *major* requirements that conflict with this student's absence (**Wednesday, May 22 to Tuesday, May 28**). Please sign this form to acknowledge that you are aware of this student's participation.

Student Name: \_\_\_\_\_

<b>Pd</b>	<b>Course Name</b>	<b>Teacher</b>	<b>Teacher Signature</b>	<b>Remaining Requirements Y or N</b>
1				
2				
3				
5				
6				
7				
8				

*This student is in good standing to graduate on-time*

Questions? Send to [SenExSCHS@fcps.edu](mailto:SenExSCHS@fcps.edu)



Counselor Signature: \_\_\_\_\_

Student Name \_\_\_\_\_

### Teacher - Student Agreement

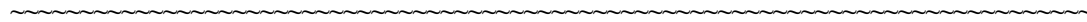
Please only complete a section of this form if your course has *essential, major* remaining components of a course to be met by the student while participating in the Senior Experience. The teacher and student should have a discussion and come to an agreement about expectations, specific details, due dates, and/or times where attendance is mandatory (*i.e. a concert rehearsal*).

Course \_\_\_\_\_ Period \_\_\_\_\_ Teacher \_\_\_\_\_

Agreement Made (detailed and specific):

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

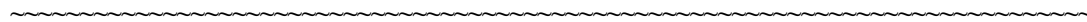


Course \_\_\_\_\_ Period \_\_\_\_\_ Teacher \_\_\_\_\_

Agreement Made (detailed and specific):

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_



Course \_\_\_\_\_ Period \_\_\_\_\_ Teacher \_\_\_\_\_

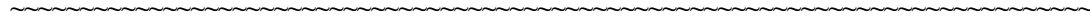
Agreement Made (detailed and specific):



Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

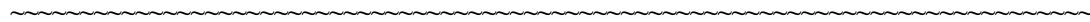


Course \_\_\_\_\_ Period \_\_\_\_\_ Teacher \_\_\_\_\_

Agreement Made (detailed and specific):

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_



Course \_\_\_\_\_ Period \_\_\_\_\_ Teacher \_\_\_\_\_

Agreement Made (detailed and specific):

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_



**THE SENIOR EXPERIENCE PROGRAM**  
**Daily Timesheet and Log**

Students are required to keep a daily record of the hours they work, and mentors should verify this document at least weekly. Students are encouraged to add reflections on this sheet for reference as they prepare their culminating presentations. Extra copies of this form are available from the SCHS website, or via e-mail to [SenExSCHS@fcps.edu](mailto:SenExSCHS@fcps.edu). **Please total the hours at the bottom of the second page, have the hours verified by your mentor, and return this signed timesheet to Mr. Southard in room B 140** (or send a copy via email).

- Students are required to report back to South County High School for Final Exams and follow the exam schedule for their courses.
- Students should keep a separate timesheet per workplace.
- Mentors should sign this form at least weekly.

<b>Student Name:</b>		<b>Student ID:</b>	
<b>Mentor Name and Organization:</b>			

<b>Date:</b>	<b>Hours Worked</b>	<b>Mentor Initials</b>	<b>Comments or Reflection (encouraged, not required)</b>




<b>Total Hours Worked:</b>	<b>Student Initials:</b>	<b>Mentor Verification Signature:</b>
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Questions? Send to [SenExSCHS@fcps.edu](mailto:SenExSCHS@fcps.edu)



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