

Student Intern Checklist

To meet the requirements of your ANTHS student internship you must either participate in an ROP equivalent class or work 30 hours in the career field of your choosing. This checklist has been created so you will know exactly what is needed to show that you have successfully completed your student internship. Please turn all paperwork into your ANTHS internship coordinator, Fawn VanMeter.

Questions email fvanmeter@auhsd.net

Or call Fawn VanMeter at (530)365-3100 ext 40003

Internship Agreement	*Turn in to Fawn at the beginning of the internship
Signed Timesheets	*Turn into Fawn at the beginning of the internship
Mid-Evaluation	
Final Evaluation	
Resume	(This is done AFTER you complete your internship)
500 Word Essay	(This is done AFTER you complete your internship)

*The essay should include your information (name, age, school you attend, future goals like college or career choice). It should include your intern site, where, when, name of the business, what type of business it is, the type of things you're doing, the things you like, and the things you learned. It should include if you would or would not choose this for a career after working in this field.



ANTHS INTERNSHIP CONTRACT

Student Intern Information

Name: _____
 E-mail Address: _____
 Address (with zip code): _____
 Telephone Number: _____

I agree to do my best for the company employing me and behave in a professional manner that will reflect well on the employer, Anderson New Technology High School and me. I agree to discuss any work-related problems or concerns with the Internship Coordinator. I understand that my grade for the Internship is dependent upon my satisfactorily fulfilling the terms of the contract and upon my supervisor's evaluation of my work. I agree to prepare an Internship Project "Work Summary" at the end of the internship period. I will describe my internship activities and responsibilities, the supervision and instruction received, the educational benefits gained, and the overall value of the experience.

Internship Site Information

Supervisor's Name and Title: _____
 Company Name: _____
 E-mail Address: _____
 Website Address: _____
 Address (with zip code): _____
 Telephone Number: _____ Fax Number: _____

The Internship Employer agrees to provide an internship experience that is both educational and mutually beneficial for the student and the business. The Internship Employer will complete two evaluations; one mid-way through the internship and then again at the termination of the internship period. The Employer also agrees to the terms of the contract and the four work objectives listed on page two and will assist their intern in meeting those objectives.

Starting Date:

Terminating Date:

Work Schedule – Hours/Day:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Students may not work before 5am or past 10pm on school nights (12:30am on weekends, Holidays and non-school sessions), are not permitted to drive company vehicles and may not work at a location other than the one listed on this contract without prior permission. (For a complete copy of child labor laws please contact the State of California, Department of Industrial Relations) Students are required to immediately report any violations to the ANTHS Internship Coordinator.

Terms of Contract

The goal of the Internship Program is to provide Anderson New Technology High School students with real-life experiences as they explore a career of their choice. Ideally, the student will have a chance to work at a business, which is mutually beneficial for both the student and the sponsoring organization.

Student Intern

1. The student will complete a minimum of (30) hours of Internship work.
2. The student will be responsible to the Internship Business Site as are other employees of the business.
3. If the student must cancel the Internship, a letter of explanation (written by the student) must be presented to the Internship Coordinator for review and then a meeting with the Internship Employer will be scheduled.
4. As a final project, each student will complete an Internship Project "Work Summary" essay. This essay will be due within two weeks of the internship completion and must be professionally written, at least 500 words, and double-spaced.

Internship Employer

1. The Internship Employer is responsible for the actions of the student as it is for other employees of the business.
2. During the minimum ____ hour Internship period, the student will accomplish the following work objectives:
 - a.
 - b.
 - c.
 - d.
3. The Internship Employer will be asked to complete two Internship Evaluation Forms during the course of the Internship. Your answers will help ANTHS evaluate the program and the learning impact on the student interns.

We, the undersigned, understand the purpose and procedures involved in the ANTHS Internship Program, and agree to abide by the conditions specified under the terms of this document.

➡ Student's signature:

Date:

➡ Student's parent/
Guardian signature:

Date:

➡ Internship Employer signature:

Date:

➡ ANTHS Internship Coordinator signature:

Date:

ANTHS INTERNSHIP TIME SHEET

In order to validate the hours, the time sheet must be initialed by both your Supervisor and Internship Coordinator. Print as many time sheets as you need.
 ** a copy of on site time sheets are acceptable to turn in in place of this time sheet

For the week of: _____

Date	Time In	Time Out	Total Hours

_____ Student Signature _____ Supervisor Initials _____ ANTHS Coordinator Initials

For the week of: _____

Date	Time In	Time Out	Total Hours

_____ Student Signature _____ Supervisor Initials _____ ANTHS Coordinator Initials

ANTHS INTERNSHIP TIME SHEET

In order to validate the hours, the time sheet must be initialed by both your Supervisor and Internship Coordinator. Print as many time sheets as you need.
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For the week of: _____

Date	Time In	Time Out	Total Hours

_____ Student Signature _____ Supervisor Initials _____ ANTHS Coordinator Initials

For the week of: _____

Date	Time In	Time Out	Total Hours



Mid-Point EVALUATION Form

This sheet needs to be filled out by your supervisor at 15 hours of completed work and reviewed by the Internship Coordinator

**Students are not permitted to fill out this form.
Your supervisor is the ONLY person permitted to fill out this form!**

Thank you for your participation in Anderson New Technology High School's Internship Program. We appreciate your involvement in this unique educational process, helping our students realize their potential and prepare for their future.

In addition to this mid-point evaluation form, there will be a Final Evaluation Form that you will be asked to respond to once the student has completed 30 hours of work. Your answers and comments will help us evaluate the efficiency of our program and the learning impact on the student interns. If you have any questions or concerns, contact the Internship Coordinator at 530-365-3100.

Please print your answers:

Name and Title:

Company Name: _____

ANTHS Student Intern: _____

1. How many hours has the ANTHS student completed thus far? _____
2. Are you pleased with the ANTHS student's professionalism and personal conduct?
____ yes ____ NO (Attendance, appropriate dress, attitude, work habits, asks questions, etc.)
3. Is the ANTHS student on track to achieving his/her four work objectives outlined in the Internship Contract? ____ yes ____ no

Comments: _____

4. What are some examples of skills and knowledge the ANTHS student has learned?
- _____
- _____

Comments and Suggestions:

Internship Employer Signature

Date

ANTHS Internship Coordinator's Initials _____ Date _____



Final EVALUATION Form

This form must be completed by your supervisor at 30 hours of work and reviewed by the Internship Coordinator

**Students are not permitted to fill out this form.
Your supervisor is the ONLY person permitted to fill out this form!**

Thank you for your participation in Anderson New Technology High School's Internship Program. We trust that the experience was both educational and beneficial to your business and our student. We invite you to participate in the program again.

This will be the final Evaluation Form that you will be asked to respond to, signifying the completion of the program. Your answers and comments will help us evaluate the program and the learning impact on the student interns.

Again, thank you for your participation.

Please print your answers:

Name and Title:

Company Name:

ANTHS Student Intern:

1. Would you recommend ANTHS student interns to another business in the community?

____ yes ____ no (If no, please explain in comment section)

2. Would you like to have another ANTHS student intern at your site? ____ yes ____ no

3. How many hours did the ANTHS student intern complete with your business? ____

4. What skills and knowledge of the ANTHS student intern did you rely upon the most?

5. How successful was the ANTHS student intern in reaching the four work objectives outlined in the Internship Contract?

Comments and Suggestions:

I grant Anderson New Technology High School permission to use my answers in marketing materials.

Yes _____ No _____ Anonymously, OK _____

Employer Signature _____

Date _____

This form can be given to your inter or faxed to (530)-365-2957

ANTHS Intemship Coordinator's Initials _____ Date _____