

Ardsley High School Externship Program

Dear Senior,

The Senior Externship program is designed to provide you with an opportunity to direct your own education through a full time experience of career exploration, community service, or personal interest. It enables you to extend your learning beyond the school. It offers an opportunity for you to apply your high school knowledge and skills in what we hope will be a culminating experience of your four years at Ardsley High School.

In order to properly process your application, it will be necessary to submit the following materials to my office no later than Tuesday, March 31, 2020.

- A completed information sheet
- A description of the internship experience
- Parent and site supervisor signatures

Once the application has been submitted, it will be evaluated using the following criteria:

- Directions on the proposal material are read and followed correctly.
- The feasibility of the project
- Evidence of thought and planning
- Clarity of goals and objectives
- A detailed description of the experience

Once the application packet has been submitted, it will be reviewed and the approval decision will be made by mid-April.

Sincerely,

Danielle Trippodo
Principal

Frank Carlson
Assistant Principal

Ardsley High School Externship Program

Student Information Form

Student Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Email Address _____

Externship Site _____

Site Supervisor _____

Site Address _____

City _____ State _____ Zip Code _____

Site Phone Number _____

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Externship Description

On a separate sheet, please provide typewritten responses to the following questions. **Please answer completely and in detail. Applications with incomplete or vague responses will be returned.**

1. Describe the setting for your externship experience. Where is it? What do they do there?
2. What will be the primary activities that you will be involved with for the duration of the externship? Describe some of the tasks you will be given.
3. What do you hope to gain from your experience? Why have you chosen this topic and placement/project? Please provide at least one specific goal and how you plan on achieving that goal.
4. Will there be a connection between your externship and your future? Is this something you want to pursue in college or as a career? Explain.
5. Is there any additional information you would like to provide that will assist us in evaluating your application?
6. If you believe that your externship will not provide you with enough hours to reach 100 hours, you may supplement those hours with community service. If you would like to utilize this option please describe the community service you will perform.

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Externship Permission Form

I have read and understand the terms and conditions of the Externship Program. If selected, I will complete a minimum of 25 hours per week. I will complete a weekly progress report. I will have at least one meeting with my mentor. At the conclusion of the experience, I will develop a presentation for AHS faculty and students.

Student Signature _____

I have been contacted by the Ardsley High School student listed above and agree to provide supervision for the duration of the externship.

Site Supervisor Signature _____

I give permission for my child to participate in the Senior Externship Program. I have read and discussed the Externship Fact Sheet with my child. I am in support of the Externship proposal and agree to provide transportation to and from the Externship site.

Parent Signature _____

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Medical Emergency Release

I give permission for my Externship Supervisor _____
or their designee to take my son/daughter to a hospital emergency room for
treatment if necessary during his/her externship.

(Parent/Guardian Signature)

Medical Information

Daily Medication Yes _____ No _____

If yes, please explain _____

Allergies Yes _____ No _____

If yes, please explain _____

Phone number where parent can be reached in case of emergency:

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Transportation Information

Student Name _____

Internship Site _____

Site Address _____

I understand that the school will not provide transportation to and from the externship site.

I give permission for my son/daughter to use the following transportation plan:

Parent Signature

Date