



Student's Name: _____ Student's E-mail: _____

School: _____ Advisor: _____ School Phone: _____

Worksite/Organization: _____ Worksite Address: _____

Worksite Supervisor: _____ Supervisor's Phone: _____

Briefly describe the focus of your internship. Include: a description of the community partner you are working with, your job duties/responsibilities, etc.: _____

Please list the learning goals you developed with your parents, teachers and mentors: _____

What skills do you currently have that will help you successfully complete this internship? _____

What new skills do you think you will need to learn to be successful in this learning experience? _____

How does this experience connect to your personal educational plan and career goals? _____

Complete the following action plan. If needed, ask for assistance from your counselor or the Career Education staff.

Learning Goals	Activities	Resources	Target date	Completion Date & Self-Assessment