Internship Application Packet

This application is for TFCA internal purposes only. *Students may be required to complete a separate application and interview to obtain an internship with a particular business*. These forms must be completed and returned to the office before the given due date. Students will be notified by email if their internship has been approved.

Name:_____

Grade for this school year:_____ Email address that I check regularly:_____

Name of Business for which you would like to intern:_____

Address of Business for which you would like to intern:_____

Dates of internship:_____

Hours of internship:_____

Expected duties at internship:_____

Name of supervisor at the business:_____

Email address for supervisor:_____

Telephone number for supervisor:_____

I understand that this application is for an internship in the _____-_____ school year only. The internship course for which I am applying is a Pass/Fail class that provides ½ credit per semester (no more than 1 internship credit per year can be earned). If my application is approved, I will be required to complete at least 40 hours of work at this internship each quarter. In addition to my time log, my supervisor will also complete a quarterly evaluation of my work throughout each academic quarter.

Signature of student Date

Signature of Counselor Date

Parent Authorization

I understand that my student has applied to enroll in the internship class at The Frankfort Christian Academy. I am aware of the company for which my child plans to intern and I give my permission for my student to participate in this internship. I have read the requirements that must be completed for my student to receive credit for this class and I understand that consequences of my student failing to complete all of those requirements will be an F in the class.

I give my student permission to leave school at the appointed time and travel to the internship.

_____ My student may drive him or herself to and from the internship.

_____ I or another adult that I authorize will transport my student to and from the internship.

Name of adult who will be transporting my student:_____

Cell phone number of the adult who will be transporting my student:_____

_____

Signature of parent Date

_____

Name of parent

Internship Supervisor Authorization

I agree that _____, a high school student at The Frankfort Christian Academy, will work as an intern for my company during the _____-_____ school year. I understand that this student will need to complete 40 hours of work each quarter (160 hours total for the year) and I agree to verify those hours and complete a brief review of the student at the end of each quarter. I also understand that the student will not be expected to work on days that school is not in session, which will include holidays, school breaks, and snow days.

_____

Signature of supervisor Date

_____ _____

Name of supervisor Name of company

_____ _____

Address of business Phone number of supervisor

FOR OFFICE USE ONLY: Date Received:_____ Action Taken: _____

Other notes:_____

Approved by:_____

Student Name:____________________

Academic Semester:_________________

Internship Log of Hours Worked

Submit ONE log PER semester. 40 hours/quarter or 80 hours/semester should be logged to earn credit.

Date	Number of hours worked	Date	Number of hours worked

Student Intern Supervisor Evaluation

Supervisors: Please sign and complete this evaluation each semester. The form can be submitted via email to rebecca.scheidt@mytfca.org or hand-delivered by the student-intern in a sealed envelope.

Supervisor Name_____ Date Completed_____

Phone Number_____Email_____

Student Name_____ Academic Quarter_____

Rate your intern in the following categories. Use the comment space below if you would like to include any further information regarding the student's performance.

Category	Rating (1- highest/best 2- moderate 3- lowest/worst)
ATTENDANCE • Was your intern there daily unless otherwise excused? • Did he/she inform you in advance of conflicts in his/her schedule?	1 2 3
INTERACTIONS • Was your intern on task while in your place of business? • Was his/her interaction with your clients/employees appropriate? • Did you find that his/her presence in your business helpful?	1 2 3
PRODUCTION • Did your intern successfully complete his/her projects? • Were the projects completed by your intern completed satisfactorily? • Did intern meet your expectations overall? • Did he/she accept suggestions and advice?	1 2 3
OVERALL JOB PERFORMANCE	1 2 3

Additional Comments/Information _____

_____

_____

Internship Personal Reflection

Please answer the following questions in paragraph form. Please type your answers and submit them to your counselor no later than the given due date. **ONE personal reflection is due at the end of each intern semester.**

1. Briefly explain the business for which you interned?

2. Describe tasks that you completed as part of this internship?

3. Describe aspects of the business you were able to observe as part of your internship, even if you did not actually participate in them?

4. What new information did you learn about the business during your internship?

5. What new skills did you acquire, or start to acquire, during your internship?

6. What was your overall impression of this experience? Was it helpful? In what ways?

7. Would you recommend this internship to others? Why or why not?

8. If you could change something about your internship experience, what would it be?

9. Has this internship experience impacted your interest in a specific career or course of study in the future?

10. What else would you like to share about your internship experience?