

# Waiākea High School



## **HSA\*** Senior Project/Culminating Activity Program

### **\*Health Services Academy**

#### Senior Project/Culminating Activity Forms for STUDENTS

#### For Student Internships and Projects

Class of 2016

#### Contents:

Legal Forms – These four forms must be returned to your Academy/Capstone Advisor BEFORE you begin your internship or project:

1. Work-Site Placement & Consent for Participation
2. Parent Authorization for Student Travel
3. Agreement of Confidentiality
4. Two Step TB Test information

During your internship, on the first class day of each week, you will need to submit a:

- Weekly Reflection (for the prior week)
- Weekly Timesheet (for the prior week)
- Final Reflection (after the completion of the internship/project)

Mentor Form – Give this to your employer/mentor as directed by your teacher:

- Workplace Skills Evaluation

#### **CONTACT NAMES AND NUMBERS OF SITE COORDINATORS:**

\*Mr. Jon Higa – (808) 974-4888, Ext. 367 for Regular School Year Internships

\*Mrs. Jessica Bergner (808) 974-4888, Ext. 370 for Regular School Year Internships

\*Mrs. Nanette Bishop – (808) 974-4888, Ext.288 for Summer Internships

Email: [jon\\_higa@notes.k12.hi.us](mailto:jon_higa@notes.k12.hi.us)

[jessica\\_bergner@notes.k12.hi.us](mailto:jessica_bergner@notes.k12.hi.us)

[nanette\\_bishop@notes.k12.hi.us](mailto:nanette_bishop@notes.k12.hi.us)



# Waiākea High School Senior Project

155 W. Kawili Street, Hilo, HI 96720

Phone (808)974-4888 Fax (808)974-4880

## WORK-SITE PLACEMENT INFORMATION

Student \_\_\_\_\_ Cell # \_\_\_\_\_

Employer and/or Mentor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Internship Period Begins (date) \_\_\_\_\_ Ends \_\_\_\_\_

Internship Duties Include: \_\_\_\_\_

## Consent for Participation

Senior Project is a year-long independent career-based project that provides real-world experiences with the responsibility for meeting timelines, making decisions, doing research, preparing and making presentations.. Senior Project consists of four components; Research Paper, 40 hour internship/project, Portfolio, and Oral presentation before judges. Completion of Senior Project is required for students wanting to earn STEM Honors recognition or receive recognition as Health, PSA, BEST, and STAR Academy Completers.

**Student:** *I have read and understand all the requirements for the Senior Project Internship at Waiākea High School. Therefore, I do hereby consent to meet all deadlines in order to earn Senior Project credit, to adhere the terms stated therein for my participation in this internship program.*

\_\_\_\_\_  
Student's Name (Please print)                      Date                      Student's Signature                      Date

**Parents:** *I am aware of my child's project and topic and understand that my child must successfully complete all four components and meet all deadlines in order to earn Senior Project credit. I absolve Waiākea High School, its employees, and any mentor or organization of any responsibility or fault in any injury which may result from participation in Senior Project.*

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Parent/Guardian Name (please print)                      Date

**Mentor:** *I agree to provide and guide the student through the internship/project process, verify and confirm hours, and evaluate the performance of the student intern during and at the completion of the internship/project.*

\_\_\_\_\_  
Mentor's Signature                      Date                      Mentor's Name (please print)                      Date

**Approved by:** \_\_\_\_\_  
Signature of Academy Advisor or Capstone Teacher                      Date

**STATE OF HAWAII - DEPARTMENT OF EDUCATION**  
**Waiākea High School Senior Project/Culminating Activity**  
**PARENT AUTHORIZATION FOR STUDENT TRAVEL**

**Dear Parents:**

Permission is requested for your child to participate in the following school-sponsored activity:

School: Waiākea High School Activity: Senior Project/Culminating Activity Internship

Teacher/Advisor: Jon Higa or Jessica Bergner

Place: Individual Internship / Senior Project sites Dates: October 1, 2015 – May 26, 2016

Time: Off-Campus period 6 or 7 and/or After school Organization: Waiākea High School Senior Project/Culminating Activity (DOE)

**PARENTAL PERMISSION**

(To be completed by Parent or Guardian)

**Name of Student:** \_\_\_\_\_ **Home phone#:** \_\_\_\_\_

Check as appropriate:

\_\_\_\_ My son/daughter **HAS** permission to participate in the above *Senior Project/Culminating Activity Internship*

\_\_\_\_ My son/daughter **DOES NOT** have permission to participate in the above *Senior Project/Culminating Activity Internship*  
(NOTE: If permission is not granted, student will not be allowed to be enrolled in the Internship program)

Emergency phone #: \_\_\_\_\_ , \_\_\_\_\_  
Relationship to student

Emergency phone #: \_\_\_\_\_ , \_\_\_\_\_  
Relationship to student

**MEDICAL INSURANCE COVERAGE:**

\_\_\_\_ My child has medical coverage with \_\_\_\_\_  
(Name of plan, i.e., HMSA, Kaiser, Military, Quest, etc.)

\_\_\_\_ My child is NOT covered by any medical insurance plan.

(NOTE: If a child is not covered by medical insurance, contact the School Site Coordinator, Nanette Bishop, 974-4888 ext.288)

**PRIVATE VEHICLE USAGE: (Initial ALL appropriate statements)**

If private vehicles are used, permission is granted as follows:

\_\_\_\_ My son/daughter may drive to the *Senior Project/Culminating Activity internship/* worksite alone

\_\_\_\_ My son/daughter may transport other students to the *Senior Project/Culminating Activity internship/* worksite

\_\_\_\_ My son/daughter may ride in a vehicle driven by another student to the *Senior Project/Culminating Activity internship/* worksite

\_\_\_\_ My son/daughter may ride in a vehicle driven by an adult to the *Senior Project/Culminating Activity internship/* worksite

We (I) grant permission for said student to participate in the planned activities of the travel, and to travel by private or commercial car, bus, train, airplane and other means of transportation as required. I release the STATE from liability resulting from the use of other than school vehicles pursuant to HRS 286-181.

In the case of illness or injury to said student, we (I) hereby consent to and authorize such medical or dental treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

\_\_\_\_\_  
**Print or type Parent's/Guardian's Name**

\_\_\_\_\_  
**Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**

Please specify any special medical or other such instructions you would want considered. \_\_\_\_\_

## Two Step TB Test

### **Where to take the Two Step TB Test:**

1. \*Department of Health
  - a. 75 Aupuni Street, Hilo
  - b. Tuesdays, between 1-2pm
  - c. On the lanai of the State Building, facing the County Building
  - d. Parent will need to accompany minor (under 18yrs) and show their ID
  
2. \*Your Primary Care Physician

### **Procedure:**

1. Take the first TB Test (shot in the forearm, testing for tuberculosis)
2. Wait 1 week to have it read.
3. When it is read, take the second TB Test
4. The following week have it read.
5. Receive clearance card or given note to see primary care physician.
6. Turn in the clearance card/note to your teacher.

NOTE: This process should not take more than 3 weeks, otherwise the process will need to be repeated over from the beginning.



# Waiākea High School Senior Project/Culminating Activity

155 W. Kawili Street, Hilo, HI 96720  
Phone (808)974-4888 Fax (808)974-4880

## Work Site / Project Weekly Reflection

Minimum Word Count for Reflection: 100 words (Typed with word count in parentheses at the end of the entry)

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

Date: \_\_\_\_\_

Period: \_\_\_\_\_

Name of work site / project name: \_\_\_\_\_ Ex. Hilo Medical Center \_\_\_\_\_

Week # Ex. Week 1 Week of: \_\_\_\_\_ Sunday, November 2, -Saturday, November 8 \_\_\_\_\_

Title: Work Site / Project Weekly Reflection \_\_\_\_\_

### Instructions:

1. Use the above format:
  - a. Typed in Arial 12 font (or similar font)
2. Reflection (Minimum 100 words per reflection.) **\*12 journal entries are required.\***
  - a. Word count in parentheses at the end of the entry
  - b. ½ page
  - c. Use the following questions as guidelines to write your reflection:
    1. Describe the activities of the week.
    2. What were your responsibilities or what kind of work did you do on your project?
    3. How were you able to follow through on these responsibilities/procedures?
    4. How much of a challenge was this for you?
    5. How were the days the same?
    6. How were the days different?
    7. Did you discover any of your strengths or weaknesses? Explain.
    8. Describe situations you experienced that were valuable for you.

SCORE	4	3	2	1
TRAITS	All of the above reflections are done neatly, accurately, and in great detail.	All except one of the instructions are completed neatly and in detail.	Half of the instructions are completed in some detail.	Less than half of the instructions are completed in minimal detail.

### **TAKE LOTS OF PICTURES!**

\*Don't forget each senior is *required to include a minimum of 8 pictures* on the presentation board.

\***Captions** for the pictures must be included on your board.

\*Pictures must include: Student with Mentor; Student engaged in internship activities; Various other pictures of the workplace, co-workers, customers, etc.

**\*\*\*After you've completed your internship of 40 hours, you must continue to write a 5 sentence weekly reflection describing how you're now working on your Senior Project or Culminating Activity / Presentation Board. (Directions on next page)\*\*\***



## Waiākea High School Senior Project/Culminating Activity

155 W. Kawili Street, Hilo, HI 96720

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### Senior Project/Culminating Activity Weekly Reflection

**(for students who have already completed an internship)**

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

Date: \_\_\_\_\_

Period: \_\_\_\_\_

Name of work site / project name: \_\_\_\_\_ Ex. Hilo Medical Center

Week # \_\_\_\_\_ Ex. Week 1 Week of: \_\_\_\_\_ Sunday, November 2, -Saturday, November 8

Title: Work Site / Project Weekly Reflection

#### Instructions:

1. Use the above format:
  - a. Typed in Arial 12 font (or similar font)
2. Reflection: **Your assignment is to document/describe what you have been doing toward the successful completion of your Senior Project/Culminating Activity.**
  - a. 5 complete sentences or more
  - b. Be sure to use "different" sentences each week

#### Rubric:

- |      |   |
|------|---|
| 8pts | Formatting and reflection/research report are completed neatly and accurately in great detail |
| 6pts | Format in detail, and/or with 3-4 grammatical errors  |
| 4pts | Format complete in some detail, and/or with 5-9 grammatical errors                            |
| 2pts | Format complete in minimal detail, and/or with 10 or more grammatical errors                  |

Upon completion of your Senior Project/Culminating Activity, you will need to continue your weekly reports. However, your focus will shift to research on the following topics:

- Job interview skills
- Professionalism in the workplace
- Safety in the workplace
- Effective communication skills
- Effective organizational skills
- Effective use of technology in the workplace
- Careers in the Health Services
- Universities you would like to attend
- Obtaining financial aid for College



## **Waiākea High School Senior Project/Culminating Activity**

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### **FINAL REFLECTION**

#### **Retrospective:**

Your FINAL REFLECTION should provide a retrospective (review) of your experience. Discuss your internship in detail, particularly: the site or location of your internship/project; the general surroundings; your duties and responsibilities; and the company for whom you worked. Discuss any challenges that you encountered.

If you created a project, describe: your project; the locations where you created the project; materials used; conditions; budget or expenses; or anything else that is of importance to your project. Discuss any challenges that you encountered.

#### **Expectations:**

Discuss the expectations that you had when you began this project. How have those expectations been met, or how have they changed as a result of the actual experience.

#### **What I Learned:**

One requirement of your Senior Project/Culminating Activity was that it would represent a “learning stretch,” something about which you did not have a complete understanding and which you would learn as a result of the completing the project or internship. Having completed the project, what have you learned? Be specific and describe this in detail.



## Waiākea High School Senior Project/Culminating Activity

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### Weekly Timesheet

*Please print in ink.*

Student Name: \_\_\_\_\_ Pd. \_\_\_\_\_ Teacher: **HIGA/BERGNER**

Week # \_\_\_\_\_ Week of: \_\_\_\_\_

Date	Time In	Time Out	Total Hours	Supervisor's Signature
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total Hours for the Week:				

**\*Hours must be signed by supervisor each day!\***

**\*Students who have already completed an internship must submit a weekly timesheet signed by parent/guardian with at least THREE hours of work towards Senior Project / Culminating Activity Presentation Board.**

- Rubric:
- 4 All required areas are completed in great detail.
  - 3 All except one of the required areas are completed in detail.
  - 2 Half of the required areas are completed in some detail.
  - 1 Few of the required areas are completed in minimal detail.

Comments by Supervisor or Teacher:





# Waiakea High School Senior Project/Culminating Activity

155 W. Kawili Street, Hilo, HI 96720  
 Phone 808.974.4888 Fax 808.974.4880

## Workplace Skills Evaluation

Student: \_\_\_\_\_ Student Phone #: \_\_\_\_\_

Workplace: \_\_\_\_\_ Employer/Mentor Name: \_\_\_\_\_

Employer/Mentor Signature \_\_\_\_\_ Evaluation Period (2): 20 hours / 40 hours

**Evaluation Scale – Please use the following scale when evaluating each workplace skill.**

- Excellent – Demonstrated competency in this area 90-100% of the time.
- Average - Demonstrated competency in this area 80-89% of the time
- Below - Demonstrated competency in this area below 70% of the time

Student:	Excellent	Average	Below	Comments
Practices polite, courteous behavior				
Attends internship consistently				
Accepts direction and correction with a sense of humor				
Shows willingness to learn				
Shows true interest in the internship/work				
Demonstrates active engaged listening				
Practices responsibility and reliability				
Demonstrates ethical decision making and behavior				
Demonstrates independent and team problem solving skills				
Asks for advice and questions when necessary				
Demonstrates good time management				
Practices self reliance and does not expect the mentor to provide all direction				
Pays attention to detail				
Corrects obvious 'mistakes' without being told				
Respects mentor's expertise and leadership				

**Other Comments:**

# Waiakea High School

## Health Services Internship Program

### **Guidelines for a Successful Internship**

The following are guidelines to maximize your internship experience.

**1. Check Your Grooming**

Collared shirts that are tucked in with dress slacks are recommended. Do not wear shorts or jeans. Neatness is a must! You want to convey the message that you are a professional and your appearance are the first impression that you make on people. You must wear covered shoes. No slippers, or sandals. Be sure they are comfortable. If you have any questions, please see Mr. Higa.

**2. No Perfumes or After-Shaves**

Patients who are ill, often times, may react to strong smells.

**3. No Chunky Jewelry**

This is for safety and the noise it can create can be annoying to a patient.

**4. No Visible Body Piercing or Tattoos ; Do Not Chew Gum**

**5. Make Plans for Transportation Ahead of Time**

Know how long it takes to get to your internship site. A student should arrive at the internship site, at least 10 minutes, before the expected time to start. Always allow extra time for traffic conditions. Do not be late!

**6. A Last Minute Check**

Give your appearance a last minute check before entering into your internship site.

**7. Approach your Internship Mentor with Respect**

Always be polite and courteous.

**8. Ask Questions**

Do not be afraid to ask questions about the policies, procedures, etc.

**9. Use Proper Grammar and Good Diction.**

**10. All Permission Forms must be signed by Parents/Guardians and Teachers before the Internship begins.**

**\*Remember**

This program and your mentor will treat you like an adult. You must act accordingly and accept adult responsibilities. It is your responsibility to verify and keep the internship dates and times. In case of an emergency or illness, you **MUST** notify your mentor at the internship site and Mr. Higa at 974-4888 ext. 367, Mrs. Bergner 974-4888 ext.370 before your scheduled time!

# Waiakea High School

## Health Services Internship Program

### General Safety Rules

#### **Lifting Heavy Items:**

Ask for assistance when moving a heavy or bulky container to its new location.  
Keep back straight when squatting. Bend knees.  
Get firm grip on container.  
Use leg muscles, not lower back, or lower raise body.  
Keep load close to body.  
Avoid twisting or turning body while lifting.  
Check if path is clear and you can see where you are going.

#### **Follow Instructions:**

Observe safety rules  
Operate equipment and appliances only when authorized to do so.  
Use equipment safety guards.  
Follow approved procedures.

#### **Keeping Work Areas Clean:**

Keep floor area clean and dry at all times.  
Keep counter area clean and dry.  
Clean and replace all equipment and appliances properly.  
Keep aisles clean.  
Clean and replace supply containers.

#### **Dress Properly:**

Do not wear loose clothing.  
Do not wear jewelry.  
Secure long hair. Wear appropriate head cover for food preparation.  
Wear covered shoes.  
Wear aprons for food preparation.

#### **Ensure Fire Safety:**

Know evacuation route.  
Report fire immediately.  
Know location of fire extinguishers.  
Know how to use fire extinguishers.  
Keep emergency phone numbers close to telephone.

#### **Report Unsafe Conditions when there are:**

Missing safety guards.  
Equipment not working properly.  
Frayed cords, loose plugs, and defective switches.  
Dull cutting tools.  
Unsafe act(s) by students.  
Wet and slippery floors.  
Gas odors or pilot lights out on gas equipment

#### **Personal Protective Equipment (Using PPE):**

Eye/Face protection  
Burn protection  
Ear protection  
Back support

#### **Electrical:**

Do not use defective equipment  
Be aware of exposed electrical wires.  
Use separate electrical outlets to prevent overloading.



## Waiakea High School Senior Project

155 West Kawili Street

Hilo, HI 96720

Phone (808)974-4888 Fax (808)974-4880

**THANK YOU LETTER!** Be sure to send thank you notes to people who were involved in your internship. Remember good manners are never old fashion. People like to be appreciated and you may need to use them as reference. They may refer you to a potential employer. A Thank You Letter should be sent on a timely basis, and it doesn't have to be long. It should let the receiver know what you are thanking him/her for. The following is a sample thank you note which you can use as guide:

**(Erase the above directions before printing!)**

January 30, 2016

Parent or Mentor Name (Mr. or Mrs. \_\_\_\_\_)  
(Company Name for Mentor)  
4321 Their Avenue (or your home address)  
Hilo, Hawaii 96720

Dear Mr. or Mrs. \_\_\_\_\_:

I would like to thank you for all the help that you have provided me during my internship with \_\_\_\_\_ (company name). Your help has been valuable towards my career preparation and the information will help me in the future.

Thank you for \_\_\_\_ (Explain what you learned as an intern, what was the most interesting aspect, etc)

Sincerely,

*Signature* (← Erase before printing!)

YOUR Name

Waiakea High School

Health Services Internship Program



## Waiakea High School Senior Project

155 West Kawili Street

Hilo, HI 96720

Phone (808)974-4888 Fax (808)974-4880

**Invitation Letter Format:** Your parents and your community mentor have been an important part of your success in school and the Senior Project. They should be invited to your Senior Project Academy Awards Night.

Prepare a letter of invitation, one to your parents and one to your mentor, using the suggested format.

**(Erase the above directions before printing!)**

March 15, 2016

Parent or Mentor Name  
(Company Name for Mentor)  
4321 Their Avenue (or your home address)  
Hilo, Hawaii 96720

Dear \_\_\_\_\_:

(First Paragraph) Explain the purpose of your letter, i.e. that you are inviting them to your Academy Awards Senior Project Presentation Night. Provide the place, date, day, and time of your Academy's night. (Check the website or with your academy advisor.)

(Second Paragraph) You should explain in a sentence or two why you would like them to attend. Remind them again of the place, date, day, and time. Tell them that you hope to see them there, etc.

Sincerely,

*Signature* (← Erase before printing!)

YOUR Name

Waiakea High School

Health Services Internship Program