



COMPASS HONORS

HIGH SCHOOL

Apprenticeship Contract

Supervisor: _____

Student: _____

Place of Business: _____

Business Address: _____

Business Phone: _____

Program Guidelines

Duration of Apprenticeship: Month of _____ to Month of _____

Number of Apprenticeship hours to be completed: _____

Apprenticeship Program Goals

_____ Student participates in daily responsibilities and tasks of employer

_____ Student is held responsible for the same expectations as his/her employer

_____ Student produces/completes a specific project for the employer

Student's Personal Goals

_____ 1. _____

_____ 2. _____

_____ 3. _____

Apprenticeship Project Description: _____

**The employer should choose a project that will satisfy a need of the company or employer or that is highly relevant to the career of the employer.*

Supervisor: Please initial each program goal and each of the student's goals to acknowledge that you believe this goal can and will be met during the student's Apprenticeship hours with you. If a goal cannot be met, simply clarify next to the goal.

Agreement of Apprenticeship

Supervisor: _____ Date: _____

Student: _____ Date: _____

Coordinator: _____ Date: _____