

Summer Internship Program



Required Forms



Student ID: _____

Date: _____

Everett Public Schools

3900 Broadway, Everett, WA 98201
425-385-4000 • www.everettsd.org

Form Overview and Requirements

| Required internship forms included in package: | | Student to fill in the following forms: | Worksite Supervisor to fill in the following forms: |
|--|--|---|---|
| FORM 1 | Worksite Qualification, Program Orientation & Legal Assessment | |  |
| FORM 2 | Parent/Guardian Consent |  | |
| FORM 3 | Worksite Learning Agreement |  |  |
| FORM 4 | New Employee Orientation |  |  |
| FORM 5 | Private Vehicle Travel Authorization |  | |
| FORM 6 | Internship Contract |  |  |
| FORM 7 | Worksite Learning Plan: Internship Overview and Objectives |  |  |
| FORM 8 | Internship Timesheet |  |  |

**FORM 1**

Worksite Qualification, Program Orientation & Legal Assessment

Worksite Information

Business Name:

Address:

City/State/Zip:

Hours of Operation:

Website:

Lead Contact:

Phone:

Email:

Assurance of Legal Compliance

Health and Safety, Employment of Minor, Fair Labor Practices, and Anti-Discrimination

Required Background Checks

Pursuant to RCW 28A.400.303, I confirm that any employee who will have unsupervised access to students of Everett Public Schools under this agreement shall be required to have successful completion of a background check through the Washington State Patrol Criminal Identification System, under RCW 4.43.830-834, RCW 10.97.30 & .50, and through the Federal Bureau of Investigation prior to accepting interns from the District and prior to unsupervised access to such students.

I confirm that I shall not allow any contact between Everett Public School students and any employee when an employee has pled guilty to or been convicted of any felony crime involving the physical neglect of a child under Chapter 9A.42 RCW, the physical injury or death of a child under Chapter 9A.32 or 9A.36 RCW (except motor vehicle violations under Chapter 46.61 RCW), sexual exploitation of a child under Chapter 9A.44 RCW where a minor is the victim, promoting prostitution of a minor under Chapter 9A.88 RCW, the sale or purchase of a minor child under 9A.64.030 RCW, or violation of similar laws of another jurisdiction. Any failure to comply with this section shall be grounds for the District to immediately terminate the internship.

I confirm that the employer, at its own cost, will perform criminal background checks of all individuals providing services under this internship agreement, and as required by applicable and current Washington State and federal law. Background checks are to be processed through Washington State Patrol criminal investigation system and through the Federal Bureau of Investigation under RCW 28A.400.303.

Family Educational Rights & Privacy Act

I confirm that the employer is subject to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education and District and Agency agree to abide by the stipulations and requirements of the FERPA rulings, as it exists at the time this form.

Change of Worksite Supervisor

The Worksite Supervisor may not be substituted without the prior approval of the district.

Nondiscrimination

The district provides equal educational opportunities and treatment for all students in all aspects of academic and activities programs without regard to race, color, national origin, creed, religion, sex, sexual orientation, gender expression, gender identity, veteran or military status, the presence of any physical, sensory or mental disability or the use of a trained dog guide or service animal by a student with a disability.

For inquiries about the district's nondiscrimination policies, please contact:

Affirmative Action Office – Debbie Kovacs

Title IX Officer – Mary O'Brien

504 Coordinator – Becky Ballbach

ADA Coordinator – Becky Clifford

Address: 3900 Broadway, Everett, WA 98201

I confirm that this worksite is in compliance with all provisions of local, state, and federal law which are applicable to this business including the following: occupational safety and health (WISHA and OSHA); employment of minors, fair labor practices, and payment of wages; and anti-discrimination, anti-harassment, and anti-retaliation on the basis of any protected characteristic, including race, creed, color, national origin, religion, sex, sexual orientation, marital status, age, honorably discharged veteran or military status, any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability, or any other characteristic protected by law. I understand and agree that harassment of any employee/student with regard to any of the protected characteristics listed above, and/or discrimination against any employee/student with regard to recruitment, hiring, placement, assignment of tasks, hours of employment, levels of responsibility, or pay, are strictly prohibited. I further understand and agree that any student performing work at this worksite shall receive a student orientation, which shall include training on safety procedures, accident prevention, and this employer's anti-discrimination, anti-harassment, and anti-retaliation rules and reporting procedures.

Worksite Supervisor Signature:

Date:

Worksite Qualifications

To be completed at least once per year

I confirm that, on the date stated below, I visited the Worksite identified above for purposes of screening the worksite as a qualified worksite appropriate to the worksite learning programs of the Everett School District. During a meeting with the Worksite Supervisor named above, I have screened the worksite as satisfying the following elements:

☐ Capacity to provide a relevant occupational learning experience

☐ Appropriate safety training, procedures, and practices

☐ Compliance with state and federal regulations relating to health and safety and employment of minors

☐ Appropriate general liability insurance coverage (minimum \$1 million)

☐ Appropriate employment policies, including anti-discrimination, anti-harassment, and disability accommodation

Teacher/Worksite Learning Coordinator Signature:

Date:

Indemnification

Each party to this agreement shall be responsible for damage to persons or property resulting from negligence on the part of itself, its employees, agents, or officers. No party will be considered the agent of any other party and no party assumes responsibility to any other party for the consequences of any act or omission of any person, firm, or corporation not a party to this agreement. Provided, the Employer shall defend, indemnify, and hold harmless the District, including its employees, directors, agents, volunteers, and affiliates, from and against any and all claims, actions, suits, demands, damages, liabilities, obligations, losses, settlements, judgments, costs, and expenses (including reasonable attorney's fees and costs) arising from the Employer's negligence or willful misconduct resulting in injury or other harm to the Student.

| | |
|---|--------------|
| Worksite Supervisor Signature: | Date: |
| Superintendent or Deputy Superintendent Signature: | Date: |

Program Orientation

I confirm that, on the date stated below, I met with the Worksite Supervisor named above and provided him/her relevant information about the worksite learning programs of the Everett School District, including a review of program objectives and the rights and responsibilities of the school district, worksite, students, and parents/guardians.

| | |
|---|--------------|
| Teacher/Worksite Learning Coordinator Signature: | Date: |
|---|--------------|

**FORM 2**

Parent/Guardian Consent

Program Type

☐ Cooperative Worksite Learning ☐ Instructional Worksite Learning ☐ TE Coordinating Course (specify):

Qualifying Course Title:

☐ Previously completed ☐ Enrolled concurrently with Program

Student Information

Student:

Student ID:

School:

Address:

City/State/Zip:

Student Phone:

Parent/Guardian Phone:

Birthdate

Current Age:

Sex:

Grade:

Career Pathway:

Worksite Information

Company Name

Position will be: ☐ Paid ☐ Unpaid

Address:

City/State/Zip:

Teacher/Worksite Learning Coordinator:

Phone:

Medical and Insurance Information

| | |
|---|----------------|
| Emergency Contact: | Phone: |
| Doctor's Name: | Phone: |
| List any Medications: | |
| List any Allergies: | |
| Student had medical/accident insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO (if YES, complete next question) | |
| Name of Medical/Accident Insurance Carrier: | Phone: |
| Policy Holder Name: | Policy Number: |

Student Transportation: How will the student get to the Worksite?

☐ Public Transportation ☐ Walk ☐ Own Car* ☐ Parent/Guardian Car* ☐ Other* (specify):

* Must include Everett School District Private Vehicle Travel Authorization (Form PD-2)

Parent/Guardian Consent

Assumption of Risk

I certify that I am a parent or legal guardian of the student named above ("Student"). I understand that in the program listed above (Cooperative Work-based Learning, Instructional Worksite Learning, or CTE Coordinating Course) the Student will perform work-related learning activities in a work-based environment, and that school personnel may not be present when the Student is at the worksite. I understand this to be an enriching opportunity for the Student that will allow him/her to apply his/her classroom learning while developing valuable work experience and prospective employment contacts. Although I understand that the school district will make reasonable efforts to ensure that the worksite is a safe environment for the Student, I am fully aware that there are special dangers and risks inherent in participating in any off-site work experience beyond the control and custody of the school district. I accept and understand that the inherent risks of the activity described above cannot be eliminated without jeopardizing the essential requirements of the activity. I have reviewed these risks and understand and appreciate them and still desire that my Student participate in the activity. I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ACTIVITY. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND ALLOW MY STUDENT TO PARTICIPATE. My signature reflects my knowledge of the details of the program and grants permission for the Student to participate in the program. My signature below furthermore authorizes emergency medical treatment for the Student.

| | |
|---------------------------|-------|
| Parent/Guardian Signature | Date: |
|---------------------------|-------|



FORM 3

Worksite Learning Agreement

Program Type

☐ Cooperative Worksite Learning ☐ Instructional Worksite Learning☐ CTE Coordinating Course (specify):

Qualifying Course Title:

☐ Previously completed ☐ Enrolled concurrently with Program

Student Information

Student:

Student ID:

Birthdate:

Current Age:

Career Pathway:

Career Goal:

Worksite Information

Teacher/Worksite Learning Coordinator:

Worksite/Employer Name:

Worksite Supervisor:

Worksite/Employer Address:

Student Position

Proposed Total Hours per Week (20 hr. max during school weeks):

| | | | | | |
|---|-----------|--|----------|--|---|
| Proposed Weekly Schedule: | MONDAY | | AM/PM to | | (4 hr. max during school weeks, 7AM to 10PM) |
| | TUESDAY | | AM/PM to | | (4 hr. max during school weeks, 7AM to 10PM) |
| | WEDNESDAY | | AM/PM to | | (4 hr. max during school weeks, 7AM to 10PM) |
| | THURSDAY | | AM/PM to | | (4 hr. max during school weeks, 7AM to 10PM) |
| | FRIDAY | | AM/PM to | | (8 hr. max during school weeks, 7AM to 12AM) |
| | SATURDAY | | AM/PM to | | (8 hr. max during school weeks, 7AM to 12AM) |
| | SUNDAY | | AM/PM to | | (8 hr. max during school weeks, 7AM to 12AM) |
| Proposed Total Hours per Academic Semester: | | | | | Position will be: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid |

Responsibilities

I. Student Responsibilities: (Failure to comply with any of the following may result in termination from the program.)

1. Keep regular attendance at school and on the job, notifying your worksite supervisor of any anticipated absences or tardiness. If the trainee is absent from school, he/she must be absent from work unless other arrangements have been made with the Teacher/Worksite Learning Coordinator.
2. Abide by all state and federal laws, all worksite/employer rules and policies, and all school rules and policies.
3. Demonstrate honesty, punctuality, cooperation, confidentiality, and respect for others.
4. Submit verified documentation of hours at the learning/training site to the Teacher/Worksite Learning Coordinator and complete the necessary forms for school credit purposes as required.
5. Immediately inform the Worksite Supervisor and/or the Teacher/ Worksite Learning Coordinator of any problems, concerns, and accidents/injuries arising out of or relating to your participation in the program.
6. Abide by the dress code of the learning/training site.

II. Parent/Guardian Responsibilities:

1. Review and comprehend all school rules and policies related to the program in which the Student is participating.
2. Review and comprehend all worksite rules and policies provided to the Student following orientation.
3. Timely inform (within 2 business days, if practicable) the Teacher/ Worksite Learning Coordinator of any concerns relating to the Student's participation in the program.
4. Complete all required forms.
5. Provide support for the student's active participation, punctuality, and personal growth in the program.
6. Assume responsibility and liability for student transportation while traveling to and from the worksite.

III. Worksite/Employer Responsibilities:

1. Comply with all federal, state, and local laws relating to employment, employment of minors, and occupational safety and health.
2. Comply with all state Worksite Learning standards set forth in WAC 392-410-315, as amended, and all school district rules and policies relating to employment and worksite training of students.
3. Comply with all federal, state, and local laws prohibiting discrimination on the basis of the student's race, creed, color, national origin, religion, sex, sexual orientation, marital status, age, honorably discharged veteran or military status, any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability, or any other characteristic protected by law.
4. Provide a safe working environment and immediately report any student accidents or injuries to the Teacher/ Worksite Learning Coordinator, as well as to the Washington State Department of Labor & Industries for students reported on the Employer's Risk Classification.
5. Provide the student an orientation on all employer rules and policies (e.g., safety policies and procedures, anti-discrimination, anti-harassment).
6. Provide the student job-specific training and job-appropriate supervision and mentorship.
7. Consult with the Teacher/ Worksite Learning Coordinator concerning the student's worksite learning plan.

8. Verify attendance and/or time records and provide feedback regarding performance and skill attainment.
9. Maintain liability insurance.
10. Supervise students while on business premises and monitor employees who have direct contact with students.
11. Ensure the student's participation at the worksite in no way violates any collective bargaining agreement between the business and regularly scheduled employees.

IV. Everett School District's Teacher/Worksite Learning Coordinator Responsibilities:

12. Align the worksite learning experience to the education plan of the student.
13. Establish worksite learning agreements and learning plans.
14. Orient and coordinate with the worksite supervisor to evaluate student performance as per the student learning plan.
15. Document the student's progress and retain documentation in the student's file.
16. Secure all required paperwork before the student may participate in the program and before credit and/or grades are issued.
17. Document and report all student accidents and injuries as may be required by law.
18. Make regular site visits to monitor student performance.

The Worksite/Employer assures compliance with all provisions of state law regarding employment of minors, in accordance with chapters 296-125 and 296-131 WAC, and with all provisions of state, federal, and local law relating to occupational safety and health, payment of wages, or non-discrimination/anti-harassment against any employee/student on the basis of race, creed, color, national origin, religion, sex, sexual orientation, marital status, age, honorably discharged veteran or military status, any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability, or any other characteristic protected by law. Harassment of any employee/student with regard to any of the protected characteristics listed above, and/or discrimination against any employee/student with regard to recruitment, hiring, placement, assignment of tasks, hours of employment, levels of responsibility, or pay, are strictly prohibited.

The parties' signatures below indicate their acceptance of the terms as stated above.

| Student Acceptance | | Parent/Guardian Acceptance |
|------------------------------------|--------|---|
| Student Name: | | Parent/Guardian Name: |
| Student Signature: | | Parent/Guardian Signature: |
| Student home address and zip code: | | Parent/Guardian address and zip code: |
| Student home telephone number: | | Parent/Guardian home telephone: Parent /Guardian work telephone: |
| Worksite/Employer Acceptance | | Everett School District Acceptance |
| Worksite Supervisor Name: | | Teacher/Worksite Learning Coordinator Name: |
| Worksite Supervisor Signature: | | Teacher/Worksite Learning Coordinator Signature: |
| Name of Employer: | | Name of high school: |
| Employer address and zip code: | | Teacher/Worksite Learning Coordinator address and zip code: |
| Telephone number: | Email: | Teacher/Worksite Learning Coordinator telephone number: |

Notes


FORM 4

New Employee Orientation

Student Information

Student:

Date:

Worksite:

Supervisor:

Directions: Please select the new employee orientation items that are covered upon hiring new employees. Be sure that the student obtains information about the following factors in regards to your company's practices.

Company Orientation

☐ Give student copies of printed materials, including:

☐ Explain the company's history and mission.

☐ Describe the company's product line(s) or services.

Discuss company policies and procedures regarding:

☐ Hours of operation/work

☐ Overtime policies

☐ Pay periods and employee time reporting requirements

☐ Vacation policy

☐ Holiday policy

☐ Appropriate dress and grooming

☐ Worksite Safety rules, procedures, and practices

☐ Emergency procedures (Evacuation procedures & How to report work place injuries)

☐ Procedures for absence and tardiness

☐ Parking

☐ Procedures for arrival

☐ Procedures for departure

☐ Policies about telephone usage

☐ Anti-discrimination, anti-harassment, and anti-retaliation policies and reporting procedures

| | |
|--|---|
| <input type="checkbox"/> Accident Prevention Program | <input type="checkbox"/> Other: |
| Describe employee benefits, such as: | |
| <input type="checkbox"/> Discounts | <input type="checkbox"/> Educational assistance |
| <input type="checkbox"/> Other: | |

Department Orientation

Describe the relationship of the department to the company. Discuss specific departmental rules including:

| | |
|--|--|
| <input type="checkbox"/> Breaks (including specific information relating to break time for minors) | <input type="checkbox"/> Work schedules (including specific information relating to work schedules for minors) |
| <input type="checkbox"/> Days off | <input type="checkbox"/> Presence of food at workstation |
| <input type="checkbox"/> Other: | |

Coworker Orientation

| | |
|---|---|
| <input type="checkbox"/> Introduce co-workers | <input type="checkbox"/> Explain job responsibilities of co-workers |
| <input type="checkbox"/> Identify and introduce worksite supervisor | |

Job Orientation

| | |
|---|---|
| <input type="checkbox"/> Show student her/his workstation. | <input type="checkbox"/> Describe student's responsibilities. |
| <input type="checkbox"/> Explain the importance of the student's responsibilities to the organization | |

Agreement

| | |
|--|-------|
| Worksite Supervisor Signature: | Date: |
| Student Signature: | Date: |
| Teacher/Worksite Learning Coordinator Signature: | Date: |

The Worksite/Employer assures compliance with all provisions of state law regarding employment of minors, in accordance with chapters 296-125 and 296-131 WAC, and with all provisions of state, federal, and local law relating to occupational safety and health, payment of wages, or non-discrimination/anti-harassment against any employee/student on the basis of race, creed, color, national origin, religion, sex, sexual orientation, marital status, age, honorably discharged veteran or military status, any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability, or any other characteristic protected by law. Harassment of any employee/student with regard to any of the protected characteristics listed above, and/or discrimination against any employee/student with regard to recruitment, hiring, placement, assignment of tasks, hours of employment, levels of responsibility, or pay, are strictly prohibited.

**FORM 5**

Private Vehicle Travel Authorization

This form must be completed before a student is allowed to travel in a private vehicle to and from district activities.
(separate form to be completed by both driver and passenger)

To be Completed by District

Activity: Worksite Learning

Location: Job Site

Dates:

District Transportation Available? ☐ Yes ☐ No

Principal's Signature:

Date:

To be Completed by Student and Parent/Guardian

Driver Name:

Driver Age:

Passenger(s) Name:

Passenger(s) Age:

Type of License: ☐ Intermediate ☐ Regular

Date of Issue:

Insurance Provider:

Policy Number:

Policy Holder Name:

I grant permission for *(insert student's name)* _____ to travel to and from the
activity described above by private vehicle.

I understand that when a private vehicle is used for transporting students to and from District activities, the private operator or registered owner is responsible for carrying vehicle insurance with liability limits not less than the minimum required by the State of Washington, maintaining the vehicle in safe working condition and operating the vehicle within the rules set by the State of Washington.

I understand that when a private vehicle is used to transport students to and from District-sponsored activities, the private vehicle owner's insurance provides primary insurance coverage in case of an accident.

I agree to protect, indemnify, release, and hold harmless the Everett School District, its elected and appointed officials, employees, agents, staff, and volunteers for any and all claims or less directly attributable to the use of private transportation as described herein, including, without limit, any and all claims arising from the negligence of the Everett School District, but not including claims arising solely from the gross negligence of the Everett School District.

I certify that I am the parent or legal guardian of *(insert student's name)* _____ and that I have read and understood the above information.

| | | |
|--------------------------------------|----------------------|--------------|
| Signature of Parent/Guardian: | Phone Number: | Date: |
|--------------------------------------|----------------------|--------------|

To be Completed by Student

I am a student at *(insert school name)* _____ and I have read and understood the above information.

| | | |
|------------------------------|----------------------|--------------|
| Signature of Student: | Phone Number: | Date: |
|------------------------------|----------------------|--------------|

This form to be on file at the student's home school.

If any changes occur, it is the responsibility of the student and parent to contact the school.

**FORM 6**

Internship Contract

Student Information

Student Name:

School:

Worksite Learning Coordinator:

By signing this agreement, Interns agree to the following:

1. I will commit to the internship for the entire summer;
2. I will not schedule any conflicts during my designated internship time;
3. I understand that my school's rules and policies pertain to me at all times while at my worksite;
4. I understand that this is a credited experience and a grade will be entered onto my transcript;
5. I understand that I will maintain workplace appropriate attire and excellent physical appearance every day of the internship;
6. I understand that only interns are to contact Site Supervisors (not family members or friends);
7. If I have any questions or concerns about my internship, I will immediately contact the Worksite Learning Coordinator; and,
8. If I need to be absent for any reason, I will contact the Site Supervisor and the Worksite Learning Coordinator.

Placement Information

Start Date:

End Date:

Worksite / Internship Placement:

Internship Schedule (hours per day of week)

SUNDAY:

MONDAY:

TUESDAY:

WEDNESDAY:

THURSDAY:

FRIDAY:

SATURDAY:

Anticipated Number of Credits Earned for Internship Experience:

Transportation Information

Worksite / Internship Location Address:

School:

Inter plans to use the following form(s) of transportation to travel to/from the worksite

Primary transportation:

Back-up transportation:

Travel time to get to worksite on time:

Agreement

Student Signature:

Date:

Parent/Guardian Signature:

Date:

Worksite Learning Coordinator Signature

Date:

Students may withdraw from an internship within the first 15 days without penalty. After this time, students who withdraw will receive a NC on their transcripts. Questions or issues regarding internship placement should be addressed to the Worksite Learning Coordinator.

**FORM 7**

Worksite Learning Plan: Internship Overview and Objectives

General Information

Student Name:

Employer:

Employer Phone:

Supervisor(s):

Current Grade: ☐ 10 ☐ 11 ☐ 12

Designated Career Pathway:

Average no. of hours per week:

Internship Goal:

The student will be assessed on the following learning objectives for the period beginning _____ and ending _____. Each objective should be measurable and describe an accomplishment, such as a skill, knowledge or a behavior that the student has shown growth in.

Internship Overview

Please provide a general summary of the internship along with duties/tasks, occupational skills, workplace environment, and a brief timeline overview.

Objective #1:

Date expected to complete objectives:

Evaluation: ☐ Consistently Meets Objective ☐ Usually Meets Objective ☐ Seldom Meets Objective

Comments:

Objective #2:

Date expected to complete objectives:

Evaluation: ☐ Consistently Meets Objective ☐ Usually Meets Objective ☐ Seldom Meets Objective

Comments:

Objective #3:

Date expected to complete objectives:

Evaluation: ☐ Consistently Meets Objective ☐ Usually Meets Objective ☐ Seldom Meets Objective

Comments:

General Evaluation

SCALE: 3 = Exceeds expectations 2 = Meets Expectations 1 = Needs more work

| ATTITUDE TOWARD WORK: | | RELATIONS WITH OTHERS: | | DEPENDABILITY: | |
|-----------------------|------------------------------------|------------------------|-----------------------------|----------------|--|
| | Uses time effectively | | Cooperates with supervisors | | Is on time to work |
| | Dresses appropriately for the job | | Works well within a team | | Remains until required hours are completed |
| | Exhibits cleanliness, good hygiene | | Accepts suggestions | | Alerts supervisor if absent |
| | Demonstrates continual improvement | | Willing to change | | Plans ahead to rearrange schedule |

| JOB GROWTH/SKILL IMPROVEMENT | | QUALITY OF WORK/PRODUCTIVITY | |
|------------------------------|---|------------------------------|--|
| | Performs well under pressure | | Works independently |
| | Shows continual improvement | | Uses care with equipment and materials |
| | Works independently | | Performs quality work |
| | Understands and follows directions | | Level of productivity, adds value to workplace |
| | Learns well, understands responsibility | | Shows leadership in carrying out tasks and assignments |

Agreement

| | |
|---|-------|
| Worksite Learning Supervisor: | Date: |
| Student Signature: | Date: |
| Work-Based Learning Coordinator Signature | Date: |



FORM 8

Internship Timesheet

Student Information

Student Name:

Worksite / Internship Placement:

| | Primary Activity and Hours for Week: | Cumulative Hours: |
|--------|--------------------------------------|-------------------|
| Week 1 | | |
| Week 2 | | |
| Week 3 | | |
| Week 4 | | |
| Week 5 | | |
| Week 6 | | |
| Week 7 | | |
| Week 8 | | |
| | Total Hours: | |

Agreement

Site Supervisor Signature:

Date:

Student / Intern Signature:

Date: