

Summer Internship Packet

New Mexico Public Education Department

College and Career Readiness Bureau

300 Don Gaspar, Santa Fe, NM 87501

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**SUMMER INTERNSHIP AGREEMENT**

County/Tribe/Pueblo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The **COUNTY/TRIBE/PUEBLO** agrees to the following:

1. Provide a thorough orientation to the job and work-site

2. Provide a meaningful, well-supervised work experience

3. Provide evaluation of performance, time for consultation with, and on-site monitoring visits

4. Keep accurate attendance and/or time records

6. Consult the Intern Coordinator regarding problems related to the work experience

*NOTE:* NMPED must be contacted before considering suspension/transfer/termination

7. Conform to state and federal labor laws, and provide worker’s compensation coverage for paid interns.

8. Follow all rules of the program including all expectations and obligations set forth in the NMPED Summer Enrichment Internship Program RfA.

Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hrs./Week: \_\_\_\_\_\_\_\_\_\_\_\_\_

The **Intern** agrees to accept, and the **Parent/Guardian** agrees to support the following:

* + - 1. Regularly attend all days at the intern-site location.
			2. Follow all rules of the Organization including all expectations and obligations set forth in the Summer Internship Packet, the Confidentiality Agreement, and any other agreements with NMPED related to the internship.
			3. Notify the Mentor and Intern Coordinator prior to any absences.
			4. Demonstrate honesty, punctuality, cooperation, proper grooming, and a willingness to learn.
			5. Consult Intern Coordinator and Mentor about any problems that arise in the course of the internship.
			6. Complete required employability workshops and furnish necessary information within Timesheet/Skills Grid and Mentor Feedback Reflections.
			7. Transportation to and from the internship is the responsibility of the parent/guardian.
			8. Understand that neither NMPED nor the Employer guarantees any particular outcome for the student as a result of the internship in terms of licensure or certification.
			9. Understand that the student may be removed from the internship at the discretion of the Employer.
			10. Students understand that this is a paid internship, and must complete the internship in order to receive full compensation.

Intern Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MENTOR REPONSIBILITIES / LINES OF COMMUNICATION**

**MENTOR RESPONSIBILITIES**

* Work with interns to coordinate work schedules
* Verify and sign student timesheet/skills grid weekly
* Evaluate intern performance via Google Survey every Thurs. OR Fri.
* Review progress with the intern periodically
* Provide an environment free from all types of harassment
* Support the missions of NMPED and Your Organization/Company: to enhance the health, safety and quality of life for all residents of the state of New Mexico

**LINES OF COMMUNICATION**

**Mentor:**

**1. Intern Coordinator**

**2. Parent/Guardian**

**Intern:**

1. **Mentor**
2. **Intern Coordinator**
* Contact Info: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Intern Coordinator
	+ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Info: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Mentor
	+ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Guardian Emergency Contact Name and Phone: Note – **DO NOT** contact unless emergency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian (PRINT) Daytime Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Intern (PRINT) Phone Number

**INTERN CONFIDENTIALITY AGREEMENT**

As an intern placed in an internship, I understand that I may have access to confidential

information/data, which may include, but is not limited to, information/data relating to:

* Customers (such as records, conversations, financial information, etc.).
* Employees (such as wages, employment records, disciplinary actions, etc.).
* General or private information (such as financial and statistical records, internal reports, memos, communications, access codes, proprietary technology, etc.).

Accordingly, and as a condition of my participation as a student intern, I promise that:

1. I will use confidential information/data only as needed by me to perform my legitimate duties as a student intern. This means, among other things, that:
2. I will not access confidential information which I have no legitimate need to

know.

1. I will not in any way divulge, copy, release, sell, loan, revise, alter, or destroy any

confidential information/data except as properly authorized.

1. I will not misuse confidential information/data or deal carelessly with confidential

information/data.

1. I understand that my obligations under this agreement will continue after termination of my status as a student intern.
2. I will be responsible for my misuse or wrongful disclosure of confidential information/data, and for my failure to safeguard my access code or other information. I understand that my failure to comply with this agreement will result in the termination of my internship arrangement, and may also result in legal liability and other consequences.

AT ALL TIMES DURING MY INTERNSHIP, I WILL ACT IN THE BEST INTERESTS OF

THE BUSINESS WITH WHICH I AM PARTICIPATING AND IN COMPLIANCE WITH ALL LAWS.

Intern Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTERN RIDE-A-LONG AGREEMENT**

Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print

**Parent/Guardian of Intern**:

The internship experience may require transportation as part of the internship.

* I understand that my child must wear a seat belt at all times.
* I understand that the driver is a licensed and insured adult.
* I understand that travel with the employer is an integral part of this internship experience and will help to provide a complete experience.

**Please indicate by checking one of the following choices below**:

 I give permission for my child to “Ride-A-Long” as specified above.

Washington County School District Work Based Learning Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Print Parent/Guardian of Student Intern: The internship experience may require transportation as part of the internship. I understand that my child must wear a seat belt at all times. I understand that the driver is a licensed and insured adult. I understand that travel with the employer is an integral part of this internship experience and will help to provide a complete experience. I understand that my child will never travel alone in a vehicle with the employer sponsor. or another adult. Please indicate by checking one of the following choices below: I give permission for my child to “Ride-A-Long” as specified above. I do not give permission for my child to “Ride-A-Long” with their employer during the internship experience. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian (Please Print) Day time phone #

 I do not give permission for my child to “Ride-A-Long” with their employer during the

Washington County School District Work Based Learning Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Print Parent/Guardian of Student Intern: The internship experience may require transportation as part of the internship. I understand that my child must wear a seat belt at all times. I understand that the driver is a licensed and insured adult. I understand that travel with the employer is an integral part of this internship experience and will help to provide a complete experience. I understand that my child will never travel alone in a vehicle with the employer sponsor. or another adult. Please indicate by checking one of the following choices below: I give permission for my child to “Ride-A-Long” as specified above. I do not give permission for my child to “Ride-A-Long” with their employer during the internship experience. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian (Please Print) Day time phone #

internship experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian (Print) Date

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Intern Signature *if* 18 or older Date

**RULES OF THE INTERNSHIP**

|  |  |
| --- | --- |
| **DON’T** | **DO** |
| * **Come into work late**
 | * **Arrive early every day**
 |
| * **Call into work for *same day* absence**
 | * **Do let your mentor know ahead of time**
 |
| * **Not show up for work without notice**
 | * **Call into work to let them know you cannot make it (legit reason)**
 |
| * **Go on 1 week family vacation during your internship**
 | * **Plan with your mentor when you need time off**
 |
| * **Lie, steal, or be disrespectful**
 | * **Be honest and respectful**
 |
| * **Fight, substance abuse**
 | * **Self-control**
 |
| * **Dress inappropriately**
 | * **Dress appropriate for worksite**
 |
| * **Keep a problem or concern to yourself**
 | * **Communicate with your WBL Coordinator about a problem or concern**
 |
| * **Bring your negative emotions into the workplace**
 | * **Have a positive attitude**
 |
| * **Get on your phone during downtime**
 | * **Find a way to be productive**
 |
| * **Breach confidentiality**
 | * **Keep confidentiality**
 |
| * **Overstep your boundaries**
 | * **Think twice before you act**
 |
| * **Be afraid to make mistakes**
 | * **Try your best, positive results will come!**
 |
| * **Try to wing it if you don’t understand**
 | * **Ask questions to gain a better understanding of tasks assigned**
 |
| * **Ask your mentor to do your timesheet**
 | * **Your timesheet first, ask mentor to sign or initial *only***
 |
| * **Take random photos and blast them on social media**
 | * **Ask your mentor to take a photo/video of you working hands-on**
 |

**IMPORTANT**

**CONFORM TO RULES, REGULATIONS, AND SAFETY STANDARDS OF THE WORK-SITE AND MAINTAIN CONFIDENTIALITY**

**SUMMER INTERNSHIP PROCESS**

**BEFORE**

Attend Summer Internship Orientation

**DURING**

**Summer Internship:**

1. **Monday’s:** Attend/Participate in Employability Workshops w/ Intern Coordinator *(Don’t forget your internship packet!)*
	1. Reflection: Mentor Feedback for Intern – **1x Week**
	2. Timesheets are DUE – **1x Week OR Bi-Weekly**
2. **Tues.-Fri:** 15-20 hours at Work-site – **2-4x Week**
3. **Tues.-Fri:** Timesheets/Skills Grid\*\* – **2-4x Week**

**\*\***Note: It is intern’s responsibility to fill out their timesheet/skills grid, daily. Mentor’s will verify and initial at end of week.

**SUMMER INTERNSHIP TIMESHEET & SKILLS GRID**

Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern-Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Internship Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: Complete form with your intern-site Mentor and submit to Intern Coordinator

Due dates: Bi-Weekly

WEEK

1

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Hours: | Mentor Initials: | **Specific Job Skills:** List the new skills and/or duties you obtained during this day. Be specific. |
| 06/21/2021 | 3.5 |  | Example: Observed different departments in the company/organization and learned how they earn a profit. |
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Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intern Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUMMER INTERNSHIP TIMESHEET & SKILLS GRID**

Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern-Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Internship Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: Complete form with your intern-site Mentor and submit to Intern Coordinator

Due dates: Bi-Weekly

WEEK

3

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| Date: | Hours: | Mentor Initials: | **Specific Job Skills:** List the new skills and/or duties you obtained during this day. Be specific. |
| 07/05/2021 | 3.25 |  | Example: Learned how to input data on company database system and problem solved on how to deal with an upset customer. |
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Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intern Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUMMER INTERNSHIP TIMESHEET & SKILLS GRID**

Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern-Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Internship Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: Complete form with your intern-site Mentor and submit to Intern Coordinator

Due dates: Bi-Weekly

WEEK

5

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| --- | --- | --- | --- |
| Date: | Hours: | Mentor Initials: | **Specific Job Skills:** List the new skills and/or duties you obtained during this day. Be specific. |
| 07/19/2021 | 3.75 |  | Example: Presented idea to company stakeholders on how to better engage younger customers. |
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Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intern Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summer Internships: Mentor Evaluation Reflection**

**SUMMER INTERNSHIPS: MENTOR FEEDBACK REFLECTION**

**INSTRUCTIONS:**

Interns, rate yourself from 1-10 on how you think you scored in each respective row during your internship last week. Next, you will receive your Mentor’s Feedback with your actual scores. Reflect on how you believe you can improve. Share out if appropriate.

*1 = Below Expectations | 10 = Exceeded Expectations*

|  |  |  |
| --- | --- | --- |
|  | **Intern Response Score** | **Mentor Response Score** |
| **Work Habits & Attitudes** |  |  |
| **Interpersonal Effectiveness** |  |  |
| **Technical Skills** |  |  |
| **Quality of Work Accomplished** |  |  |
| **Dependability** |  |  |
| **Communication Competencies** |  |  |
| **Mathematical & Problem-Solving Competencies** |  |  |
| **Appearance & Grooming** |  |  |

1. **Are your scores close to your mentor score? Why or why not? Surprises?**

1. **What can you do to improve your lower scores?**

**Summer Internships: Mentor Evaluation Reflection**

**SUMMER INTERNSHIPS: MENTOR FEEDBACK REFLECTION**

**INSTRUCTIONS:**

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*1 = Below Expectations | 10 = Exceeded Expectations*

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*1 = Below Expectations | 10 = Exceeded Expectations*

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| --- | --- | --- |
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| **Work Habits & Attitudes** |  |  |
| **Interpersonal Effectiveness** |  |  |
| **Technical Skills** |  |  |
| **Quality of Work Accomplished** |  |  |
| **Dependability** |  |  |
| **Communication Competencies** |  |  |
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**SUMMER INTERNSHIPS: MENTOR FEEDBACK REFLECTION**

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*1 = Below Expectations | 10 = Exceeded Expectations*

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| --- | --- | --- |
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| **Technical Skills** |  |  |
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*1 = Below Expectations | 10 = Exceeded Expectations*

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| --- | --- | --- |
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**STUDENT QUESTIONS FOR MENTORS - ON THE JOB**

*Internships can be extremely valuable, so make sure you use your time there wisely.*

**General Career Exploration**

* + - 1. How did you decide on this career?
			2. How does this career fit your interests, values, and skills?
			3. What skills are most important for success?
			4. What kind of person does well in this industry/company?
			5. What are your main duties?
			6. What skills do you use most in your position?
			7. What is the normal background for someone in your role?
			8. What is a typical day for you in your position?
			9. What class did you take that was the most helpful for your career?

**Stories**

* + - 1. How did you land your current role?
			2. Think back five years ago. Did you envision this is where you would be?
			3. Can you tell me about a time when you had a difficult boss? How did you handle it?
			4. How did you learn to embrace failure?
			5. What’s the most important leadership lesson you’ve learned and how is it valuable?
			6. Was there a job position that you applied for and got, but you weren’t 100% qualified?
			7. How did you build the skill of always speaking so engagingly in front of others?

**Specific to Organization**

* + - 1. How would you characterize the work culture/environment in this setting?
			2. Can you share with me the structure of the department or division and how it fits into the total organization?
			3. What do you like most/least about working for this company?

**Specific to Industry**

* + - 1. How did your time at ‘OCU’ (inside or outside the classroom) prepare you?
			2. What are some of the challenges?
			3. What experiences should I engage in to be better prepared?
			4. How is this field/industry changing?
			5. What are some typical entry level jobs?
			6. How do you work your way up in this industry?
			7. What are some job search strategies you recommend?

**Self-Awareness**

* + - 1. What are three skills I need to improve?
			2. What things should I pay more attention to?
			3. Where do you see my strengths and what should I focus on to improve?
			4. How am I viewed (i.e., what is my personal brand) in our organization?
			5. How can I communicate more clearly?
			6. What can I do to make You more successful today?