

RI Work Immersion for RI Career and Technical High School Students

Evaluation and Wage Reimbursement Form

Fiscal Year 2017: July 1, 2017 – June 30, 2017

To obtain wage reimbursement, this form must be submitted by the employer along with applicable wage records (for the entire length of the internship) by email to Sherri Carello of the Governor's Workforce Board (GWB) at sherri.carello@dlt.ri.gov.

WI-CTE-17-_____

Part I - To be completed by High School

Employer: _____

Supervisor first name: _____ Supervisor last name: _____

Intern first name: _____ Intern last name: _____

Job title of intern: _____ High School: _____

Hours completed during internship: _____

Internship start date: _____ Internship end date: _____

Has the student been permanently hired? Yes No

Did the employer complete an evaluation of the student's performance during this internship? Yes No

If yes, please attach evaluation; If no, please provide explanation as to why it was not complete:

Teacher/Advisor's Name

Teacher/Advisor's Signature

Date

Part II - To be completed by student intern

Please rate your internship experience for each the following:

	Poor	Fair	Good	Very Good	Excellent	Not Applicable
Opportunity to learn	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Opportunity to contribute	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Quality of supervision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Quality of internship design	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Support of co-workers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Increased awareness of career opportunities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Acquisition of professional knowledge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Acquisition of technical skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A

Did this internship increase your desire to pursue a career in this field? Yes No

Student Name

Student Signature

Date

To be completed by GWB Staff

Hourly Rate: _____ Total Wages paid during internship: _____

GWB Approved Reimbursement: _____ Are wage records attached? Yes No

Comments: _____

Approved By: _____

Date: _____
