**FORM 1**

**INTERNSHIP INFORMATION SHEET, PAGE 1**

**STUDENT INFORMATION**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle**

**KSU ID# Semester and year of placement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Standing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Junior or Senior) **GPA \_\_\_\_\_\_\_\_\_**

**KSU (local) address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip**

**Permanent address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip**

**Local phone ( ) Home phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KSU (official) E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Beginning and closing dates of internship site placement:**

**From \_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship site supervisor’s name, title, agency/organization, and phone number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Specific duties to be performed and/or observed during the internship as agreed upon by your intership coordinator and agency supervisor:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**FORM 1**

**INTERNSHIP INFORMATION SHEET, PAGE 2**

**Major learning objectives for the internship:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Assigned readings for the internship:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SPONSORING AGENCY INFORMATION**

**Name of Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Room, Building, Street, City, State, Zip code)**

**Agency hours of operation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Web address (/URL)** (if available) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT AFFADAVIT** (*read the following statement and sign to acknowledge*)

**I am fully aware of, and agree to meet, all of the course requirements as outlined by the Internship Coordinator.**

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

**FORM 2**

**INTERN WORK SCHEDULE**

Student’s Name, E-mail, & Phone Number **\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

After consultation with my on-site supervisor, I have arranged the following work schedule:

|  |  |  |  |
| --- | --- | --- | --- |
| Day | Hours |  | Total Hours |
| Sunday | From | To |  |
| Monday | From | To |  |
| Tuesday | From | To |  |
| Wednesday | From | To |  |
| Thursday | From | To |  |
| Friday | From | To |  |
| Saturday | From | To |  |

Total Hours Each Week \_\_\_\_\_\_\_\_\_\_\_\_

Comments (exceptions, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Beginning Date of Internship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Date of Internship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: I agree to work the hours stated above.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship site Supervisor: I agree that the student intern assigned to me shall perform the duties and work the hours stated above.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form must be returned to Dr. Susan Kunkle, Internship coordinator no later than the FIRST WEEK of placement. Submission of this form is the student’s responsibility.**

**FORM 3**

**WAIVER OF LIABILITY FOR INTERNSHIP**

**This form MUST be submitted to the internship coordinator prior to beginning placement.**

I, , the undersigned, a student enrolled at Kent State

(Print name)

University (KSU), in consideration of certain opportunities given to me in completing an internship (CRIM 46792/SOC 42092), do hereby release Kent State University, its employees, the State of Ohio, and its representatives and employees, and any private or governmental agency or organization, federal, state, or local, to which I am assigned as an intern in said CRIM/SOC internship course, from any and every liability of whatever nature for any and every injury, physical and/or mental, that I may suffer while pursuing my studies as a student enrolled in Internship, on- or off-campus.

**Student’s signature**: **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student KS (Banner) ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Whom to notify in the case of an emergency:

Name: Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return to the attention of Dr. Susan Kunkle, Internship Coordinator at:**

Department of Sociology and Criminology

Kent State University

205 Merrill Hall

Kent, OH 44242

Phone: (330) 672-8359

Fax: (330) 672-4724

**FORM 4**

**STUDENT INTERN EVALUATION FORM**

**Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of evaluation: Midterm \_\_\_\_\_\_\_\_\_ Final \_\_\_\_\_\_\_**

**Total hours required for internship: \_\_\_\_\_**

**Instructions for evaluator:** Please evaluate the intern’s performance in light of the established duties and expectations, where 1 is the lowest rating and 4 is the best. Indicate “N.O.” (Not Observed) if you have no basis for judging the intern in that area. There will be opportunity to elaborate on your rankings in the Comments section.

Rate the intern in the space provided as follows:

1. Clearly below satisfactory level (unacceptable performance)
2. At satisfactory level (acceptable)
3. Clearly above satisfactory level (good)
4. Superior performance (excellent)
5. N.O.-Not Observed/Cannot evaluate

AREA OF EVALUATION RATING

Punctual (keeps scheduled work hours) \_\_\_\_

Presents a professional demeanor \_\_\_\_

Works cooperatively with professional staff \_\_\_\_

Works cooperatively with non-professional (e.g., clerical) staff \_\_\_\_

Responds positively to supervisor’s directions and correction \_\_\_\_

Understands and applies agency/organization policies and procedures \_\_\_\_

Uses agency/organization knowledge and resources appropriately \_\_\_\_

Completes tasks in a timely manner \_\_\_\_

Able to collect and organize information \_\_\_\_

Able to communicate effectively by conducting interviews \_\_\_\_

Able to make oral and/or written reports \_\_\_\_

Able to translate academic coursework into practice \_\_\_\_

Exercises good judgment \_\_\_\_

Comments (and suggestions for the intern for improvement)

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

Thank you for completing this form. We appreciate your efforts in supervising and supporting Kent State University Students.

Please submit this form to:

Dr. Susan Kunkle, Internship Coordinator

Kent State University,

Department of Sociology and Criminology

205 Merrill Hall, Kent, OH 44240

Phone : (330) 672-8359

Fax : (330) 672-4724

Email : skunkle@kent.edu