



STEP Business Commitment Form February 19, 2010

The Summer Teacher Externship Program (STEP) is designed to give teachers in-depth experiences in the business environment to determine skills and practices which are needed by students. The business's responsibility is to provide access to various components of the enterprise to help the teacher learn the business and observe common practices. The teacher's responsibility is to identify the connections between the business placement and his/her students. An added bonus is the development of a relationship which will carry back to the teacher's school.

The extern will be assigned to your business for one of the following two week periods. Indicate your preferences for dates.

- _____
- June 14-18 and/or June 21-25
 -
 - June 21-25 and June 28-July 2
 -
 - June 28-July 2 and July 12-16
- _____
- July 12-16 and July 19-23
 -
 - July 19-23 and July 26-30
- _____

Past experience has shown a two-week experience to be very effective; however, to allow businesses who feel they can only make a one-week (\$500) commitment we are offering that option. If that is your desire, please indicate your preferences for dates:

- | | |
|-----------------------|------------------|
| _____ June 14-18 | _____ July 12-16 |
| _____ June 21-25 | _____ July 19-23 |
| _____ June 28- July 2 | _____ July 26-30 |
| _____ | |

Business Contact Information:

Name of
Business

Address

Phone

Fax

Website

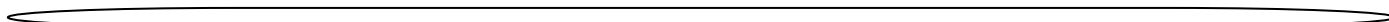
Please give a general description of the opportunities your business offers.

Teachers may come from a variety of content disciplines and grade levels. It has been our experience that all businesses are appropriate regardless of the grade level or content area of the teacher; however, feel free to identify any special characteristics you would look for in an extern.

Name of person
directing the
STEP Experience

Phone

E-mail



_____ We pledge that we will provide the \$1,000 necessary to support a participant for a two-week experience.

_____ We pledge that we will provide the \$500 necessary to support a participant for a one-week experience.

_____ We will need a ___ full or ___ partial scholarship (amount we could pay _____) to participate.

After we receive this completed form, we will invoice you for the above amount.
Please indicate who should receive this invoice.

Name

Address

Phone

Fax

Please fax this form to 740-349-6107 as soon as possible. Questions regarding the step program or this form should be directed to Nelson McCray, Supt LCESC 349-6084 or nmccray@laca.org