



Terms of Contract

The goal of the Internship Program is to provide Sacramento New Technology High School students with real-life experiences as they explore a career of their choice. Ideally, the student will have a chance to work at a business, which is mutually beneficial for both the student and the sponsoring organization.

Student Intern

1. The student will complete a minimum of 50 hours of Internship work.
2. The student will be responsible to the Internship Business Site as are other employees of the business.
3. If the student must cancel the Internship, a letter of explanation (written by the student) must be presented to the Internship Coordinator for review and then a meeting with the Internship Employer will be scheduled.
4. As a final project, each student will complete an Internship Project "Work Summary". This project will be due within two weeks of the internship completion and must be a minimum of one page.

Internship Employer

1. The Internship Employer is responsible for the actions of the student as it is for other employees of the business.
2. During the minimum 50-hour Internship period, the student will accomplish the following work objectives: (Please attach a job description if applicable)
 - a.
 - b.
 - c.
 - d.
3. The Internship Employer will be asked to complete two Internship Evaluation Forms during the course of the Internship. Your answers will help SNTHS evaluate the program and the learning impact on the student interns.

We, the undersigned, understand the purpose and procedures involved in the SNTHS Internship Program, and agree to abide by the conditions specified under the terms of this document.

⇒ Student's signature: _____ Date: _____

⇒ Student's parent/
guardian signature: _____ Date: _____

⇒ Internship Employer signature: _____ Date: _____

⇒ Internship Coordinator signature: _____ Date: _____



Sacramento New Technology High School
1400 Dickson Street
Sacramento, California 95822
(916) 433-2839
Fax: 433-2840
Paula M. Hanzel, Principal

MID-POINT EVALUATION Form

(This sheet needs to be filled out by your supervisor at 25 hours of completed work and reviewed by the Internship Coordinator)

Thank you for your participation in Sacramento New Technology High School's Internship Program. We appreciate your involvement in this unique educational process, helping our students realize their potential and prepare for their future.

Student Name: _____ Date: _____

Evaluator Name: _____ Title: _____

Organization/host name _____

Phone _____ Email: _____

1. How many hours has the SNTHS student completed thus far? _____

2. Are you pleased with the SNTHS student's professionalism and personal conduct?
_____ yes _____ no (Attendance, appropriate dress, attitude, work habits, asks questions, etc.) If no, please explain.

Comments: _____

3. Is the SNTHS student on track to achieving the goals and/or work objectives outlined in the Internship Contract? _____ yes _____ no

Comments: _____

4. What are some examples of skills and knowledge the SNTHS student has learned? _____

Comments and Suggestions: _____

This form can be returned to your intern or faxed to 916.433.2840.

Internship Evaluator Signature: _____ Date: _____



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Final EVALUATION Form

(This evaluation must be completed by your supervisor at 50 hours of work and reviewed by the Internship Coordinator)

Thank you for your participation in Sacramento New Technology High School's Internship Program. We trust that the experience was both educational and beneficial to your organization and our student. We invite you to participate in the program again.

This will be the final Evaluation Form that you will be asked to respond to, signifying the completion of the program. Your answers and comments will help us evaluate the program and the learning impact on the student interns.

Again, thank you for your participation.

Student Name: _____ Date: _____
Evaluator Name: _____ Title: _____
Organization/host name _____
Phone _____ Email: _____

Please consider the following in your evaluation:

1. How well were the goals and/or work objectives of the internship met?
2. What were the intern's primary strengths?
3. What are the intern's areas for improvement?
4. How well did the intern take on responsibility and manage time?
5. Was the intern able to collaborate well with other members of the organization?
6. How would you describe the intern's professional progress during the internship?
7. Would you recommend SNTHS student interns to another organization in the community?
_____ Yes _____ No, If no please explain.
8. Would you host another SNTHS intern at your site? _____ Yes _____ No

I grant Sacramento New Technology High School and New Technology Foundation permission to use my answers in marketing materials. Yes _____ No _____ Anonymously, OK _____

Evaluator Signature _____ Date _____

Report of Internship Hours For: _____
Print Name

Date							
Hours							
Supervisor Initials							

Total Hours for the week _____ **Internship Coordinator's Initials** _____

Date							
Hours							
Supervisor Initials							

Total Hours for the week _____ **Internship Coordinator's Initials** _____

Date							
Hours							
Supervisor Initials							

Total Hours for the week _____ **Internship Coordinator's Initials** _____

Date							
Hours							
Supervisor Initials							

Total Hours for the week _____ **Internship Coordinator's Initials** _____

Date							
Hours							
Supervisor Initials							

Total Hours for the week _____ **Internship Coordinator's Initials** _____

.....◆
 Intern Name (print) _____ Signature _____

Supervisor Name (print) _____ Signature _____

Total Hours for _____ to _____ TOTAL HOURS: _____

Internship Coordinator Initials _____ Date _____

Report of Internship Hours For: _____
Print Name

Date							
Hours							
Supervisor Initials							

Total Hours for the week _____ **Internship Coordinator's Initials** _____

Date							
Hours							
Supervisor Initials							

Total Hours for the week _____ **Internship Coordinator's Initials** _____

Date							
Hours							
Supervisor Initials							

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Date							
Hours							
Supervisor Initials							

Total Hours for the week _____ **Internship Coordinator's Initials** _____

Date							
Hours							
Supervisor Initials							

Total Hours for the week _____ **Internship Coordinator's Initials** _____

.....◆
 Intern Name (print) _____ Signature _____

Supervisor Name (print) _____ Signature _____

Total Hours for _____ to _____ TOTAL HOURS: _____

Internship Coordinator Initials _____ Date _____