



Jennifer Killingsworth
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Please have all forms signed by you and your parents and return the entire packet (***minus this first page...keep this for the Parent Letter on back and the remind message below***) to your coordinator by the date specified.

- _____ HMP Syllabus
- _____ HMP Consent Forms
- _____ Early Release/Insurance Verification Form
- _____ Confidentiality and Security Requirements
- _____ HMP Program Agreement (**Do NOT have your mentor sign this at this time, only parent signature**)

Important: Students, please complete the following information from your cell phone if you have not already done so. You can use the Remind app, or you can simply receive text messages. I use Remind a great deal for class announcements!

Parents, If you wish to be notified when students are notified via Remind, please complete the following from your phone. It's a great way to stay up to date with course announcements.

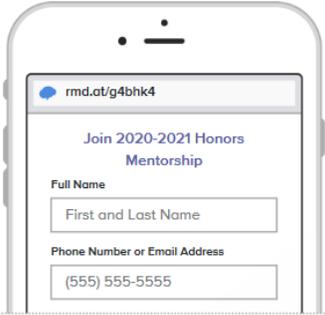
Pick a way to receive messages for 2020-2021 Honors Mentorship:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/g4bhk4

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



B If you don't have a smartphone, get text notifications.

Text the message @g4bhk4 to the number 81010.

If you're having trouble with 81010, try texting @g4bhk4 to (770) 400-9115.

* Standard text message rates apply.



HMP - Preparing students to make their mark on the world!

<http://hmp.hallco.org>

Twitter: @HallCountyHMP



Jennifer Killingsworth
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Dear Parents,

Congratulations on your student being chosen to participate in the Honors Mentorship Program (HMP). Honors Mentorship is an academic elective designed to remove the learning ceiling for high-ability students who are intensely interested in a particular area of study and who have demonstrated the maturity to pursue in-depth learning in a professional setting.

The HMP is designed to give your student those experiences – the opportunity to determine his or her own learning goals, to develop his or her creativity, to persist in the face of frustration, and to work with adults who value your student’s intelligence and interests! HMP students have a schedule that is flexible, but will also provide him or her with a greater degree of freedom than he or she may have had in other courses. Please communicate often with your student and make it a point to know where he or she is expected to be each day! Students should not be on his or her high school campus during the periods in which HMP is scheduled without express permission from the HMP Coordinator. On days when the student is not working with his or her mentor, he or she will be expected to work on the course curriculum at a location that is not on his or her high school campus.

Each selected participant is matched with a professional who serves as his or her mentor by providing a real-life career experience along with the latest information and technology in the field. Students have opportunities to conduct research and create a product that exemplifies the unique experiences they have had in their chosen fields of study. There is also a classroom component to the course that includes rigorous research and communication standards. Students earn a numeric grade and a Level 2 (Honors) credit. *Each of the forms contained in this packet and the weekly assignment instructions your student will complete can be found on Canvas.*

The HMP is a wonderful opportunity for your student. The real world application the students receive by participating in HMP is priceless. I will be glad to answer any questions you or your student might have regarding the program. Please contact me at J.Killingsworth@hallco.org or 678-404-0519 if you have any additional questions. Thank you for all that you do for your student and I look forward to an exceptional and rewarding year!

Sincerely,

Jennifer Killingsworth
Honors Mentorship Coordinator

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Hall County Honors Mentorship (L2) Syllabus

Course Description

Welcome to the Hall County Honors Mentorship Program! Honors Mentorship is one of Hall County School System's excellent career-oriented high school courses. It is an unique and rigorous academic elective designed to remove the learning ceiling for high-ability students who are intensely interested in a particular area of study and who have demonstrated the maturity to pursue in-depth learning in a professional setting. In addition to the mentorship, Students will complete weekly course-work, delivered primarily online and also participate in team-building activities, to research the chosen career, and to present a culminating project to the community.

Course Outline

First month: Set up your online learning experience account. Contact your teacher with any questions or concerns. Attend scheduled meetings when asked. Complete online learning activities.

September-April: After mentorship is approved, mentor 4 hours per week *per period* with your mentor in your mentorship experience. In addition, complete weekly assignments and additional assignments for students taking HMP multiple periods, as requested.

April and May: Present projects to HMP students/mentors/community and prepare for community Presentation Night.

Objectives

Further develop independence, responsibility, leadership, and character.

Enhance oral and written communication skills necessary to successful functioning in the professional world and in a global society.

Improve research, problem-solving, and technological skills.

Materials

Access to computer and internet to complete weekly assignments.

Reliable transportation for mentorship opportunities.

Activities

Online classroom components

Working with technology for research, presentations, and in the career field

Student resumes

Class discussions / assignments / readings

Global society perspectives

Evaluation

Yearly Average: 80% of your Final Average

Assignments and Activities: 35%

Mentor Evaluations and Hours Completion Summaries: 35% (*All students must meet the required number of hours per course to pass the course. A zero will be given if all hours are not completed*)

Student Culminating Projects: 30%

The Exam will count 20% of your Final Average



Rules

School rules are in effect at mentorship site. Always remember, you are representing yourself, your school and the program at all times.

Comply with all business rules at mentorship site.

IF there is a change in the mentorship placement, you are not to leave your initial mentorship placement without first submitting a mentorship change request form and a new placement has been secured.

Every week you are between mentorship placements you will receive a zero for the weekly hour reports.

No changes will be made without FIRST notifying your teacher of the requested change. You will not leave your current mentorship without a new mentorship secured.

VIII. Student Expectations

The Honor Mentorship Student responsibility and reliability are essential for a successful experience in this program. The student must demonstrate the ability to study and work independently throughout this course. Students are expected to arrive on time and properly attired to class and to the mentorship site as scheduled. If you must be absent or tardy, please email or call your teacher and your community mentor. Attendance will be taken at classes, scheduled meetings, and your worksite. Students should schedule the mentorship to include an average of 4 hours per week per period at the mentorship site. All written work should be completed in an exemplary fashion with attention to grammar, spelling, capitalization and punctuation conventions. *Late work will be penalized 10 points/day –NO WORK WILL BE ACCEPTED AFTER ONE WEEK past the assignment's due dates.* This is an Honor's Elective Class and all work should reflect quality and depth.

Students should demonstrate an enthusiasm to learn about their career field and to participate in any learning opportunities at the mentorship site.

Students should seize every opportunity to implement technology, both in the classroom and in the career field.

The mentorship experience will include a perspective of how a student's career field fits in to our global society.

Students will be expected to complete a log of their hours spent at their mentorship. This log is very important and will be considered in the final grade.

Students should begin brainstorming ideas for their projects during the first several weeks of the mentorship experience. The project must be approved by both the mentor and Mrs. Killingsworth.

Students will write a paragraph-long abstract or summary of their projects. Projects will be due at the end of your experience.

A community presentation will occur to a panel of parents, community mentors and various school employees. Attendance is mandatory for this event.

ALL students will sign in/out with the designated person at their school.

If a student is terminated from their mentorship or can no longer attend due to a valid, excused reason, the following course of action will be taken: Student will receive a failing grade for the mentorship based on the work that has been submitted up to the point of termination and at the discretion of the HMP coordinator. The student will be placed in a Directed Studies for the remainder of the semester under the supervision of the HMP Coordinator and complete the required assignments, will be determine the final grade based on a combination of coursework and the mentorship grade at the point of termination.



***The teacher reserves the right to adjust any section of the course syllabus during the course duration in order to better meet the needs, abilities, and interests of the students.

Parents: please contact your child’s teacher if you have any questions or concerns about your child.
Jennifer Killingsworth - Email: j.killingsworth@hallco.org Phone: 678-404-0519

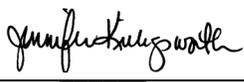
Honors Mentorship Rules and Ethics

- You shall never be late, or too early, to your mentorship site. (5-10 minutes early is perfect).
- You shall always dress appropriately and professionally.
- You shall never fraternize with colleagues from the jobsite outside of work without expressed permission from Mrs. Killingsworth.
- You shall call immediately if you are sick or if there is a family emergency and therefore cannot make it to your mentorship.
- You shall not call in sick because you are behind in your classwork.
- You shall address your colleagues and site supervisor as Mr. or Ms., Sir, or Ma’am unless told otherwise.
- You shall always turn in your mentorship assignments on time and sign out everyday at your school.
- You shall consistently strive to meet your requirements.
- You shall always inform Mrs. Killingsworth and your parents of any changes in the arrangement at your mentorship placement.

Remember you are not only representing the Honors Mentorship Program, but also Hall County Schools, your school and every student your age! The continuation of this program rests on the quality of your performance. Always be ethical and professional.

Student: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

HMP Teacher:  **Date:** 8.3.2020

Seniors: In order to receive an honor cord for graduation, you must meet the following guidelines:

- *Have successfully completed HMP both your Junior and Senior year OR have completed 2 periods of HMP as a senior *if you are only able to have HMP one period due to your schedule, see the teacher to discuss ways to qualify for the honor cord.*
- *Have an average of 90 or above in the course.*
- *A mentor recommendation that you have gone above and beyond in your mentorship.*
- *\$5 Course Dues (to help pay for the cord)*

Honors Mentorship Consent Forms

Dear Parent/Legal Guardian,

After reading, please respond by signing all appropriate spaces in each section.

Student's Name (PRINT) _____

Parent/Legal Guardian's Name (PRINT) _____

School (PRINT) _____

(PLEASE SIGN IN EACH SPACE PROVIDED. THIS IS GRANTING PERMISSION SPECIFICALLY FOR THE HONORS MENTORSHIP PROGRAM.)

Health Care Release: In order to provide the best possible care for my student, I understand that special health care needs or chronic conditions will be shared with appropriate school personnel. In the event of a life-threatening situation or critical injury, I understand that the school has my permission to take appropriate emergency medical action, including calling 911 for transportation to a hospital. I also give permission to the hospital emergency room staff to treat my student unless I am present and request otherwise. I understand that the school will make every effort to notify me immediately. Also, I understand that I am financially responsible for medical care and transportation fees which may be incurred.

Parent/Legal Guardian Signature X _____ Date _____

PHOTO/VIDEOTAPE RELEASE: It is the practice of the Hall County School System to recognize student achievement and accomplishments. I give permission for my student to be photographed, interviewed, have the name published and/or videotaped for stories/articles promoting out school or the school system. These stories may appear in newspapers and/or on television. I consent for the release of the photographs/videotapes to the media in school-related coverage.

Parent/Legal Guardian Signature X _____ Date _____

WEB PAGE: It is the practice of the Hall County School System to recognize student achievement and accomplishments. I give permission for photographs and exemplary classroom projects to be posted on the school system's web page which can be accessed on the Internet at <http://www.hallco.org>. In posting a photograph or exemplary classroom projects of a student, the school system is careful not to associate a student's full name in such a way that it can be identified with the photograph of the student.

Parent/Legal Guardian Signature X _____ Date _____

INTERNET ACCESS AND USE – IMPORTANT NOTICE TO PARENTS/LEGAL GUARDIAN

Due to the nature of the Internet, it is neither practical nor possible for the Hall County School System staff to enforce compliance with user rules at all times. Accordingly, parents/legal guardian and students must recognize that students will be required to make independent decisions and use good judgment in their use of the Internet.

Therefore, parents/legal guardian must participate in the decision whether to allow their student access to the Internet and must communicate their own expectations to their student regarding its use.

- I understand that internet access is designed for educational purposes and that the school will attempt to discourage access to objectionable material and communications that are intended to exploit, harass, or abuse students. However, I recognize it is impossible for the school system to restrict access to all

objectionable material, and I will not hold the school or school system responsible for materials acquired or contacts made on the Internet.

- I understand that a variety of inappropriate and offensive materials are available over the internet and that it may be possible for my student to access these materials if he/she chooses to behave irresponsibly. I also understand that it is possible for undesirable or ill-intended individuals to communicate with my student over the Internet, that there is no practical means for the school to prevent this from happening, and that my student must take responsibility to avoid such communications if they are initiated. While I authorize the staff to monitor any communications to or from my student on the Internet, I recognize that it is not possible for the staff to monitor all such communications. I have determined that the benefits of my student having access to the Internet outweigh the potential risks.
- I understand that any conduct by my student that is in conflict with these responsibilities is inappropriate, and such behavior may result in termination of access to the Internet, computer use in general, a possible disciplinary action.
- I have reviewed these responsibilities with my student, and I hereby grant permission to the school to provide Internet access.
- I agree to compensate the school system for any expenses or costs it incurs as a result of my student's violation of this agreement.

Parent/Legal Guardian Signature X _____ Date _____

INTERNET NETWORK ACCESS – AGREEMENT: I accept responsibility to abide by the Hall County Board of Education Internet policy and procedures as stated in this agreement. I understand that use of the Internet and access to it are privileges, not rights, and I agree. . .

- To use the Internet network for appropriate educational purposes and research;
- To use the Internet Network only with the permission of designated school staff;
- To be considerate of other users on the network and use appropriate language for school situations;
- Not to intentionally degrade or disrupt Internet network services or equipment. This includes but is not limited to tampering with computer hardware or software, vandalizing data, invoking computer viruses, attempting to gain access to restricted or unauthorized network services, or violating copyright laws;
- To immediately report any security problems or breaches of these responsibilities to appropriate School System/School staff;
- To comply with all of the rules and expectations included in "Guidelines for Use of the Internet" and other guidelines that may be developed by the school;
- Not to divulge personal information such as addresses and telephone numbers over the Internet.

I understand that I have no right to privacy when I use the school Internet network, and I consent to staff monitoring of my communications. I also understand that any conduct that is in conflict with these responsibilities is inappropriate and may result in termination of network access and possible disciplinary action.

Student Signature X _____ Date _____

Parent/Legal Guardian Signature X _____ Date _____

STUDENT HANDBOOK: I have reviewed the student handbook and the Hall County Code of Conduct and Discipline Procedures. I am aware of school rules and regulations. I agree to assume responsibility for the care and return of the all classroom textbooks, library books and other instructional materials issued to me. I will not write in, tear, cut, deface, or permit the books to become wet. I understand that if I damage the book(s) beyond normal wear, I will be assessed a fee for the damages. If I should lose a book, I agree to pay for it.

Student Signature X _____ Date _____

Parent/Legal Guardian Signature X _____ Date _____

(This signed form will be retained for the duration of the Honors Mentorship Class in each student's file.)



Honors Mentorship Program Early Release Understanding and Insurance Verification Form

Directions: For a student to be enrolled in the honors mentorship program, the parent/guardian must provide the required information below and sign and date the form at the bottom of the page.

Early Release

I understand that my child, _____, is enrolled in the honors mentorship program at _____ High School and that my child will be dismissed from school during the Mentorship scheduled periods each day and *should not remain on campus*. I assume full responsibility for my child during dismissal periods from school, including days when my child is not required to be on the job. My child and I agree to follow and adhere to the Hall County Board of Education Code of Conduct during mentorship hours.

Automobile Accident and Health Insurance

I understand that my child must be covered by automobile accident and health insurance to participate in the honors mentorship program. I have checked the appropriate statement regarding insurance coverage for this school year. I agree to notify the honors mentorship coordinator if this coverage changes during the school year.

Automobile Accident Insurance

My child is covered by automobile accident insurance through the following provider:

Provider _____ Policy Number _____
Address _____ City, State, Zip _____
Name of Insured _____ Phone Number _____

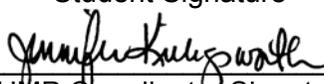
Health Insurance

- My student is covered by health insurance purchased through the school OR
- My student is covered by health insurance through the following provider:

Provider _____ Policy Number _____
Address _____ City, State, Zip _____
Name of Insured _____ Phone Number _____

Transportation

In general, the party responsible for transportation is also liable for injuries that occur while a student is being transported. Under certain circumstances, however, going to and from a job is considered part of one's "work" and may be covered by the employer's workers' compensation insurance. If the school is transporting students, the school's normal insurance coverage also typically covers the students. Employers who provide transportation to and from the job site bear the risk for the time that the student is under their supervision. If a student drives the family car, the individual family insurance covers accident risks. A student driving his or her own car from school to work would fall under the same category as one driving from home to school or back. Because the HMP placement is an extension of the classroom, the student who drives to work is actually moving from one school location to another, and thus accepts responsibility for his or her own safety in the process.

Student Signature


HMP Coordinator Signature

Date

Parent/Guardian Signature

Honors Mentorship Program-Standard Confidentiality and Security Requirements

I understand that I have a legal responsibility to protect patient/client privacy, as well as safeguard the security of electronic patient/client information. To do that, I must keep information confidential and safeguard the privacy of patient/client information in all forms.

In addition, I understand that during the course of my mentorship, I may see or hear confidential information, including operational and financial information, pertaining to patients, clients, and my mentor that must be maintained as confidential.

Regardless of the capacity, I understand that I must sign and comply with this Agreement in order to continue as a mentor in the Hall County HMP.

By signing this Agreement, I understand and agree that:

I will keep patient/client information confidential. I will only disclose information if it is required for the performance of my mentorship. Additionally, I will only use the equipment of my mentorship for business purposes which are related to my mentorship.

I will not discuss any information, either patient/client related or related to the mentor's operations, in public areas.

I will keep all security codes and passwords used to access the facility, equipment or computer systems confidential at all times. I will not share passwords, I.D. badges, etc. with anyone and will safeguard passwords at all times.

I will only access or view patient/client information, including my own, for that which is required for treatment, payment, or operations of the mentorship. If I have any questions whether access to certain information is required for me to do my mentorship, I will immediately ask my mentor for assistance.

I will not disclose copy, transmit, inquire, modify, or destroy patient/client or other System confidential information without direct permission from my supervisor at the mentorship. This especially includes transmissions from my mentorship to my home.

I recognize that I have a duty to report any suspicious activity or security incidents to my mentor or his/her officials.

Once my mentorship is completed, I will immediately return all property (e.g. keys, documents, ID Badges, labcoats) to my mentor.

I understand that violation of this agreement or the HIPAA Privacy and Security Protection Right may result in disciplinary action and may include civil and criminal legal penalties as a result of the final Privacy and Security Rules issued by the Federal Government.

I have read the above agreement and have been trained regarding ethics, privacy, security, confidentiality and liability by the Hall County Board of Education's "Professionalism and Ethics in the Workplace" seminar and agree to comply with the standards so that I may continue to participate in the Honors Mentorship Program.

Signature

Date

Print Your Name



Honors Mentorship Program Insurance and Liability Release

As the Parent/Guardian of: I approve of his/her participation in the Hall County Schools' Honor Mentorship Program which requires that the student leave _____ High School at approximately _____ a.m/p.m each day in order to complete a minimum of _____ hours per class period of on-site work experience each week for school year.

Additionally, my child and I attest to the fact that my student is a licensed driver covered by auto, accident and hospitalization insurance.

"My child and I acknowledge that the school district is offering this opportunity to him/her through the HMP Program for education enrichment in reliance on the truth of the information we provide in this document. Furthermore, my child and I acknowledge that neither the Hall County School district nor the mentor are providing any form of automobile, workers' compensation, medical or hospitalization insurance coverage for my child in connection with his/her participation in HMP. In consideration for my child's having the opportunity to participate in the HMP program, on behalf of my minor child and myself, my child and I hereby release the Hall County School District, employees and agents, and Berkshire/Hathaway (Company/Business) employees, officers, directors and agents from any and all rights and claims we may have arising from

_____ participation in the HMP program, including transportation to and from the work site and for any accidents or injuries sustained or damages that may be suffered at the work site."

Due to the nature of the mentorship, I give permission to _____ to ride with an agent from the company mentioned above solely for the purpose of mentorship related experiences or the student has permission to drive herself to these locations.

My child and I agree to follow and adhere to the Hall County Board of Education Code of Conduct during mentorship hours.

Dates of Internship: September, 2020 to April, 2021

Parent/Guardian Signature

Student Signature



Honors Mentorship Program Agreement

Student Name _____

Student's School _____

Purpose: The intent of this agreement is to record the conditions of the student's mentorship and outline the responsibilities of all parties involved with the mentorship program.

Student-Mentee agrees to:

1. Attend school and scheduled mentorship times regularly. The student will notify the mentor in a timely manner on any day that he or she must be absent. If a student is absent from school, he/she should not meet with the mentor that day without permission from the HMP teacher.
2. Show honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, appropriate dress, and a willingness to learn.
3. Conform to the rules and regulations of the mentorship workplace.
4. Consult the HMP teacher immediately about any difficulties arising at the mentorship site.
5. Participate in all HMP seminar meetings and activities.
6. Listen to the mentor and learn all he/she can.
7. Sign in/out each day per individual school policy. Failure to sign out will result in an absence for that day for you HMP period.

Mentor agrees to:

1. Provide the student with the opportunity to meet an average of 4 – 8 hours per week per class period as arranged (student's individual schedules will vary).
2. Inform the HMP teacher as soon as possible about any concerns or problems.
3. Evaluate the student 1 – 2 times during the program.
4. Help the student determine objectives/goals that he/she would like to accomplish throughout the mentorship experience.
5. Provide as many "hands-on" opportunities as possible, including career-related technology, so that the student can gain a realistic and well-educated perspective of the career field.
6. Understand that the student will not be present on days when the student is absent from school.

HMP Teacher agrees to:

1. Facilitate the mentorship experience through the student's school.
2. Evaluate the student based on mentorship assignments, the culminating project, and the mentor evaluations.
3. Be available to help with any concerns of either the student or the mentor.
4. Provide opportunities for career learning and personal growth through the mentorship class.

Parent/Guardian agrees to:

1. Support the Honors Mentorship Program objectives.
2. Provide transportation to and from the mentorship site and the Mentorship classroom site. Transportation is the responsibility of the student and must meet approval of parents and school administration.
3. Contact the HMP teacher immediately with any concerns.

Signatures

Student: _____

Date: _____

Parent/Guardian: _____

Date: _____

Mentor: _____

Date: _____

HMP Teacher:  _____

Date: 8.3.2020 _____

Hall County Honors Mentorship Teacher Contact Information:

Jennifer Killingsworth
Email: j.killingsworth@hallco.org 678-404-0519