

Internship Agreement Between Student & Employer

Intern Name: _____

Title of Internship Position: _____

Duration of Internship: Start: _____ End: _____

Hours Per Week: _____

Pay Amount (If Applicable): _____

Employer/Company Name: _____

Phone: _____

Company Website: _____

Phone: _____

Address: _____

Name of Supervisor: _____

Phone: _____

Email: _____

Duties to be performed: _____

Experience to be gained by the participating intern: _____

Supervisor Signature

Intern Signature

Date

Date

Internship Placement Reporting Form to the School

Student Information

Name: _____

School: _____

Field of Study: _____

Student I.D.: _____ Phone: _____

Email: _____

Student Internship Information

Internship Title: _____

Hourly Rate (If Applicable): _____

Primary Duties: _____

Academic Credit (yes or No): _____

If Yes, Department and Course Number: _____

If Yes, How many credit hours? _____

How was Position Secured? _____

Semester/Quarter

Semester/Quarter: _____ Hours per Week: _____

Start Date: _____ End Date: _____

Employer (Internship Provider) Information

Employer: _____

Contact Name & Title: _____

Contact Email: _____

Contact Address: _____

Contact City, State, Zip: _____

Contact Phone: _____

Intern Orientation Checklist

Review Organization and Department Missions

Explain Need to Know Items

- ☐ Parking
- ☐ Workstation
- ☐ Specific Work Dates/Times
- ☐ Office Hours/Breaks
- ☐ Pay Period and Payment Information
- ☐ Receive Contact Information from Intern
- ☐ Computer Use Policy
- ☐ Equipment Policy

Review the Internship

- ☐ Job Description
- ☐ Expectations
- ☐ How the Internship Relates to the Company
- ☐ Action Plan

Review Company Standards

- ☐ Performance standards
- ☐ Attendance and Punctuality
- ☐ Conduct in Corporate Environment
- ☐ General Appearance and Expected Attire

Explain the Work Process

- ☐ Job Authority and Responsibility
- ☐ Resource Assistance
- ☐ Weekly Meeting
- ☐ Open Door Policy
- ☐ End of Internship Evaluation

Orient the Intern to the Work Area

- ☐ Notify All Staff to the New Intern
- ☐ Give a Tour
- ☐ Introduce the Intern
- ☐ Make Personal Introductions and Explain Work Relationships

Internship Progress Evaluation by Intern

To be filled out by the intern reviewing their personal progress made during the internship

Intern Name: _____ Date: _____

Rating Scale

5 – Far exceeded all expected outcomes

4 – Exceeded expected outcomes

3 – Met expected outcome

2 – Met some expected outcomes

1 – Did not meet most expected outcomes

Work Performance Area	Rating
Instructions Comments:	
Quality Comments:	
Planning Comments:	
Communication Comments:	
Attendance Comments:	
Technical Skills Comments:	
Attitude Comments:	
Reliability Comments:	
Professional Appearance Comments:	

Internship Progress Evaluation by Employer

To be filled out by the intern reviewing their personal progress made during the internship

Employee Name: _____ Date: _____

Rating Scale

5 – Far exceeded all expected outcomes

4 – Exceeded expected outcomes

3 – Met expected outcome

2 – Met some expected outcomes

1 – Did not meet most expected outcomes

Work Performance Area	Rating
Instructions Comments:	
Quality Comments:	
Planning Comments:	
Communication Comments:	
Attendance Comments:	
Technical Skills Comments:	
Attitude Comments:	
Reliability Comments:	
Professional Appearance Comments:	

Intern Exit Survey of Internship Outcomes

Name: _____

Email: _____

Phone: _____

Address: _____

Start Date: _____ End Date: _____

Hours Per Week: _____

Did you find this internship successful? Yes___ No___

Was this internship a good learning experience? Yes___ No___

Were the details of this internship explained thoroughly? Yes___ No___

Did you receive enough training to perform the internship? Yes___ No___

Did the supervisor provide constructive feedback? Yes___ No___

Did this experience help you make a choice for your career goals? Yes___ No___

If no was answered for any of the questions above, please explain:

What did you like most about the internship?

What did you like least about the internship?

What actions did you enjoy the most?

What actions did you enjoy the least?

Employer Internship Outcomes Evaluation Form

Supervisor: _____

Intern: _____ Intern’s School: _____

Start Date: _____ End Date: _____

1. Is this current internship program viable for future internship opportunities?

2. Are there any areas of concern or areas that need to be changed in the current program?

3. Did the intern meet all expectation given? Should future expectations be changed?

4. What aspects, if any, need to be added to improve the next internship?
