

# INTERNSHIP/FIELD EXPERIENCE: INTAKE FORM

Today's Date: \_\_\_\_\_

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**NAME:**

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**E-MAIL ADDRESS:**

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**HOME ADDRESS:**

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**DAYTIME TELEPHONE:**

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**EVENING TELEPHONE:**

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**ACADEMIC ADVISOR:**

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<b>REGISTERING FOR THE COURSE AS (CIRCLE ONE):</b>	393	489	593	693
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<b>SEMESTER:</b>	FALL	SPRING	SUMMER	'04	'05	'06	'07	'08	'09	'10
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<b>TAKING IT FOR THIS NUMBER OF CREDITS:</b>	1	2	3	4	5	6
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<b>FIRST INTERNSHIP/FIELD EXPERIENCE?</b>	YES	NO
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**CONCENTRATION AT GMU?**

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**WHEN DO YOU PLAN TO GRADUATE?**

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**IF YOU HAVE ALREADY FOUND A PLACEMENT, WITH WHOM IS IT?**

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**WHEN DID/WILL IT START?**

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## DATE DOCUMENTS RECEIVED (Each omission = -5, or if late, -2.5 of 100)

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**CONTRACT (COPY):**

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**INTERIM EVALUATION (COPY):**

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**EMPLOYER'S FINAL EVALUATION (COPY):**

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**CONFIRMATION OF HOURS (COPY):**

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**STUDENT'S EVALUATION OF EXPERIENCE (COPY):**

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**FINAL REPORT:**

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**ONE PAGE LOG, INCLUDED:**

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**PHOTO INCLUDED:**

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**WORK SAMPLES INCLUDED:**

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**EXIT INTERVIEW (DATE):**

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**# SCORED OF 100/FINAL GRADE:**

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# INTERNSHIP LEARNING CONTRACT

## Student Information:

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**NAME:**

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**TELEPHONE** Evenings: \_\_\_\_\_ Days: \_\_\_\_\_

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**CONCENTRATION/EXPECTED DATE OF GRADUATION:**

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## Course Information:

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**SEMESTER:** \_\_\_\_\_ **COURSE #:** \_\_\_\_\_

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**NUMBER OF CREDITS:** \_\_\_\_\_ **SECTION #:** \_\_\_\_\_

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## Placement Information

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**FIELD SUPERVISOR:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

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**ORGANIZATION:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

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**BEGIN DATE** \_\_\_\_\_ **EXPECTED END DATE:** \_\_\_\_\_

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**WORK SCHEDULE:**

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### THE FAIR LABOR STANDARDS ACT

The Department of Labor has indicated that internship programs are exempt from regulations under this act, thus making it unnecessary for apprentices to be paid. Such exemption is based upon the following assumptions:

1. Both the Employer and the Apprentice are aware from the onset that no salary is involved in the program, and that both jointly agree to participate on that basis.
2. The Apprentice will not be displacing existing staff.
3. The Apprenticeship is a credit-bearing learning experience.

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**DESCRIBE THE INTERN'S SPECIFIC SERVICE RESPONSIBILITIES TO THE FIELD SUPERVISOR:**

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**DESCRIBE ANY IN-SERVICE TRAINING THE INTERN WILL LIKELY RECEIVE:**

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**SIGNED:** \_\_\_\_\_ **SUPERVISOR** \_\_\_\_\_ **STUDENT**

SUBMIT A PHOTOCOPY OF THIS FORM TO JANDOS ROTHSTEIN'S C-200 MAILBOX OR FAX TO 703-812-0343.  
THE STUDENT SHOULD KEEP THE ORIGINAL, AND GIVES ONE COPY TO THE SUPERVISOR.

GMU Department of Arts and Visual Technology

# INTERIM EVALUATION OF INTERN PERFORMANCE

Dear Intern Supervisor:

Now that you have been working with your GMU Intern for a few weeks, please take a moment to make an interim evaluation of the student's performance and progress. We will pass these comments on to the student's faculty advisor, and hope that you will discuss your assessment with your internship student as well.

Please return the completed form to your intern for his or her final report; and send a copy to Jandos Rothstein, Asst. Professor of Graphic Information Design, Department of Art and Visual Technology, College Hall/Room #C-200, Mail Stop #1 C 3, George Mason University, 4400 University Drive, Fairfax, Va 22030, or fax to 703-812-0343.

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**STUDENT:**

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**JOB TITLE:**

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**ORGANIZATION:**

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**SUPERVISOR**

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- I am pleased with my internship student, and feel that he/she is working up to expectations.
- I am unhappy with my internship student's performance and wish to receive a call from the faculty advisor.

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**COMMENTS:**

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**SIGNED:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# FINAL EVALUATION OF INTERN PERFORMANCE

Dear Intern Supervisor:

Please use this form to record a final evaluation of your intern's performance at the end of his/her internship.

Please give the completed form to your intern, and send a copy to Jandos Rothstein, Asst. Professor of Graphic Information Design, Department of Art and Visual Technology, College Hall/Room #C-200, Mail Stop #1 C 3, George Mason University, 4400 University Drive, Fairfax, Va 22030—or fax to 703-812-0343.

Thank you for your participation in the GMU AVT internship program. If you have any comments or suggestions please feel free to contact jrothste@gmu.edu.

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**STUDENT:** \_\_\_\_\_

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**STARTING DATE:** \_\_\_\_\_ **ENDING DATE** \_\_\_\_\_

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**TOTAL NUMBER OF HOURS WORKED:** \_\_\_\_\_

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**1 = SUPERIOR, 2 = HIGH LEVEL, 3 = ADEQUATE, 4 = POOR.**

DEPENDABILITY:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
MATURITY AND JUDGEMENT:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
WORKING RELATIONSHIP WITH OTHER EMPLOYEES:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
ENTHUSIASM IN ACCOMPLISHING TASKS:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
INITIATIVE:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
EFFICIENCY:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
PROBLEM-SOLVING ABILITY:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
ORAL COMMUNICATION SKILLS:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
WRITTEN COMMUNICATION SKILLS:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
COMMITMENT TO PROFESSIONAL GOALS:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
OVERALL PERFORMANCE:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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**1. WHAT ARE THE STUDENT'S MAIN STRENGTHS\*:**

\_\_\_\_\_

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**2. WHAT ARE THE STUDENT'S MAIN WEAKNESSES\*:**

\_\_\_\_\_

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**3. ANY ADDITIONAL COMMENTS WHICH YOU BELIEVE WOULD BE HELPFUL TO THE STUDENT\*:**

\_\_\_\_\_

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**WOULD YOU CONSIDER GMU STUDENTS FOR INTERNSHIPS IN THE FUTURE?**  YES  NO

**SIGNED:** \_\_\_\_\_

**NAME (PRINTED), TITLE:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

\* Please use back of page if more room is required.

# STUDENT EVALUATION OF INTERNSHIP

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STUDENT:	JOB TITLE:
SEMESTER:	EMPLOYER:
DEPARTMENT:	SUPERVISOR:

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1 = SUPERIOR, 2 = HIGH LEVEL, 3 = AVERAGE, 4 = POOR,  = N/A.

COOPERATION AND SUPPORT OF CO-WORKERS:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
WILLINGNESS OF SUPERVISOR TO TEACH:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
OPPORTUNITIES TO LEARN AND PROGRESS:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
OPPORTUNITIES TO SHOW LEADERSHIP:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
QUALITY OF WORK ASSIGNMENTS:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
QUANTITY OF ASSIGNMENTS:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
OPPORTUNITIES TO ACT INDEPENDENTLY:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>

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1. IN WHAT WAYS HAS THE INTERNSHIP CONTRIBUTED TO YOUR ACADEMIC EXPERIENCE\*:

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2. WHAT NEW SKILLS HAVE YOU ACQUIRED ON THE JOB?\*:

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3. WHAT HAVE YOU LEARNED ABOUT DESIGN IN THE REAL WORLD?\*:

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4. WHAT DISAPPOINTED YOU AND PLEASED YOU MOST ABOUT THIS INTERNSHIP?\*:

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5. COMMENT BRIEFLY ON YOUR RELATIONSHIP WITH YOUR IMMEDIATE SUPERVISOR\*:

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6. ADDITIONAL COMMENTS\*:

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WOULD YOU RECOMMEND THIS INTERNSHIP TO ANOTHER GMU STUDENT?  YES  NO

\* Please use back of page or additional sheets if more room is required.

SUBMIT A PHOTOCOPY OF THIS FORM WITH ADDITIONS TO JANDOS ROTHSTEIN'S C-200 MAILBOX OR FAX TO 703-812-0343.