

Sample Internship Forms

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STUDENT INTERSHIPS APPLICATION FORM

Personal Data:

Name:

Student Number:

Address:

Telephone Number:

E-mail Address:

Telephone Number of the person to be contacted in an emergency:

Academic Data:

Declared Major:

Declared Minor:

Number of Credit hours completed at the start of semester:

Grade Point Average at the start of semester:

Name of the Faculty Advisor:

Signature of the applicant:

Date:

Please attach the Following documents to your application:

- (1) Three letters of recommendation, at least one of which is from a faculty member.
- (2) A one-page statement concerning the reasons why you should be selected as an intern.
- (3) A copy of your latest transcript.
- (4) Any other document that you want to submit in support of your application

STUDENT INTERN WORK SCHEDULE/REPORT

Intern Name:

Month of _____ in the year

	Hours Worked	Details of Work Completed
1-		
2-		
3-		
4-		
5-		
6-		
7-		
8-		
9-		
10-		
11-		
12-		
13-		
14-		
15-		
16-		
17-		
18-		
19-		
20-		
21-		
22-		
23-		
24-		
25-		
26-		
27-		
28-		
29-		
30-		
31-		
Total Days Worked	Total Hours Worked	Title(s) of Project(s) worked on:

MONTHLY STATUS REPORT (Student)

Month:

Name of Intern:

Name of Host Organization:

Name of Mentor:

Name of PI:

TASKS FOR THE MONTH

1.

2.

3.

SIGNIFICANT ACCOMPLISHMENTS

SIGNIFICANT PROBLEMS

Number of Hours Worked_____

Intern Signature

Date

NOTES:

(1) Highlights for the Month

(2) Problems Encountered

(3) Suggestions/Recommendations

Name of the Supervisor:

Student's Signature:

Date:

Supervisor's Signature:

Date:

STUDENT INTERNSHIP PROGRAM QUARTERLY STUDENT PERFORMANCE REPORT

Period: _____ to _____

Name of Intern:

Name of Host Organization:

Name of Mentor:

Name of PI:

PERFORMANCE EVALUATION

1. Technical Skill Level

2. Ability to work in a Team

3. Attendance Record

4. Productivity

5. Reports and Documents

GENERAL COMMENTS

1. Significant Accomplishments

2. Problems

3. Corrective Actions Recommended (if any)

OVERALL PERFORMANCE

Good_____ Satisfactory_____ Unsatisfactory_____

Discussed with intern on:_____

Intern Signature

Date:_____

PI Signature

Date:_____

FIRST MONTH EVALUATION OF INTERNSHIP BY STUDENT

Name_____ Date_____

Employer_____

Hours per Week_____

Fringe benefits provided by your company for its interns: (check all that apply)

_____Life insurance

_____Medical insurance

_____Vacation time

_____Expenses reimbursement

_____Tuition reimbursement

_____Other (please Specify)

Please circle the most appropriate answer.

1. Was assistance available from your supervisor?

Frequently If needed Seldom Never

2. Was adequate explanation given to you concerning what was expected of you and the nature of tasks assigned?

Frequently If needed Seldom Never

3. How often did your supervisor discuss your job performance with you?

Weekly Monthly Once or twice Never

4. Was the work load adequate?

Always Frequently Sometimes Seldom Never

5. How was the communication and cooperation among co-workers?

Excellent Good Average Fair Poor

6. Did you associate with your co-workers after work?

Often Sometimes Seldom Never

7. How was your academic preparation for this job?

Excellent Good Average Fair Poor

8. Did the company organize gatherings for its interns?
Often Sometimes Seldom Never
9. How would you rate your academic preparation for this position compared to colleague intern students from other universities and colleges?
Excellent Good Average Fair Poor No answer
10. Did assignments meet your expectations?
Exceeded Met Fell below
11. Would you consider this company for permanent employment?
Yes No

FIRST MONTH EVALUATION FORM EVALUATION OF STUDENT INTERN

Instructions: The intern's supervisor should complete this form and discuss it with the student. More frequent counseling with or without the form is encouraged to enhance communication regarding the student's performance and facilitate student development during the work term. The student has the responsibility of returning the completed form to the PI.

Intern Name:

Performance Rating

Exceeds Standards	Meets Standards	Needs Improvement Some	Much
----------------------	--------------------	------------------------------	------

SKILL (please check appropriate response)

- | | | | | |
|---|-------|-------|-------|-------|
| 1. Possesses necessary technical knowledge | _____ | _____ | _____ | _____ |
| 2. Adapts to changing work Assignments and situations | _____ | _____ | _____ | _____ |
| 3. Able to cooperate and work With other people | _____ | _____ | _____ | _____ |

Please comment on deficiencies or exceptional points: _____

PERFORMANCE

- | | | | | |
|---|-------|-------|-------|-------|
| 4. Listens and carries out Instructions | _____ | _____ | _____ | _____ |
|---|-------|-------|-------|-------|

Performance Rating

	Exceeds Standards	Meets Standards	Needs Improvement Some	Much
5. Works effectively without Close supervision	_____	_____	_____	_____
6. Meets deadlines and Schedules	_____	_____	_____	_____
7. Produces acceptable quality Of work	_____	_____	_____	_____
8. Produces acceptable quantity Of work	_____	_____	_____	_____

Please comment on deficiencies or exceptional points: _____

JUDGMENT

9. Demonstrates ability to make decisions or seek appropriate help	_____	_____	_____	_____
10. Shows problem-solving Ability	_____	_____	_____	_____

Please comment on deficiencies or exceptional points: _____

Performance Rating

ATTITUDE	Exceeds Standards	Meets Standards	Needs Improvement	
			Some	Much
11. Accepts responsibility and is a self-starter	_____	_____	_____	_____
12. Exhibits interest and enthusiasm about the job	_____	_____	_____	_____
13. Maintains appropriate Dress and grooming habits	_____	_____	_____	_____
14. Maintains good attendance And punctuality	_____	_____	_____	_____
15. Adheres to organizational Regulations				

Please comment on deficiencies or exceptional points: _____

Supervisor's first month evaluation of student's performance

_____ Excellent Performance (student exceeded all expectations)
_____ Above Expectations (Student performed better than expected)
_____ Met Expectations (student performed satisfactorily)
_____ Below Expectations (Student requires improvement)

Evaluation has been discussed with student? (circle one) Yes No

Supervisor's Signature _____ Date _____

FINAL EVALUATION EVALUATION OF INTERNSHIP BY STUDENT

Name _____ Date _____

Employer _____ Hours per week _____

Number of months as Intern _____

Fringe benefits provided by your company for its interns: (check all that apply)

_____ Life insurance

_____ Medical insurance

_____ Vacation time

_____ Expenses reimbursement

_____ Tuition reimbursement

_____ Other (please Specify)

Please circle the most appropriate answer.

1. Was assistance available from your supervisor?

Frequently If needed Seldom Never

2. Was adequate explanation given to you concerning what was expected of you and the nature of tasks assigned?

Frequently If needed Seldom Never

3. How often did your supervisor discuss your job performance with you?

Weekly Monthly Once or twice Never

4. Was the work load adequate?

Always Frequently Sometimes Seldom Never

5. How was the communication and cooperation among co-workers?

Excellent Good Average Fair Poor

6. Did you associate with your co-workers after work?

Often Sometimes Seldom Never

7. How was your academic preparation for this job?

Excellent Good Average Fair Poor

8. Did the company organize gatherings for its interns?

Often

Sometimes

Seldom

Never

9. How would you rate your academic preparation for this position compared to colleague intern students from other universities and colleges?

Excellent

Good

Average

Fair

Poor

No answer

10. Did assignments meet your expectations?

Exceeded

Met

Fell below

11. Would you consider this company for permanent employment?

Yes

No

FINAL EVALUATION FORM BY MENTOR

EVALUATION OF INTERN

Instructions: The intern's supervisor should complete this form and discuss it with the student. More frequent counseling with or without the form is encouraged to enhance communication regarding the student's performance and facilitate student development during the work term. The student has the responsibility of returning the completed form to the PI at

Performance Rating

Skill	Exceeds Standards	Meets Standards	Needs Improvement	
			Some	Much
1. Possesses necessary technical knowledge	_____	_____	_____	_____
2. Adapts to changing work Assignments and situations	_____	_____	_____	_____
3. Able to cooperate and work With other people	_____	_____	_____	_____

Please comment on deficiencies or exceptional points:

PERFORMANCE

4. Listens and carries out instructions	_____	_____	_____	_____
5. Works effectively without Close supervision	_____	_____	_____	_____
6. Meets deadlines and Schedules	_____	_____	_____	_____
7. Produces acceptable quality Of work	_____	_____	_____	_____

8. Produces acceptable quantity
Of work

_____	_____	_____	_____
-------	-------	-------	-------

Please comment on deficiencies or exceptional points: _____

JUDGMENT

9. Demonstrates ability to make
Decisions or seek
appropriate help

_____	_____	_____	_____
-------	-------	-------	-------

10. Shows problem-solving
ability

_____	_____	_____	_____
-------	-------	-------	-------

Please comment on deficiencies or exceptional points:

ATTITUDE

11. Accepts responsibility and
Is a self- starter

_____	_____	_____	_____
-------	-------	-------	-------

12. Exhibits interest and
Enthusiasm about the job

_____	_____	_____	_____
-------	-------	-------	-------

13. Maintains appropriate
Dress and grooming habits

_____	_____	_____	_____
-------	-------	-------	-------

14. Maintains good attendance
and punctuality

_____	_____	_____	_____
-------	-------	-------	-------

15. Adheres to organizational
regulations

_____	_____	_____	_____
-------	-------	-------	-------

Please comment on deficiencies or exceptional points:

Supervisor's overall evaluation of student's performance

_____ Excellent Performance (student exceeded all expectations)
_____ Above Expectations (Student performed better than expected)
_____ Met Expectations (student performed satisfactorily)
_____ Below Expectations (Student requires improvement)

Evaluation has been discussed with student? (circle one) Yes No

Supervisor's Signature_____ Date_____

ALUMNI PERSONAL DATA FORM

Name_____Maiden Name_____

Major_____Minor_____

Year Graduated_____Years Attended_____

Current Address_____

City_____Position_____

Reason for Leaving _____

As you first entered the computer-related job market upon graduation, how would you rate the quality of your training in [add major and university] compared to that of other entry level employees in similar positions?

Outstanding_____ Above Average_____ Average_____ Below Average_____ N/A_____

What were some of the strengths of the SWOSU Computer Science program?

What are some of the areas in which we could improve?

Please list the courses you took at (add name of university) which have been most useful since graduation.

Are there courses that were not offered or topics not covered at the time you were at which would have been valuable for you after graduation? If so, please list some of them

What is your overall opinion of your Computer Science education?

Excellent____ Good____ Average____ Poor____

We are interested in learning of your accomplishments related to your employment and in other areas since graduation. Do you have any recommendations for the (add name of university) program not yet covered, any advice for your current students who are or soon will be seeking jobs, any job leads, etc.?

Please fill out the information below if you have attended graduate school in (add name of university) or a related field since graduation from

School Attended	Major	Years	Degree(s)
-----------------	-------	-------	-----------

Please list the courses you took at (add name of university) which were most useful in preparing you for graduate work.

Are there courses that were not offered or topics not covered at the times you were at (add name of university) which would have been valuable in preparing you for graduate work? If so, please list some of them.
