College of Agriculture and Life Sciences
University of Arizona

INTERNSHIP MANUAL

Career and Academic Services
College of Agriculture and Life Sciences
University of Arizona
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The forms and information contained within this manual are for the use of students in The College of Agriculture and Life
Sciences (CALS). They are based upon University of Arizona standardized documents and have been amended to reflect information that is suitable for students in CALS.
CALS INTERNSHIP STATEMENT

The University of Arizona (UA) is Research I public university and as such is recognized as one of the world’s top research institutions. The long history of outstanding research conducted by the University of Arizona attracts intelligent and curious students from all over the state of Arizona, the United States and across the globe. These students will be the leaders of tomorrow in all aspects of society.

The College of Agriculture and Life Sciences (CALS) is one of the most diverse colleges at the University of Arizona, with programs covering disciplines in the basic applied and life sciences. All majors in CALS allow students to learn and grow as individuals prepare them to join the workforce as valuable members of society. Students in every major across CALS are encouraged to explore and apply their learning to real world challenges.

Many times exploration takes place through the form of an internship, not the vision many have of making copies and getting coffee, but an experience that serves to enhance and supplement the learning that happens in the classroom. When students take part in an internship it is expected that they will apply their knowledge and abilities in order for these talents to grow into the skill sets needed of a modern professional. CALS faculty view internships, not as an assignment or another course to be taken, but as a partnership to help students bridge the classroom to industry.

As an internship partner you will not only be helping CALS and individual students, but you will benefit greatly from the energy and creativity that an intern can bring to your organization. By seizing this opportunity to work with the best and brightest students the University of Arizona has to offer, organizations often see why CALS students are unique and have the abilities to learn and contribute through an internship experience.

We appreciate the energy our faculty, academic advisors, and partners put into developing such strong educational experiences for CALS students.
CALS STUDENT STATEMENT

Engaging in an internship program is a process that must be followed properly in order to get the most out of the opportunity you have worked hard to earn. This process ensures students gain the most knowledge and experience and are well prepared to begin the internship experience.

By completing the CALS Internship Manual in a timely manner, you will be able to earn academic credit and participate in valuable experiences. As the student and main beneficiary of this experience, it is your responsibility to contact the appropriate parties and ensure accurate completion of all documents within this packet.

This process should begin by communicating with your department internship coordinator or faculty member in your major department or CALS Career and Academic Services.

The following documents must be completed by the appropriate partner in the experiential learning process:

- The student is responsible for information on pages 3, 6, 7, 11 through 15
  - 15 is to be completed at the end of the internship program
- The CALS academic partner must complete information on pages 7, 8, 11 and 13
- A representative from the sponsoring organization must provide the information on pages 9, 10, 11 and 13

I, as the student, understand that it is my responsibility to make a good faith effort to complete all of the documents and represent the University of Arizona in a professional manner at all times during my internship process.

___________________________________________________________  _______________
Student Signature                                    Date
TIPS FOR A SUCCESSFUL INTERNSHIP

The following list contains tips that have been compiled from faculty advice and industry feedback regarding how to get the most out of an internship experience. Being an intern is a great opportunity to build new skills that are vital in any workplace.

- Treat an internship like your first professional job → be a professional (i.e. work ethic, punctuality, work well with others, etc.)
- Be realistic about your skills and abilities; don’t promise that you are bilingual if you have only taken Spanish 102.
- Stay in touch with your Internship Coordinator at UA to let them know how the process is going and what you are learning as well as if any issues arise they might be able to help find resolution.
- Communicate with your sponsor supervisor to make sure you understand their expectations and they understand what you hope to learn from the experience.
- Be mindful that you are there to learn and work at the same time the tasks that you are given might not always seem relevant but they are part of getting used to a real world work environment.
- Do your own research before the experience in order to understand what the role you will be playing and how your work will help you achieve your educational and career goals.
- Dress for success, understand the specific dress code for the area you will be working in, this is key for safety and to present yourself as a serious young professional. You want your work to stand out not your inappropriate wardrobe.
- Show your skills and creativity when appropriate; if a supervisor asks you to complete a task in a specific way, follow that procedure, but if your opinion is requested share openly and thoughtfully.
- Punctuality is key. Being on time or early shows that you are eager and willing.
- Be professional. Remember not only are you representing yourself to a potential employer in the future but you are the steward of the relationship between the University of Arizona and your internship organization. One bad intern can ruin future opportunities for your fellow CALS students.
<table>
<thead>
<tr>
<th>Agribusiness Economics and Management</th>
<th>Agricultural Technology Management and Education</th>
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</table>
| Dr. Paul Wilson  
pwilson@ag.arizona.edu  
(520) 621-6258  | Dr. Ed Franklin  
eafrank@ag.arizona.edu  
(520) 940-3718  |
| **Animal Sciences**  
Ms. Dari Trujillo  
kdtrujil@email.arizona.edu  
(520) 621-3058 | **Biosystems Engineering**  
Ms. Dava Jondall  
davaj@email.arizona.edu  
(520) 621-1753  |
| **Environmental Sciences**  
Dr. Tom Wilson  
twilson@ag.arizona.edu  
(520) 621-9308 | **Environmental & Water Resource Economics**  
Dr. Paul Wilson  
pwilson@ag.arizona.edu  
(520) 621-6258  |
| **Family Studies and Human Development**  
Tiffany Ortega  
tortega@email.arizona.edu  
(520) 621-7138 | **Microbiology**  
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(520) 621-3058  |
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(520) 621-3616 | Mr. Kyle Sharp  
ksharp@email.arizona.edu  
(520) 621-3616  |
University of Arizona

INTERNSHIP APPLICATION FORM

STUDENT INFORMATION

Eligibility for an internship is based on the following qualifications:

1. Be in **good academic standing** with the University of Arizona and have maintained at least a 2.00 grade point average (major and cumulative) at the University of Arizona prior to enrolling for an internship.
   Note: Some departments/colleges require a higher GPA for internships; consult with the internship coordinator about the GPA.

2. Have ___________________ status with completion of the following required courses listed in the department curriculum for the year: __________________________.

3. Continuing students should have completed at least two full-time semesters—a minimum of 24 University Credits. Transfer students should have completed at least one full-time semester—a minimum of 12 University Credits.

4. Be currently enrolled at The University of Arizona.

5. Be a declared major or minor in the department offering the internship.
   [Note: Students who do not have a major or minor in the department should contact the department head or internship coordinator to discuss their eligibility for an internship. Students in the Honors College should consult with an Honors College advisor regarding Honors credit for an internship.]

The intern student agrees to the following:

1. **Apply at least two weeks before the end of the semester prior to participation!!!** Students must complete this form and obtain all signatures prior to submitting the Intern Application packet to the department and/or college.

2. Some departments register students for their internships. If not, submit a Change of Schedule form for internship credit (193/293/393/493/593/693/793) with appropriate signatures to the Office of the Registrar (Administration 210) by the deadline to add courses for the semester when the credit will be earned.

3. Pay all registration fees associated with the credits to be earned. If you receive financial aid, consult with the Financial Aid and/or Scholarship Office prior to registering.

4. Discuss with your prospective supervisor at the work site the possible risks and dangers associated with the planned internship. Then complete and sign the **Internship Assumption of Risk Release Form** and submit it to the department offering the internship course.

5. Complete all academic assignments and reporting requirements of the internship as specified by the department.

6. Recognize that you are representing The University of Arizona as an ambassador to the community and abide by the Student Code of Conduct and Code of Academic Integrity.

7. Understand and follow the policies, procedures, rules, and regulations of the sponsoring organization.

8. Be prepared to perform your internship duties for the hours and duration specified. Talk with the supervisor about any University holidays.
9. For students in **paid** internships: indicate on the application form how the internship work hours and duties exceed the normal job requirements with the sponsoring organization.

10. Ensure that your direct supervisor is able and willing to submit an evaluation on your behalf. Some organizations have personnel policies prohibiting your supervisor from providing a written intern evaluation. If this is the case, special arrangements must be made for your supervisor to speak directly with the course instructor about your performance.

11. Complete and submit the **Student’s Internship Evaluation Form** to the course instructor at the conclusion of your internship.

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**Student’s Internship Evaluation Form**

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<th>Student Name</th>
<th>SID #</th>
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<tbody>
<tr>
<td>Local Mailing Address</td>
<td>City</td>
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<td>Local Telephone Number</td>
<td>Work Telephone Number</td>
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<tr>
<td>UA E-mail Address</td>
<td>Major</td>
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<td>Class Standing</td>
<td>Projected Graduation Date</td>
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<td>Emergency Contact Name</td>
<td>Relationship</td>
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**DEPARTMENT INFORMATION**

The University and Board of Regents have set a standard for 45 hours of work for each unit of internship credit. The intern applicant has agreed to work ______ hours per week for _______ weeks. Therefore, the Department agrees to award _____ units of credit for the following course __________________ for the __________________ semester.

**The Department and/or Course Instructor agree(s) to the following:**

1. Select students who are in good academic standing.
2. Ensure that students are NOT awarded internship credit for their ongoing job.
3. Inform students of the necessity of complying with pertinent department and workplace policies and procedures.
4. Require that the instructor documents communications with the student and the work supervisor regarding internship activities.
5. Notify the student that, unless other agreements are made between the student and instructor, the instructor and department will not be responsible for any financial obligations incurred by the student for his/her participation; this includes, but is not limited to, travel and housing arrangements.
6. Notify the student that neither the instructor nor the University will be responsible for the payment of any medical care for injuries alleged to have resulted from the student’s work experience.
7. If the student’s internship involves doing research with human subjects (e.g., collecting data), make sure that
Human Subjects training is provided as appropriate to the student’s assignment. [Check the Human Subjects Protection Program to determine if training is needed: http://www.irb.arizona.edu/faqs.html]

8. Address the kind and amount of compensation (if any) that the department permits for internship credit (e.g., volunteer work, paid employment, a scholarship, room and board).

9. Send to the supervisor of the sponsoring organization the **Supervisor’s Internship Final Evaluation** for completion, along with an envelope addressed to the course instructor; specify the deadline for this form to be returned to the course instructor.

__________________________  ______________________
Department                                             College of Agriculture and Life Sciences

__________________________  ______________________
Internship Instructor Name                              Title

__________________________  ______________________
Department Mailing Address                              City

__________________________  ______________________
E-mail Address                                           Telephone Number

__________________________  ______________________
Academic Advisor (if different from above)               Title

__________________________  ______________________
E-mail Address                                           Telephone Number

**SPONSORING ORGANIZATION INFORMATION**

In order to participate in the Internship Program, prospective organizations are expected to provide a Letter of Agreement outlining the employer’s understanding of the internship(s) it intends to offer (see instructions below).

An organization sponsoring an intern should assign a full-time professional as the Internship Supervisor and agree to the following:

1. Prepare a **Letter of Agreement** outlining the organization’s understanding of the internship it intends to offer, typically under the following headings:

   a) **Purpose of the Internship** - A brief statement that describes the purpose of the internship and includes a statement on how the program philosophy will be maintained.

   b) **Status of the Intern** – A brief description of the intern’s status within the agency: expected number of hours per week, hourly wage or salary (if any), eligibility for benefits or not, eligibility for promotion or not, etc.

   c) **Minimum Qualifications** - A statement that describes the minimum qualifications required of applicants for the internship. Minimum qualifications should include education, work experience, personal qualities, and special skills and knowledge.

   d) **Job Description** – A broad statement of the job function that describes the intern’s duties and responsibilities, including the identification of a “chain of command” for reporting purposes. Also include the name and position title of the expected supervisor.

   e) **Firm-Specific Guidelines and Requirements for Interns** – A detailed list of what the organization
expects from the intern and a definition of the organization’s obligations to the intern. The former may include items such as the intern’s specific job functions and/or the intern’s professional responsibilities with regard to the organization’s policies for office conduct, etc. The later may include items such as conditions of continued employment, potential for full-time employment after graduation, mentoring by full-time professionals in the organization, formal communication lines between the supervisor and intern, etc.

2. Prior to advertising the internship position, submit the Letter of Agreement for approval to the department head. This is an agreement between the student, the organization, and the department.

3. Make individual arrangements, if agreed upon between the student and organization, for any wage, stipend or other benefit of service deemed appropriate.

4. Provide pertinent policies and procedures to students prior to the beginning of the internship.

5. Train and provide relevant education and training for the student intern.

6. Supervise and evaluate the intern’s performance regularly throughout the term of the internship.

7. Maintain the intern status of the student, to be distinguished from employment status.

8. Notify the department of any decision to remove the student from an internship prior to the agreed upon time, due to the student’s failure to comply with rules and regulations, and provide a written report to the department stating the reasons for intern’s termination.

9. Complete and submit an Internship Final Evaluation form by the date specified by the department, and return this to the course instructor in the envelope provided.

Sponsoring Organization: ________________________________________________

Division/Department: ___________________________ Position Title: ___________________________

Internship Supervisor: ___________________________ Supervisor’s Title: ___________________________

Location of Job: ___________________________________________________________________________________

Summary of Job: ____________________________________________________________________________________

MINIMUM INTERN QUALIFICATIONS

Education: _______________________________________________________________________________________

Experience: _______________________________________________________________________________________

Attitudinal Aspects: _______________________________________________________________________________
SPONSORING ORGANIZATION INTERNSHIP AGREEMENT

Start Date: ___________  _______
End Date: ___________  _______

Month  Day  Year  Month  Day  Year

Work Schedule: ____________________________________________

Hours Per Week Expected: ____________

Supervisor/Student Contact Hours: ____________________________________________

The student will receive the following compensation for the internship (check/circle all that apply):

$____  Per Hr/Wk/Mo  Room & Board  Stipend  Scholarship  Pre-Professional Experience

On-site Activities/Responsibilities: ____________________________________________

__________________________________________________________________________

Physical Demands/Work Environment: __________________________________________

__________________________________________________________________________

Equipment/Machinery To be Used: ____________________________________________

__________________________________________________________________________

Other: ____________________________________________

__________________________________________________________________________

__________________________________________________________________________

Sponsoring Organization Internship Supervisor’s Signature of Approval  Date
STUDENT’S LEARNING OBJECTIVES (to be completed by course instructor and student)

1. ____________________________________________________________________________
   ____________________________________________________________________________
   Percentage of Time Spent: _____________

2. ____________________________________________________________________________
   ____________________________________________________________________________
   Percentage of Time Spent: _____________

3. ____________________________________________________________________________
   ____________________________________________________________________________
   Percentage of Time Spent: _____________

4. ____________________________________________________________________________
   ____________________________________________________________________________
   Percentage of Time Spent: _____________

5. ____________________________________________________________________________
   ____________________________________________________________________________
   Percentage of Time Spent: _____________

________________________
Course Instructor’s Signature of Approval

________________________
Student Intern’s Signature of Approval

________________________
Date

________________________
Date
CONDITIONS OF AGREEMENT

The Department and Sponsoring Organization, in finalizing this agreement, shall make no distinctions or discriminate against any applicant for internship credit on the basis of sex, race, creed, national origin, age, or handicap.

In consideration of the opportunity to participate in this internship, the undersigned Student and Sponsoring Organization do for themselves, their heirs, administrators and assigns, hereby release, discharge, and indemnify the University of Arizona, the College of Agriculture and Life Sciences, the Department of ____________________________, its representatives, administrators, employees, and students from any and all liabilities, losses, damages, claims, fines, suits or actions of any kind and nature, resulting from or arising out of any actions, omissions, or negligence of the performance of this agreement. Furthermore, the Sponsoring Organization will provide the student intern with safety procedures and information as is customarily provided regular employees of the Sponsoring Organization.

INFORMED LIABILITY STATEMENT

I understand that The University of Arizona and its representatives have arranged to establish an internship position with the Sponsoring Organization, which complies with academic, and employment regulations, policies, and procedures of The University of Arizona.

The daily managerial control and working conditions of the internship are under the sole discretion of the Sponsoring Organization and its designated agents. Consequently, I understand that The University of Arizona, College Agriculture and Life Sciences, the Department of ____________________________, its deans, directors, administrators, and employees, do not assume and cannot assume any liabilities, losses, or damages to me or others resulting from or connection with acts, judgments, omissions, or negligence occurring during my work for and with the direction of the Sponsoring Organization or its agents. In consideration of this, I have been informed of the importance of securing employer benefits or making my own arrangements for personal and professional liability.

This agreement can be terminated at any time by mutual consent of the Sponsoring Organization, course instructor, and the student.

Student intern agrees to notify the Sponsoring Organization and the College/School Department two weeks prior to the end of the internship.

I have read and understand this document.

_________________________________________  __________________________
Student Signature                     Date

_________________________________________  __________________________
Sponsoring Organization Supervisor            Date

_________________________________________  __________________________
Department Course Instructor              Date

_________________________________________  __________________________
Academic Advisor                      Date
University of Arizona Internship
ASSUMPTION OF RISK AND RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING
(If student is under 18 years of age, a parent or legal guardian must also read and sign this form)

Student Participant: __________________________ Date of Birth: _________________
Student ID: _______________ Major: ___________________ Internship Course: _______________
Sponsoring Organization: ____________________________________________________________

I hereby agree as follows:

RISKS OF PARTICIPATION
I recognize that there are dangers and risks to which I may be exposed by participating in this internship. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with the internship, as explained by the on-site supervisor:

__________________________________________________________________________________________

I understand that the University of Arizona (the “University”) does not require me to participate in the internship, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume all of the risks and responsibilities that are in any way associated with the internship.

HEALTH & SAFETY
I understand and agree that the University and its governing board, administrators, and employees (the “Releasees”) do not have medical personnel available at the Sponsoring Organization, which is the site location for my internship. I understand and agree that the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized emergency medical treatment.

I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this internship. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the internship.

I understand that neither the Releasees nor the Sponsoring Organization are obligated to provide transportation in connection with the internship. I understand that I am expected to carry my own automobile liability insurance coverage.

STANDARDS OF CONDUCT
I will comply with the University’s Student Code of Conduct and Code of Academic Integrity, as well as the standards of conduct for employees of the Sponsoring Organization. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by
my failure to remain under such supervision or to comply with such codes and academic standards.
University of Arizona  
STUDENT’S INTERNSHIP EVALUATION FORM  
(To be completed by the Intern)

This form is for you (the student) to assess your internship experience. *At the conclusion of the internship, by the end of the semester or summer term, complete this form and give it to your course instructor.*

Intern Name: ___________________

Sponsoring Organization: ___________________________  Sponsoring Supervisor: ___________________________

Internship Instructor: ______________________________ Internship Department: __________________________

Course Number and Section: __________________________ Semester(s) of Internship: __________________________

Place an X in the box of the number that best reflects your level of agreement/disagreement with each of the following statements.  1 = Strongly Agree; 5 = Strongly Disagree

Evaluate the following aspects of your internship by placing an X (or check mark) in the box of the number that best reflects your experience. If the aspect does not apply, leave it blank.  1 = Outstanding; 5 = Unsatisfactory

| I achieved my learning goals during the internship. | 1 | 2 | 3 | 4 | 5 |
| Through my duties, I received training in a profession/field related to my studies. | 1 | 2 | 3 | 4 | 5 |
| I experienced some of the realities of working in the profession/field. | 1 | 2 | 3 | 4 | 5 |
| I successfully completed my assigned responsibilities and duties. | 1 | 2 | 3 | 4 | 5 |

**Work Environment:**

Support and Feedback:

| From your supervisor | 1 | 2 | 3 | 4 | 5 |
| Clarity of organizational structure | 1 | 2 | 3 | 4 | 5 |
| Access to necessary materials and/or equipment | 1 | 2 | 3 | 4 | 5 |
| Collegiality/friendliness of the employees | 1 | 2 | 3 | 4 | 5 |
| Attitude of respect for interns | 1 | 2 | 3 | 4 | 5 |
| From other employees with whom you interacted | 1 | 2 | 3 | 4 | 5 |

**Opportunity to be Creative:**

Willingness of others consider to your ideas | 1 | 2 | 3 | 4 | 5 |

**Interaction with Others:**

Opportunity to contribute to a team project | 1 | 2 | 3 | 4 | 5 |

Questions were encouraged and answered. | 1 | 2 | 3 | 4 | 5 |

Access to one or more mentors (supervisor or employees) | 1 | 2 | 3 | 4 | 5 |

**Overall Evaluation of Internship** (circle/check one):  
Superior  Excellent  Satisfactory  Unsatisfactory

Additional Comments: ____________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Intern’s Signature ___________________________ Date ___________________________
**University of Arizona**
**SUPERVISOR’S INTERNSHIP EVALUATION FORM**

This form, to be completed by the intern’s on-site supervisor, is meant to provide constructive feedback to the student and course instructor about the student’s relative strengths and weaknesses as demonstrated in the internship. Unless the evaluation is extremely positive or negative, it will not significantly affect the student’s grade for the internship, which is primarily based on the quality of the related academic coursework.

Student Name: _______________________________ Semester(s) of Internship: __________________

Sponsoring Organization: ____________________ Organization Supervisor: ___________________

The supervisor should evaluate the intern as objectively as possible by circling the number in each range that best describes the intern’s performance for that characteristic. If the quality in question is irrelevant to the work the student has been performing, please circle “N/A” (not applicable).

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<tr>
<th>Characteristic</th>
<th>Excellent</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Poor</th>
<th>N/A</th>
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<td>Relations with Others</td>
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<td>Communication Skills – Written</td>
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<td>Communication Skills – Oral</td>
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<td>Organizational Skills</td>
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<td>Flexibility</td>
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<td>Observance of Rules, Policies and Procedures</td>
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<td>Leadership</td>
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18
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<th>Creativity</th>
<th>Excellent</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsiveness to Criticism</td>
<td>Excellent</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>Poor</td>
<td>N/A</td>
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### Other Skills Unique to Position

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<th></th>
<th>Excellent</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
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<td>1.</td>
<td>Excellent</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>Poor</td>
<td>N/A</td>
</tr>
<tr>
<td>2.</td>
<td>Excellent</td>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>Poor</td>
<td>N/A</td>
</tr>
<tr>
<td>3.</td>
<td>Excellent</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>Poor</td>
<td>N/A</td>
</tr>
</tbody>
</table>

What are the student’s outstanding STRENGTHS?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

In what areas does the student need IMPROVEMENT?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How often did you provide feedback to the intern about his/her work?

Weekly_____ Monthly_____ 1-2 times_____ Never _____

Verification that student has worked a minimum of ___ hours per week at this internship. Has this report been discussed with the intern? Yes ____ No ____

Comments:________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Organization Supervisor’s Signature

Date

________________________________________________________________________

Student’s Signature (if jointly completed)

Date

Please complete and return this form by: _________________________ to _________________________

Date

________________________________________________________________________

Mailing Address

Tucson AZ 85721