



2021 Summer Internship Report Form

Student Name: _____

Work-site Mentor: _____

FOR STUDENT COMPLETION	WEEK 1		WEEK 2	
	Date	Department/ Task Performed	Date	Department/ Task Performed
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

FOR EMPLOYER/WORK-SITE MENTOR COMPLETION		4-3-2-1	Comments:	
RESPONSIBLE EMPLOYEE (USE CAREER READY PRACTICE RUBRIC #1 TO SCORE)				
Appropriate appearance and behavior				
Attitude				
Ethical				
Adaptability in position				
Adaptability to change				
Time management in work				
Focusing on a project				
Responsibility				
Inspiring other through selflessness				
Leadership				
Appropriate questioning				
Understanding the system				
Sub-Score				
SCORE/12				

Student Signature: _____

Work-Site Mentor Signature: _____

This form, accompanied with the student's time card, will be used to help grade student. **Please submit both each time a student is paid** unless other arrangements have been made with the Director and Teacher.