LOUISIANA DEPARTMENT OF EDUCATION

Office of Career and College Readiness

Funding for Internships

HB 1 provides one-time legislative funding in the amount of $1,000 per course/student for internship experiences. Prior to releasing funds the school system must submit documentation to validate the student enrollments meet the Work-based learning requirements. For more information visit the Internship Site. This funding can only be used for expenses directly related to the student such as salary, uniforms, and equipment for the internship experience. It may not be spent on instructor costs.

Providing Evidence

Step 1:

Report student enrollment into the Course Choice Portal in the LDOE Internship course.

Step 2:

Submit verification documents to the school system Data FTP in a folder titled <<School System>> Internship Verification and date submitted. There should be a folder for each school with all student documents in that folder by LASID using the naming conventions below so they can be easily verified. Do not make folders for each separate requirement. All documentation must be submitted as a PDF. The following items must be included and named according to the naming convention column. No social security numbers should be used in documentation. If they are present on any documents turned in as evidence, the school or school system must redact Social Security numbers. Deadlines: Fall reporting due November 28, 2025; Spring reporting March 27, 2026.

Reporting Element	Naming Convention	Types of Evidence
PII Agreement	Student LASID_PII_School_School System	Signed PII Agreement
Internship Agreement	Student LASID_Internship Agreement_School_School System	Copy of the signed internship agreement between school system and employer
Course Enrollment	Student LASID_Course Enrollment_School_School System	Documentation that the student is enrolled in an approved internship course code (i.e. student schedule)
Employment Site Visits	Student LASID_Site Visits_School_School System	Documentation on in-person site visits to place of employment (i.e. calendared events, travel reimbursement, etc.)
Classroom Experience	Student LASID_Classroom Experience_School_School System	Evidence of classroom experience and instruction (i.e. can be consolidated spreadsheet of student attendance by LASID, etc.), include a high level outline of the topics covered in the classroom
Payroll Evidence	Student LASID_Payroll_School_School System	Evidence that student is paid (i.e. payment information sheets, a letter on letterhead from the employer stating what has been or will be paid to the student and the date of payment, etc.)

Internship Funding Consent Form

The below information shall be gathered on documents to prove student participation and eligibility for school systems to receive funding per HB 1 for participating in internships. Digital signatures are acceptable.

Dear Parents and Guardians,

In order for your child's school system (NAME OF SCHOOL SYSTEM) to receive funding for participation in internships your child (CHILD'S NAME), Personal Identifiable Information (PII) must be collected and shared with the Louisiana Department of Education (LDOE).

This is to include your child's

- Full name
- School/school system
- Date of birth
- Employment information (including place of employment, phone number, address, supervisor, hours/dates worked, rate of pay)
- Address
- Email address

This information will be used to determine that all eligibility requirements are met for payment to the school system (NAME OF SCHOOL SYSTEM).

This information will be retained securely for a period of 12 months. It will then be destroyed.

The LDOE will maintain the confidentiality of the personally identifiable information in accordance with law and shall only use this information for the purpose expressed above.

I CONSENT for my personal information listed above to be used for the purposes stated above. I understand I can revoke this consent at any time by notifying the LDOE in writing.

_____
Signature of parent or guardian or student
if of the age of consent (18)

_____
Name of the parent or guardian (please print)

_____
Date

_____
Child's full name (please print)