



Western Maricopa County Tech Prep

2010-11 CTE West-MEC/Tech Prep Industry Update Program Information Sheet

PROGRAM DESCRIPTION

The 2010-11 CTE Industry Update Program provides educators the opportunity to update their knowledge and skills and receive on-the-job training in CTE program-related industries. The program also enables educators to experience work-based learning in much the same way as their students experience such. Applicants are especially encouraged to pursue experiences in new technology and innovations consistent with their CTE programs:

Externship: A customized experience whereby applicants will receive current information about a business by working and taking an in-depth look at a firm or organization. Time will be spent pursuing either a scaled-down version of a worker's duties or actual tasks connected with a specific position. The activities are planned to accomplish applicants' predetermined goals and to provide information relevant to a business or industry. *Stipends are available at a rate of \$500 minimum for 40 hours or \$1,000 maximum for 80 hours.* Funding is provided by **West-MEC** and the **Western Maricopa Tech Prep Consortium**.

ELIGIBILITY

This program is available for high school CTE teachers and/or academic teachers working with CTE teachers instructing Career Preparation programs within the Western Maricopa County Tech Prep Consortium and West-MEC member districts. Counselors who are responsible for the career guidance of CTE students or administrators who work with CTE teachers and programs are also eligible to participate in any of the program offerings.

LENGTH/DATES/STIPENDS

This program will be offered February 15, 2010, through June 30, 2011. Participants should specify a particular period of time when they are available (i.e., a school break in the fall, winter, spring or summer, weekends, etc.). The stipend is paid after submission of all required paperwork and may take 6-12 weeks to process. **Applications are due to Tech Prep/West-MEC Industry Update address listed on the next page by April 15, 2010. Applications may be mailed or faxed.**

All completion paperwork is due to the agency sponsoring your externship (West-MEC or Tech Prep) within three weeks after completing the experience. You will be notified by the sponsoring organization after your application is received.

REQUIREMENTS

Program participants will be required to:

- (1) submit an application, training plan, and confidentiality agreement;
- (2) participate in an orientation (this may be on-line or in person);
- (3) participate in the program activities with an employer;

- (4) submit one unit consisting of a minimum of three lesson plans that incorporates the training plan objectives;
- (5) complete a reflection journal.
- (6) submit a written summary of the experience; and
- (7) complete an exit questionnaire.

The application, training plan, and lesson plan must address a specific CTE program/course and the students who will directly benefit from the applicant's experience.

COLLEGE CREDIT

College credit for all externships is available through NAU and Coconino Community College for the cost of tuition. West-MEC teachers may obtain credit from Rio Salado through a West-MEC negotiated partnership agreement. For information on credit from NAU and Coconino contact Susan Cooper at (602) 316-5655. For information on Rio Salado credit contact Michele Bush at Michele.Bush@west-mec.org.

SELECTION CRITERIA

The selection of applicants is based on the impact participation in the program will have on a specific CTE program/course and its students. Applications will be processed in the order in which they are received. Final approval will be based on the availability of funding.

POTENTIAL AREAS TO PURSUE

Applicants will be asked to indicate how the CTE Industry Update Program will enhance the implementation and delivery of their CTE program by selecting **one or more** of the following objectives:

- (1) incorporate academic content into CTE courses;
- (2) determine the current industry skills that students should have and update my curriculum to align with what is currently relevant to business/industry;
- (3) provide a link between industry representatives and CTE students;
- (4) establish a partnership with my host to utilize that person in an advisory capacity or as a resource;
- (5) coordinate career guidance and counseling efforts to align with placement and graduation requirements for CTE programs.

SITE SELECTION

It is the responsibility of the applicant to identify a business partner for their externship. The Coordinator can suggest some sites to help the applicant find a location. The **final** program offering selection(s) and the business site selection(s) must be approved by an externship coordinator from Western Maricopa County Tech Prep or West-MEC (i.e. whichever organization sponsors the externship).

LODGING/TRANSPORTATION

Any expenses incurred for lodging, meals, and transportation will be the responsibility of the program participant.

CTE LOCAL DIRECTOR APPROVAL

The CTE Local Director **or** district contact for CTE must approve each participant's completed application. ONE OF THESE SIGNATURES IS REQUIRED ON THE APPLICATION. If the application is submitted electronically, an e-mail confirmation/approval from the CTE Local Director or district contact is required.

Western Maricopa Tech Prep/West-MEC Industry Update Program
4949 West Indian School
Phoenix, AZ 85031

Questions may be directed to:
susan.cooper@nau.edu (Tech Prep)
john.mulcahy@west-mec.org (West-MEC)
Fax: 623.873-4188

2010-11 CTE West-MEC/Tech Prep Industry Update Program

Application Form

INSTRUCTIONS: Read the separate Information Sheet before you begin. Complete all sections of this application and obtain necessary signatures before submitting this application to the Program Coordinator. You will be notified upon receipt of your application. **Approval of your completed application and training plan is required before you begin the program.**

PERSONAL INFORMATION

Preferred address (check one) School _____ Home _____

Last name _____ First name _____

E-mail _____ School district _____

School name _____ School phone _____

School address _____ City _____ Zip _____

Home address _____ City _____ Zip _____

E mail address _____ Home phone _____

Social Security Number _____
(Needed for payment of stipend)

Your Job Title _____ Total years working in CTE _____

Please describe any of your past experiences with an externship; job shadowing experience, and/or business/industry tour (include timeframe and business information). _____

Projected dates for externship program: _____

I am interested in receiving college credit for this experience YES NO

- Preferred institution Coconino Community College
 Northern Arizona University
 Rio Salado College

Eligibility/Program Information

Please select one.

I am a teacher in the _____ CTE program and teach these course(s):

 I collaborate with a CTE teacher.

CTE teacher's name _____

CTE program name _____

I provide career guidance for CTE students. Job title _____

I am an administrator working with CTE teachers and programs. Job title _____

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Externship Background Information

1. Please indicate your preference for the length of the externship:

40 hours _____ 80 hours _____

2. Do you have a suggested site for your externship?

Yes _____ No _____

Agency/Business name _____

Contact person's name _____

Business address (city/zip) _____

Phone number (area code) _____

Have you already contacted the agency/business? Yes _____ No _____

If yes, whom did you contact? _____

School District Information

School Principal

Name _____

Phone number _____

CTE Local Director

Name _____

Phone number _____

Required Signatures

Applicant's signature _____ Date _____

CTE Local Director's signature _____ Date _____

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<u>Business Partner Employer Goals</u> (Goals can include specific job functions or goals)	<u>Goal Date</u>	<u>Date Achieved</u>	<u>Mentor's Initials</u>
Company philosophy and/or mission statement			
Company policy and procedures including attendance			
Company safety standards			
Company hierarchy			
Company hiring and promotion process			

I have received and read a copy of my responsibilities and will abide by them:

Business Partner Employer: _____ Date: ____

Extern: _____ Date: ____

Coordinator: _____ Date: ____

Original: Coordinator; Copies to: Extern, Business Partner Employer

Indicate how you will measure the skills/objectives you select

Describe how your participation in this program will enhance the implementation or delivery of your CTE program and outline specific skills and knowledge you want to acquire. Please relate all experiences to your CTE program/students.

**Tech Prep/West-MEC Industry Update Program
CONFIDENTIALITY AGREEMENT**

I understand that I may have access to confidential patient/client information and confidential information about the business and financial interests of my employer (referred to as “Business Partner” in this Agreement). I understand that Confidential Information is protected in every form, such as written records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all existing and future Business Partner policies and procedures to protect the confidentiality of Confidential Information. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information, unless it is permitted by the Business Partner policy.

I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else’s authentication code or device, password, key card, or identification badge. I agree not to allow any other person to have access to the Business Partner’s information systems under my authentication code or device, password, key card, or identification badge. I agree to notify the appropriate administrator immediately if I become aware that another person has access to my authentication code or device, password, key card, or identification badge, or otherwise has unauthorized access to the Business Partner’s information system or records.

I agree that my obligations under this Agreement continue after my employment or my time as a volunteer/employee/intern ends.

I agree that, in the event I breach any provision of this Agreement, the Business Partner has the right to reprimand me or to suspend or terminate my employment or volunteer status with or without notice at the discretion of the Business Partner, and that I may be subject to penalties or liabilities under state or federal laws. I agree that, if the Business Partner prevails in any action to enforce this Agreement, the Business Partner will be entitled to collect its expenses, including reasonable attorney’s fees and court costs.

Business Partner Company Name

Printed Extern Name

Extern Signature

Date

CONSULTANT AND PROFESSIONAL CONTRACT SERVICES

This is to certify that _____ agrees to
(Consultant/extern's Name)

Perform consultant services in the _____
(Program Name)

Program held at _____ on the basis of _____ hours
(Site/Location)

For _____ days. The dates of service are _____

Scope of work **Externship** _____

The total fee is _____.

Consultant's (extern) Name

Consultant's (extern) Signature

Street Address

Date

City, State, Zip

Social Security / Tax I.D. #

Approved _____ (Externship Coordinator)

Account Code

Budget Approval

I certify that I am in independent contractor as defined in ARS 23-902(C) and that I do not require worker's compensation coverage. I hold West-MEC District #402 and Western Maricopa County Tech Prep Consortium harmless and waive any rights or claims against the district/consortium. This agreement does not create an employee/employer relationship between the parties. I agree to be an independent contractor and not an employee of the District/consortium for all purposes, including, but not limited to the application of the Fair Labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, and State of Arizona Department of Revenue Tax Code.

Consultant's (extern) Signature

Date

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EMPLOYER EXIT QUESTIONNAIRE (Conducted and completed by teacher/extern with employer)

Business _____ Teacher _____

Business Contact(s) _____

1. List the main activities from the Training Plan/Agreement and comment on the level of accomplishment. Please mention limitations if appropriate.

Activity _____

Comment _____

Activity _____

Comment _____

Activity _____

Comment _____

Activity _____

Comment _____

(Use additional sheet if necessary)

2. What is your opinion of the experience length?

_____ Appropriate _____ Longer _____ Shorter

3. What did you and/or your business gain by hosting this educator? _____

4. Do you have suggestions to add to the Business/Industry Host Information sheet?

5. What suggestions do you have to improve the program? _____

6. Are you willing to be the business/industry host for other educators? YES _____ NO _____

Comments _____

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EDUCATOR EXIT QUESTIONNAIRE (Completed by the teacher/extern after experience)

Name _____ Program Area _____

Business _____

Business Contact(s) _____ Phone _____

1. Did the Updating Program meet your overall expectations? Yes _____ No _____
If "no," how could the experience be changed to help meet your goals? _____

2. Was the Program specific enough to help you change/improve your educational program?
Yes _____ No _____

3. Was the Program long enough for you to complete the agreed upon activities?
Yes _____ No _____

4. How would you rate the working conditions during the externship?
Excellent _____ Satisfactory _____ Not Satisfactory _____

5. List the main updating activities from the Training Plan/Agreement and comment on the level of accomplishment. Please mention limitations if appropriate.

Activity _____

Comment _____

Activity _____

Comment _____

Activity _____

Comment _____

(Use additional sheet if necessary)

6. Did you have an opportunity to:

Yes _____ No _____ Learn about the company's administrative structure-organization?

Yes _____ No _____ Participate in appropriate staff meetings?

Yes _____ No _____ Learn about and participate in company training programs and, when appropriate, have access to company training materials which apply to their instructional area?

Yes _____ No _____ Learn about current industry standards?

Yes _____ No _____ Learn about requirements for new employees (including occupational skills, academic requirements, and information on how new employees are found and hired)?

Yes _____ No _____ Create a network for ongoing program assistance?

7. Was your externship publicized in any way by the business? YES _____ NO _____

If Yes, how? _____

8. Was there any exposure to "continuous improvement process/total quality management" concept?

Yes _____ No _____

If Yes, how? _____

9. How frequently did you meet with your contact(s)? _____

10. Did you invite and/or arrange for your host to visit your classroom this fall? YES _____ NO _____

Comment _____

11. What was the most outstanding part of your Update/Externship? _____

12. What did you gain that you did not expect? _____

13. What will occur in your program/classes as a result of this experience? _____

14. What suggestions do you have for the program? _____

Additional Comments _____

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MEDIA RELEASE

West-MEC and the Western Maricopa County Tech Prep Consortium have my permission to use my photographs and any other materials related to the Educator Industry Update Program in any of their publications.

Name

School

Date



Western Maricopa County Tech Prep