

Skilled Trades Intern Applicant Checklist:

(All areas must be checked)

Name _____ Phone _____

School _____ Counselor _____

Email Address _____

- 12th grade status
- Completed application submitted
- Counselor Recommendation form
- Two (2) Educator Recommendation forms
- Able to provide their own transportation
- A good attendance record
- Identified one or more career areas of interest

Please return this form with your completed Application and Recommendation Forms to your counselor by: _____

(Date)

CONFIDENTIAL

Skilled Trades Program Counselor's Recommendation

COUNSELOR: Please rate this student on the extent to which each of the following characteristics apply and return this form with the application and Educator Recommendation form to the coordinator. Leave blank any characteristic which is unobserved. This information will be confidential, will only be used to screen the student for the Skilled Trades Internship Program and will not become a part of his/her permanent record. Do not fill this form out unless the student has signed his/her name.

STUDENT _____
Please Print

DATE _____

COUNSELOR _____
Please Print

DATE _____

	HIGH	AVERAGE			LOW	
1. Motivation - the desire to achieve	1	2	3	4	5	6
2. Dependability - meets commitments	1	2	3	4	5	6
3. Appearance - appropriate dress and grooming	1	2	3	4	5	6
4. Sensitivity - relating well to a variety of people	1	2	3	4	5	6
5. Independence - ability to work without constant supervision	1	2	3	4	5	6
6. Maturity - seriousness in approach	1	2	3	4	5	6
7. Creativity - ability to generate alternatives	1	2	3	4	5	6
8. Perseverance - pursue goals despite setbacks	1	2	3	4	5	6
9. Attitude - a positive outlook	1	2	3	4	5	6
10. Promptness - is punctual and attends class regularly	1	2	3	4	5	6
11. Comments:						

STUDENT SIGNATURE _____

DATE _____

COUNSELOR'S SIGNATURE _____

DATE _____

CONFIDENTIAL

Skilled Trades Program Educator's Recommendation

EDUCATOR: Please rate this student on the extent to which each of the following characteristics apply and return this form to the counseling office. Leave blank any characteristic which is unobserved. This information will be confidential, will only be used to screen the student for the Skilled Trades Internship Program and will not become a part of his/her permanent record. Do not fill this form out unless the student has signed his/her name.

STUDENT _____
Please Print

SCHOOL _____

EDUCATOR _____
Please Print

TEACHING AREA _____

	HIGH	AVERAGE			LOW	
1. Motivation - the desire to achieve	1	2	3	4	5	6
2. Dependability - meets commitments	1	2	3	4	5	6
3. Appearance - appropriate dress and grooming	1	2	3	4	5	6
4. Sensitivity - relating well to a variety of people	1	2	3	4	5	6
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10. Promptness - is punctual and attends class regularly	1	2	3	4	5	6
11. Comments:						

STUDENT SIGNATURE _____

DATE _____

EDUCATOR'S SIGNATURE _____

DATE _____

CONFIDENTIAL

Skilled Trades Program Educator's Recommendation

EDUCATOR: Please rate this student on the extent to which each of the following characteristics apply and return this form to the counseling office. Leave blank any characteristic which is unobserved. This information will be confidential, will only be used to screen the student for the Skilled Trades Internship Program and will not become a part of his/her permanent record. Do not fill this form out unless the student has signed his/her name.

STUDENT _____
Please Print

SCHOOL _____

EDUCATOR _____
Please Print

TEACHING AREA _____

	HIGH	AVERAGE			LOW	
1. Motivation - the desire to achieve	1	2	3	4	5	6
2. Dependability - meets commitments	1	2	3	4	5	6
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11. Comments:						

STUDENT SIGNATURE _____

DATE _____

EDUCATOR'S SIGNATURE _____

DATE _____

Livonia Public Schools

APPLICATION FOR SKILLED TRADES INTERNSHIP PROGRAM

Please print neatly and in Pen

Name _____ Date _____
First Last Middle

Address _____ Phone _____
City Zip

Email address _____

Date of Birth _____ Age _____ Male _____ Female _____ GPA _____

High School _____ Student ID _____ Graduation Date _____ Counselor _____
(Month/Year)

List the approximate number of absences for each year:

9th grade _____ 10th grade _____ 11th grade _____

Please explain any absences exceeding 15 per year: _____

Parents or Guardian

Father _____ Phone _____
Last First Middle

Address _____
City Zip

Mother _____ Phone _____
Last First Middle

Address _____
City Zip

List any special skills you have (computers, music, foreign language, etc.) _____

Employment Information (most recent first)

Place of Employment Position From To

Place of Employment Position From To

Place of Employment Position From To

Skilled Trade Career Areas of Interest _____
(Example: Manufacturing, etc.)

Explain your reasons for wanting to become a Skilled Trades Intern: _____

Please list the classes you would take along with having an internship: _____

Will you have any afternoon obligations (part time work, sports, etc.) during the internship?
If so, explain _____

Do you have any health problems which may affect your participation in the program? _____
If so, explain: _____

Please list three personal and/or professional adult references (non-family members):

	Name	Position	City	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

As a Skilled Trades Intern, you will be expected to provide your own transportation and dress according to the needs of the sponsor.

Do these stipulations pose a problem for you? _____ If so, explain _____

Do you have a car? _____ Do you have your license? _____

Participation in this program requires regular daily attendance at the Internship site, submitting journals every week, and developing a Final Project. If accepted for the program, are you prepared to meet these obligations? _____

Signature of Applicant _____ Date _____

PARENTAL PERMISSION

I give my permission to allow my son/daughter to participate in the Skilled Trades Internship Program during the _____ academic year.

Parent/Guardian Signature _____ Date _____