

Aquinas College
Internship Certification Program

Internship for certification will provide you with a certificate that is suitable for your employability portfolio. We will also keep your paperwork on file so we can confirm that you did the internship for prospective employers.

In order to receive your certificate you must return all the forms in this packet in the following sequence:

- **Within one week** of starting your internship you must return the completed Initial Certificate Form to the Advantage Center.

- At the end of your internship you must complete the Student Certification Assessment Form and return it to the Career Services office. Your supervisor at your internship site must complete the Employer Evaluation of Student Intern form and return it to the Advantage Center. It is highly recommended that the intern and supervisor share this information with each other.

If you or your supervisor have any questions, please call (616) 632-2126 and ask for the Internship Director.

Please note: Internship for certification

- **Is not for credit**
- **Does not go on your Aquinas transcript**

Please return to:
Aquinas College Advantage Center
c/o Aquinas College
1700 Fulton E.
Grand Rapids, Michigan 49506

OR

internship@aquinas.edu

Initial Certificate Form

Demographic Information:

Intern's Name: _____ | Cell Phone: _____
Last First Middle

Intern's Title: _____

Permanent Address: _____ | Home/Permanent Phone: _____

Address to send certificate after successful internship completion: _____

Gender (check one):	Ethnicity (check one):	Class Status (check one):	Race (check one):
<input type="checkbox"/> Female	<input type="checkbox"/> Non-Hispanic-Latino	<input type="checkbox"/> Freshman	<input type="checkbox"/> American/Alaskan Native
<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Asian Black/African American
		<input type="checkbox"/> Junior	<input type="checkbox"/> Hawaiian/Pacific Islander
		<input type="checkbox"/> Senior	<input type="checkbox"/> White
		<input type="checkbox"/> Post Grad	<input type="checkbox"/> Two or More Races
		<input type="checkbox"/> Masters	<input type="checkbox"/> Non-Resident Alien

Student ID#: _____

Student Major: _____

Student E-Mail: _____ | Student Rate of Pay (for statistical purposes): _____

Beginning Date: _____ | Proposed Ending Date: _____

Organization Information:

Organization Name: _____ Phone: _____

Organization Address: _____
Street City State Zip

Supervisor Name _____ | Supervisor Title _____
Last First

Supervisor E-Mail: _____ | Supervisor Phone: _____

Since you began your work experience, explain the following:

Training received:

Your specific responsibilities and projects:

Type of supervision (how often?):

Learning objectives (knowledge, skills, and competencies you will learn):

Contribution this field experience will make to your course of study and/or personal interests and career goals:

Student Signature _____ Date _____

Please return this form within one week of starting your internship

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Aquinas College
Student Certification Assessment Form
Position Appraisal

A primary objective of the Internship Program is to provide the student with an opportunity to develop skills in a realistic environment under the guidance of senior members of the chosen profession. This form has been developed to assist you in appraising your career-related experience. Please circle the most appropriate answer to the following:

Supervision

1. Does your immediate supervisor(s) assist in helping you develop an effective working relationship with co-workers?

Always	Frequently	If Needed	Seldom	Never
--------	------------	-----------	--------	-------
2. Does he/she appear interested in you as an individual?

Always	Frequently	If Needed	Seldom	Never
--------	------------	-----------	--------	-------
3. Does he/she give or provide for adequate training?

Always	Frequently	If Needed	Seldom	Never
--------	------------	-----------	--------	-------
4. Does he/she motivate you to improve yourself?

Always	Frequently	If Needed	Seldom	Never
--------	------------	-----------	--------	-------
5. Do you receive adequate instruction or assistance from your supervisor in the conduct of your work?

Always	Frequently	If Needed	Seldom	Never
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If the answer is seldom or never, explain:

Co-Workers

1. Do you get along well with your co-workers?

Always	Frequently	If Needed	Seldom	Never
--------	------------	-----------	--------	-------
2. Is there enough work to keep you busy?

Always	Frequently	If Needed	Seldom	Never
--------	------------	-----------	--------	-------
3. Interest in employing organization demonstrated by co-workers appears to be:

Excellent	Good	Average	Fair	Poor
-----------	------	---------	------	------
4. My co-workers display a willingness to improve themselves in their job:

Always	Frequently	If Needed	Seldom	Never
--------	------------	-----------	--------	-------
5. We communicate effectively with each other:

Always	Frequently	If Needed	Seldom	Never
--------	------------	-----------	--------	-------
6. Cooperation among my co-workers in accomplishing the work is:

Excellent	Good	Average	Fair	Poor
-----------	------	---------	------	------

If the answer is average, fair or poor, explain:

Self

1. Do you feel you are performing work of value to your employer?

Always	Frequently	If Needed	Seldom	Never
--------	------------	-----------	--------	-------
2. My academic preparation for this assignment is:

Excellent	Good	Average	Fair	Poor
-----------	------	---------	------	------
3. Do you receive adequate training in your job?

Yes	No
-----	----
4. The understanding I have of my job duties and responsibilities is:

Excellent	Good	Average	Fair	Poor
-----------	------	---------	------	------
5. Does the work atmosphere allow for the expression of your ideas?

Always	Frequently	If Needed	Seldom	Never
--------	------------	-----------	--------	-------

If the answer is seldom or never, explain:

Miscellaneous

1. Does your present position provide skill development and learning experiences which will help prepare you to achieve your specific career goals?

Always	Most of the time	Frequently	If Needed	Occasionally	Never	Career Interests Currently Not Well Defined
--------	------------------	------------	-----------	--------------	-------	---
2. Do you feel this position provides important skill development and learning that would be of value to a typical student?

Always	Most of the time	Frequently	If Needed	Occasionally	Never	Career Interests Currently Not Well Defined
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If the answer is occasionally or never, explain:

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Student Certification Assessment Form
Position Appraisal
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1. To which fields is this internship most relevant? Explain.

2. Please evaluate and/or explain in detail the relevancy of this internship to your current career objectives(s).

Student Signature: _____

Date: _____

Coordinator Signature: _____

Date: _____

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**Aquinas College
Internship Program
Employer Evaluation
Of Student Intern**

Name of Organization: _____ Organization Phone: _____

Name of Internship Student: _____

Number of Weeks Intern has Worked: _____ Average Number of Hours per Week Worked: _____

This performance evaluation is designed to provide a process for identifying and assessing the growth and learning development of Aquinas students while in an experimental learning environment. Please check as appropriate:

<p style="text-align: center;">ATTITUDE-APPLICATION TO WORK</p> <p><input type="checkbox"/> Outstanding in enthusiasm <input type="checkbox"/> Very interested and industrious <input type="checkbox"/> Average in diligence and interest <input type="checkbox"/> Somewhat indifferent <input type="checkbox"/> Definitely not interested</p>	<p style="text-align: center;">ABILITY TO LEARN</p> <p><input type="checkbox"/> Learned work exceptionally well <input type="checkbox"/> Learned work readily <input type="checkbox"/> Average in understanding work <input type="checkbox"/> Rather slow in learning <input type="checkbox"/> Very slow learner</p>	<p style="text-align: center;">DEPENDABILITY</p> <p><input type="checkbox"/> Completely dependable <input type="checkbox"/> Above average in dependability <input type="checkbox"/> Usually dependable <input type="checkbox"/> Sometimes neglectful or careless <input type="checkbox"/> Unreliable</p>
<p style="text-align: center;">INITIATIVE</p> <p><input type="checkbox"/> Proceeds well on his/her own <input type="checkbox"/> Goes ahead independently at times <input type="checkbox"/> Does all assigned work <input type="checkbox"/> Hesitates <input type="checkbox"/> Must be pushed frequently</p>	<p style="text-align: center;">QUALITY OF WORK</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Very Poor</p>	<p style="text-align: center;">RELATIONS WITH OTHERS</p> <p><input type="checkbox"/> Exceptionally well accepted <input type="checkbox"/> Works well with others <input type="checkbox"/> Gets along satisfactorily <input type="checkbox"/> Has difficulty working with others <input type="checkbox"/> Works very poorly with others</p>
<p style="text-align: center;">MATURITY-POISE</p> <p><input type="checkbox"/> Quite poised and confident <input type="checkbox"/> Has good self-assurance <input type="checkbox"/> Average maturity and poise <input type="checkbox"/> Seldom asserts him/herself <input type="checkbox"/> Timid <input type="checkbox"/> Brash</p>	<p style="text-align: center;">QUANTITY OF WORK</p> <p><input type="checkbox"/> Usually high output <input type="checkbox"/> More than average <input type="checkbox"/> Normal amount <input type="checkbox"/> Below average <input type="checkbox"/> Low output, slow</p>	<p style="text-align: center;">JUDGEMENT</p> <p><input type="checkbox"/> Exceptionally mature in judgment <input type="checkbox"/> Above average in making decisions <input type="checkbox"/> Usually makes the right decision <input type="checkbox"/> Often uses poor judgement <input type="checkbox"/> Consistently uses bad judgement</p>

ATTENDANCE: Regular Irregular

PUNCTUALITY: Regular Irregular

List some of the contributions the student made to your department:

List the personal characteristics that will help or hinder the student's professional development:

**Aquinas College
Internship Program
Employer Evaluation
Of Student Intern
*Continued***

Student's Strengths:

1. _____
2. _____
3. _____

Student's Challenges:

1. _____
2. _____
3. _____

OVERALL PERFORMANCE (please check box that best applies to student):

Outstanding _____	Very Good _____	Average _____	Marginal _____	Unsatisfactory _____
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Would you recommend this student for employment? Yes No

If no, please explain: _____

Additional Comments: _____

Do you plan to continue working with this student next semester? Yes No Maybe

Would you like to have another student intern next semester? Yes No

Do you plan to hire your current internship student upon completion of his/her internship? Yes No
If so, part-time ____, or full time ____.

Evaluated by: _____ **Date:** _____
Name Title

Has this report been read by the student? Yes No

Student's Signature (optional): _____

Thank you for your support in this project! **Please return to: Aquinas College Advantage Center
c/o Aquinas College 1700 Fulton E. Grand Rapids, Michigan 49506**