

STUDENT ID# _____

ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN SCHOOL SPONSORED ACTIVITY.

Student Name: _____

School sponsored trip to: Academy Work Experience

Your child has the opportunity to participate in a school-sponsored trip. Please complete this form to provide the teacher accompanying the student on this trip with information relating to your child.

Teacher: Donald Lam Date: _____

List any physical limitations (temporary or permanently): _____

List any current medications (prescribed or over the counter) taken: _____

List any allergies including reactions to medications, food, insects, and environment: _____

Name of child's physician: _____ Phone: _____

Insurance company: _____ Phone: _____

Policy Number: _____

ACKNOWLEDGEMENT OF RESPONSIBILITY

My signature below indicates that I give my child permission to participate in this activity, to have any medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Fort Bend Independent School District has immunity from liability. Transportation will be provided by the District or a commercial carrier.

Parent Signature: _____ Date: _____

Address: _____

Home Telephone: _____ Cell: _____ Work: _____

Emergency contact person: _____ Phone: _____

Dulles High School
Math and Science Academy Graduation Project
(Only for those students completing the work experience option)

Student Work Experience Evaluation Form
(To be completed by the student's supervisor)

Student Name: _____

Company/Organization Name: _____

Supervisor Name: _____

Please complete the following sections and please discuss your evaluation with the student.

1. Summarize the areas where the student showed strength and any outstanding skills the student exhibited:

2. Summarize areas where the student can improve:

3. Would you consider this student for employment?
Why or Why Not?

4. Use the table below to rank the student on the qualities listed based on your interactions with the student

	Not Applicable	Unsatisfactory	Neutral	Satisfactory
	NA	1 2 3	4	5 6 7
Relationship with clients				
Relationship with supervisor				
Relationship with other staff				
Dependability				
Meets deadlines				
Appropriate attire				
Attitude				
Acceptance of criticism				
Hard-working				
Works well as part of a team				
Follows instructions				
Ability to think critically				
Ability to work independently				
Ability to solve problems				
Oral communication skills				
Written communication skills				
Behaves ethically				
Self-awareness				
Knowledge of field				
Intake skills				
Interviewing skills				
Assessment skills				
Case Management skills				
Use of community resources				

5. Was this internship beneficial to your organization?
Why or Why not?

6. Would you accept another intern from the Math and Science Academy?

7. Do you have any suggestions for improving our internship program?

Supervisor's Signature: _____

Date: _____