

RI Work Immersion for CTE High School Students and College Students Evaluation and Wage Reimbursement Form

Fiscal Year 2017: August 1, 2017 – June 30, 2018

To obtain wage reimbursement, this entire form must be completed and submitted by the employer along with applicable wage records (for the entire length of the internship) by email to Matt O'Brien of the Governor's Workforce Board (GWB) at matthew.obrien@dlt.ri.gov.

Contract Number: _____ Employer: _____

Is the intern a CTE or College student? High School CTE Student College Student or recent college grad

Supervisor first name: _____ Supervisor last name: _____

Intern first name: _____ Intern last name: _____

Internship start date: _____ Internship end date: _____

Hours worked: _____ Intern SSN: _____

The Governor's Workforce Board will utilize the above SSN to obtain wage records from the Department of Labor and Training for the sole purpose of preparing statistical data to determine the efficacy of the training program in which the participant was involved. It is understood that this Social Security Number will remain confidential and will not be disclosed to any other person or entity for any reason whatsoever.

Name of industry-recognized credential earned (if applicable): _____

Please rate the intern's performance by the conclusion of the internship for each the following:

	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>	<i>Not applicable</i>	<i>Did this improve over the course of the internship?</i>	
Attendance and punctuality	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Professional dress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpersonal skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Collaboration and teamwork	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adaptiveness and flexibility	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ability to follow instructions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verbal communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Written communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Critical thinking/problem solving skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ability to work independently	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Persistence and motivation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acquisition of technical skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acquisition of professional skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

 Supervisor Signature

 Date