



Summer Internship Program Student Education Plan

STUDENT _____ PROGRAM _____

Student Learning Goals for Summer Internship (as envisioned by the intern)

- 1) _____
- 2) _____
- 3) _____

Learning Goals for the Summer Intern (as proposed by the JVS Job Coach)

- 1) _____
- 2) _____
- 3) _____

Strengths and Areas for Improvement

Strengths

Areas for Improvement

_____	_____
_____	_____
_____	_____

Review Training Agreement, specifically in the areas of

- Career-Technical Skills/Competencies of Student Already Learned in Lab
- Career-Technical Skills/Competencies To Be Learned on the Job

Review of Proper Payment Method – taxes withheld and covered under Worker’s Compensation

Student Signature _____ Date _____

Job Coach Signature _____ Date _____

Employer Signature _____ Date _____

A COPY GOES TO EMPLOYER, JOB COACH AND CAREER SERVICES OFFICE

SAFETY SITE CHECK FORM

Student Name: _____ Program: _____

Company Name: _____

Company Address: _____

Contact Person: _____ Phone #: _____

Email Address of Contact Person: _____

JVS Job Coach: _____ Date of Visit: _____

Please complete the following information and return the form to the Career Services Office.

- Employees paid by pay check, have taxes withheld, and covered under Worker's Compensation**

Comments _____

- Proper safety equipment available and working**

Comments _____

- First-aid kit onsite and available**

Comments _____

- Industry/safety standards being met**

Comments _____

- Exit signs visible, if applicable**

Comments _____

- Site appears clean and safe by visual check**

Comments _____

- Site Tour (if unfamiliar with work site, ask for tour)**

Comments _____

- Safety Orientation**

Is an orientation to safety procedures given to new employees? YES NO

Comments _____

General Comments:

