



**Coconino
Community
College**

2015/2016

**Internship
Packet**



PREFACE

Coconino Community College (CCC) recognizes that there are important elements of career preparation which cannot adequately be taught within the confines of the classrooms of the College. CCC offers service learning internship opportunities through many of its degrees and certificate programs. The goal of the internship is to provide students with the necessary real-life, on-the-job employment experiences that will prepare them for a future in their chosen career.

The CCC Internship Manual and Forms Packet is provided to assist students, faculty, and employers who will be participating in the internship program. Although individual departments may need to adapt certain material to meet specific program needs, agreements and evaluation forms are consistent across departments, so that students' outcomes are of a similar nature.

It is our hope that each student's internship experience is rewarding and worthwhile for all involved. Your feedback regarding the internship program is important to us. If you have any suggestions that you consider to be helpful in improving CCC's internship program or this internship manual, please forward them to us.

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OVERVIEW OF AN INTERNSHIP

What is an internship: Practical learning experiences that apply academic education to on-the-job situations. Learners participate in relatively short-term work placements, paid or unpaid, tied to classroom projects, and guided by a learning plan that targets specific competencies.

Academic Credit: Internship credit hours will be negotiated based on the fulfillment of a contract. Each credit hour requires the completion of a minimum 45 hours of on-the-job participation. Forty-five (45) internship hours are needed for one (1) academic credit hour. Maximum credit hours earned for internships is six (6).

Assessment: Students will complete a project mutually agreed upon by the internship faculty member of record and the student to ensure the outcomes of the internship are met.

Financial Considerations: Students must pay tuition and any placement-related expenses and/or requirements for credit internships based on the semester hours attempted. Financial Aid may be applied in the same manner as credit hours for traditional courses, as long as student has eligibility for financial aid. Some credit internship positions are paid a salary or stipend by the placement organization, while others are unpaid. Students should be prepared to pay for any costs associated with the internship such as travel, meals, tools and/or uniforms and childcare.

Course Outcomes: A learning contract including course content, specific outcomes and evaluation procedures must be agreed to by the internship faculty and the student prior to the start of the work program. Employers will agree to support course outcomes and to complete a student evaluation at the end of the internship.



INTERNSHIP ROLE EXPECTATIONS

Student:

1. Enroll in appropriate course for internship (i.e., XXX289, Internship at XXXX).
2. Meet internship organization qualification requirements.
3. Complete all required paperwork by Coconino Community College (CCC) and the internship organization.
4. Schedule internship hours to meet internship organization needs.
5. Work with internship faculty and work-site supervisor to identify learning objectives, strategies, and learning outcomes, relating the internship activities to academic studies. Complete *Internship Learning Contract*.
6. Keep weekly time and activity logs and submit to internship faculty as required.
7. Complete stated learning outcomes, any assignments, and number of required internship hours.
8. Participate in activities designed to provide an overview of the organization.
9. Approach responsibilities with dedication, enthusiasm, and maturity.
10. Be aware of and comply with internship organization policies and procedures. Complete *Intern Feedback Form* at the conclusion of the internship.

Internship Faculty:

1. Recommend qualified students for internship placement and assist student with placement.
2. Complete all required paperwork by CCC and the internship organization.
3. Work with student and internship organization to identify specific learning objectives, strategies, and learning outcomes, relating the internship activities to academic studies.
4. Maintain contact with student, internship organization, and work-site supervisor.
5. Monitor student activities and progress through regular meetings and at least one site visit per semester.

6. Address any questions or concerns of the student and work-site supervisor.
7. Regularly review *Intern Timesheet and Daily Logs*.
8. Review *Work-site Supervisor's Evaluation of Intern, Intern Feedback Form*, and any other required project materials.
9. Determine and assign final grade.

Internship organization and Work-site Supervisor:

1. Assign a work-site supervisor who has the time and ability to assist with intern supervision, training and mentoring.
2. Maintain communication with CCC internship faculty and work-site supervisor throughout the duration of the internship experience.
3. Assist the student and internship faculty in identifying specific learning objectives, strategies, and learning outcomes, relating the internship activities to academic studies.
4. Provide the student with the appropriate orientation and training for the internship setting and projects.
5. Provide meaningful assignments and projects, within the constraints of the student's time and abilities, to enhance and complement the student's academic program goals.
6. Address any questions or concerns of the student and/or the internship faculty as they arise.
7. Evaluate the student's internship performance by completing the *Work-site Supervisor Evaluation of Intern* form. Discuss the evaluation with the student.
8. Notify CCC and the internship faculty of any personnel actions which may affect the student's standing in the internship.



GUIDELINES FOR INTERNSHIP ORGANIZATION

On-Site Orientation

It is recommended that all internship organization sites conduct an on-site orientation. This is an opportunity to provide information and instruction to the student(s). It is important that students become familiar with your organization and staff, understand their responsibilities, learn about organization policies, and attend any necessary training. The more information that you can cover during the on-site orientation, the more prepared student(s) will be to work at your organization. Please encourage students to ask questions and give them feedback about appropriate behavior at your organization.

The following are some suggestions for what you may want to include in your on-site orientation:

- 1) **Organization Information:** Educate the student(s) about your organization: Whom do you serve? What are the demographics? How are you funded? What is your mission? What is your philosophy?
- 2) **Staff:** Who are some of the staff, and what are their positions? Is there any jargon or language generally used by staff that would be helpful to student(s) to know?
- 3) **Provide a List of Contacts/Numbers:** List people/agencies that will be useful for student(s) in doing their internship.
- 4) **Responsibilities:** What is expected of the student(s)? Describe the role student(s) will play in your organization. How will their performance be appraised?
- 5) **Policies:** Sign-in/out, dress code, office rules.
- 6) **Training:** If training is needed, what kind and when?
- 7) **Final Product:** What is the final goal for your organization that is expected from the student(s) by the end of the internship? **(This final goal would incorporate your mission statement, philosophy, specific student goals, and is mutually agreed upon by your organization and the student.)**

8) **Scheduling:** What are your organization's hours of operation? What hours are the student(s) expected to be there? When should student(s) complete their internship? When will you meet with student(s) during the semester to review work they have done independently?

9) **Supervision:** It is important that all internship students have a contact person at the site who will supervise them. The amount of time each student will need supervision will depend on the project or internship activity. Students may be allowed to work independently without specific activities assigned each visit. When structured this way, supervision time can be more effectively utilized for questions and feedback. If the assigned work-site supervisor will not be available for any reason, please make certain that the student has another site representative available if needed.

It is important to remember that students are not volunteers. Students are here to meet internship requirements and enhance their learning of college course material and the workplace. Students are receiving academic credit for learning through their internship efforts. Your assistance in helping interns think about what their experience means to them and how it relates to their coursework is very valuable.

10) **Sign-In Procedure:** Students are required to have a sign-in time log completed every time they come to your organization. We ask students to have their work-site supervisor or someone from your organization sign their weekly timesheet and daily log at the end of each work week. The student will use one *Intern Timesheet and Daily Log* form for each week they work at the internship organization. The *Intern Timesheet and Daily Log* forms will then become a part of the student's final portfolio, which will be turned in near the end of the internship. **(The student is responsible for retaining this documentation)**

11) **Identification:** Provide students with identification from your organization or require students to have their CCC identification available.



INTERNSHIP APPLICATION

Student Information

Complete all requested information. Please print.

This application applies to the following academic session (indicate year on line provided):
FALL _____ SPRING _____ 1st SUMMER _____ 2nd SUMMER _____

Your Name: _____ Date: _____

CCC @ID: _____ Email: _____

Cell phone: _____ Home phone: _____

Local Address: _____
Street address City State Zip code

Perm. Address: _____
Street address City State Zip code

Internship Placement Information

Placement Preference: _____

Contact Person: _____ Title: _____

Contact Phone: _____ FAX: _____

Email: _____

Address: _____
Street address City State Zip Code

Anticipated hours per week: _____

Anticipated total hours for period of internship: _____

Give a brief description of anticipated type of work/responsibilities:

Will you receive any type of compensation for the internship? Yes _____ No _____

Student Signature

Date

FOR FACULTY USE ONLY

Approve _____

Pending _____

Disapprove/Reason(s): _____

Internship Faculty Signature

Date



INTERNSHIP LIABILITY RELEASE

NOTICE: This release form is a contract with legal consequences. Please read it carefully before signing.

Date: _____ CCC @ID# _____

Student Name (Last, First, MI): _____

Period of Internship: Semester _____, Academic Year _____

Effective Dates of Document: From (mm/dd/yy) _____ To (mm/dd/yy) _____

LIST OF INTERNSHIP ACTIVITIES:

I agree to assume the risk that unexpected events may occur and result in harm, injury, or illness to me while I am participating in these activities or in connection with transportation to and from the destinations or any associated food or lodging. I hereby waive, release and discharge myself, my heirs, executors, administrators, legal representatives, assigns, and successors in interest, of any and all rights and claims which I may have or accrue against Coconino Community College, its supervisors, officials, agents, officers, employees, and the suppliers of equipment, materials and services (collectively known as C.C.C.), as well as those individuals, governments, and/or corporations working with Coconino Community College in the service learning or internship programs, (collectively known as placements), for any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation or association with the class, service learning, field trip, internship, or travel related to any of the afore mentioned activities or events. I release Coconino Community College from liability for any and all claims of negligence I may have or assert against them individually or collectively, with the exception of willful and wanton negligence. I understand that I am responsible for any medical charges relating to any injury received, as a result of this activity, and it is suggested that I have adequate health insurance coverage prior to starting this activity. I have read and fully understand the above statement.

Student Signature

Date

Witnessed by:

Date

PARENT OR GUARDIAN OF A MINOR:

I, as parent or guardian of the below named minor, a person under the age of 18 years, hereby give my permission for my child or ward to participate in this internship and further agree, individually and on behalf of my child or ward, to the terms of the above contract for waiver of legal rights.

Parent or Guardian Signature (if student is under 18)

Date

EMERGENCY NOTIFICATION

Emergency Contact Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Address: _____

City _____ State _____

Secondary Emergency Contact Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Address: _____

City _____ State _____

HEALTH INSURANCE INFORMATION:

I DO NOT HAVE HEALTH INSURANCE COVERAGE FOR MYSELF.

I DO HAVE HEALTH INSURANCE COVERAGE FOR MYSELF.

Health Insurance Provider: _____

Primary Person's Name: _____

Primary Person's Identification Number: _____

Insurance Group Number: _____

Health Insurance Provider Phone Number: _____

Primary Care Physician Name: _____

Physician's Phone Number: _____

BE IT KNOWN THAT, if neither my emergency contacts nor my physician is available at the above contact numbers, I, the undersigned student, do hereby give and grant consent to the provision of emergency medical treatment to the extent that treatment is necessary in the medical opinion of the doctor rendering the treatment.

Student Signature

Date

Witnessed by:

Date

Parent or Guardian Signature (if student is under 18)

Date



INTERN TIMESHEET AND DAILY LOG

Keep a daily record of your hours and major activities. You and your work-site supervisor must sign this form each week to verify your hours worked. All timesheet/logs must be submitted to your internship faculty on record with your final report. Use one sheet for each week.

Intern: _____ Site: _____

Work-site Supervisor: _____ Internship Paid? Yes ___ No ___

Week of: from ___/___/___ to ___/___/___

Date	Time In	Time out	Time in	Time out	Daily hours	Major Activities

Total hours for week _____

Intern Signature: _____ Date: _____

Work-site Supervisor Signature: _____ Date: _____



WORK-SITE SUPERVISOR EVALUATION OF INTERN

Intern's Name: _____ Date: _____

Work-site Supervisor: _____ Title: _____

Company/Organization: _____

Work-site Supervisor Contact Phone: _____ Email: _____

Internship Faculty: _____ Department: _____

Dates of internship: From (mm/dd/yy) _____ To (mm/dd/yy) _____

Please evaluate the intern's performance in the following areas:

	Exceeds Expectations	Meets Expectations	Below Expectations	Not Applicable
a. Enthusiasm for Activities				
b. Professional Attitude				
c. Knowledge of Subject				
d. Dependability and Responsibility				
e. Productivity				
f. General Maturity				
g. Adaptability				
h. Initiative				
i. Organization and Completing Tasks				
j. Cooperation with Co-workers and Supervisors				
k. Poise and Self-Confidence				
l. Creativity/Originality				

1. Overall performance of student intern (circle one):

Excellent

Above Average

Average

Fair

Unsatisfactory

2. How well was this internship suited to the student's abilities and interests?

3. What skills or abilities could use improvement?

4. If you were to write a job recommendation for this intern, what strengths, job skills, and attitudes would you mention?

5. Additional comments on your intern or the internship experience:

Work-site Supervisor: Please review and discuss this evaluation with the student.

SIGNATURES:

Work-site Supervisor Signature

Date

My signature acknowledges that this evaluation has been discussed with me. I do not necessarily agree with the contents.

Student Signature

Date



INTERN FEEDBACK FORM

Intern's Name: _____ CCC ID#: _____

Work-site Supervisor: _____ Title: _____

Internship Organization: _____

Work-site Supervisor Contact Phone: _____ Alt. Phone: _____

Internship Faculty: _____ Department: _____

Dates of Internship: From (mm/dd/yy) _____ To (mm/dd/yy) _____

Indicate the degree to which you agree or disagree with the following statements:

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
a. The orientation and training was sufficient to familiarize me with the organization.					
b. My duties were fully explained and reasonably in line with my learning contract.					
c. The work environment was appropriate for my internship activities/duties.					
d. My work-site supervisor was well organized.					
e. My work-site supervisor gave appropriate feedback.					
f. My work-site supervisor was accepting of my feedback.					
g. My work-site supervisor was supportive and perceptive.					
h. My work-site supervisor set realistic goals in terms of complexity and time restraints.					
i. My classroom experience prepared me for this internship.					

1. Comments on above responses (optional):

2. How did you feel about your role as an intern in this organization?

3. Were your internship role, the organization, and your supervisor what you expected them to be? If not, how did your expectations differ from the reality of the placement?

4. Are there improvements/changes you would like to see in this internship placement?

Student Signature

Date

*******Please return to internship faculty when complete.
Do not give to your work-site supervisor.**



INTERNSHIP LEARNING CONTRACT

Student Name: _____ CCC @ID: _____ Phone: _____

Email: _____

Internship Faculty Name: _____ Phone: _____

Email: _____

Student agrees to intern with:

Internship Organization: _____ Term: Fall 20__ Spring 20__ 1st Summer 20__ 2nd Summer 20__

Internship Address: _____ City, State, Zip Code: _____

Work-site Supervisor: _____ Title: _____

Work-site Supervisor Email: _____ Phone: _____

Hours per Week Agreed to: _____ Total Internship Hours Agreed to: _____ Academic Credit Hours to be Earned (determined by CCC): _____

Beginning Date: _____ Completion Date: _____

Student Internship Role: _____

Brief Description of Duties: _____

(over)

LEARNING OBJECTIVES AND STRATEGIES: These items are to be completed via the cooperative efforts of the intern and the internship faculty. Input by both parties is crucial, and the completion of this section is necessary for the approval of the internship. You must be specific.

a) Learning Objectives (What I intend to learn)	b) Strategies (What I will do during my internship)	c) Evaluation Methods (How my progress regarding each objective will be measured)	d) Final Self Evaluation (Did I meet my objectives and how?)
1.a.)	1.b.)	1.c.)	1.d.)

2.a.)	2.b.)	2.c.)	2.d.)
a) Learning Objectives (What I intend to learn)	b) Strategies (What I will do during my internship)	c) Evaluation Methods (How my progress regarding each objective will be measured)	d) Final Self Evaluation (Did I meet my objectives and how?)
3.a.)	3.b.)	3.c.)	3.d.)

Intern: I agree with all components of this learning contract; and I will adhere to the objectives, strategies, and evaluation methods of the contract to the best of my ability.

Signature of Intern

Date

Signature of Internship Faculty

Date

Signature of Dean

Date

Work-site Supervisor: I have read this learning contract, and I attest that its components meet the expectations for an internship with my organization. I agree to conduct a final evaluation of the intern and to participate in a site visitation if requested.

Signature of Work-site Supervisor

Date