



Summer Internship Report Form

Student Name: \_\_\_\_\_

Work-Site Mentor: \_\_\_\_\_

FOR STUDENT COMPLETION	WEEK 1			WEEK 2		
	Date	# of Hours Worked	Department/Task Performed	Date	# of Hours Worked	Department/Task Performed
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
Friday						
Total Hours Worked this Week				Total Hours Worked this Week		

FOR EMPLOYER /WORK SITE MENTOR COMPLETION	RESPONSIBLE EMPLOYEE (USE CAREER READY PRACTICE RUBRIC#1 TO SCORE)	4-3-2-1	Comments:
	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		
	<b>Sub-Score</b>		
<b>SCORE/12</b>			

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.