

# ECS Sentinel Scholar Internship Agreement Form

*Please have all parties sign this form and return it to Mrs. Slater. Both the student and host should retain a copy of this form.*

## Student Information:

Intern/StudentName: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

## Host Information:

Internship Field: \_\_\_\_\_

Host: \_\_\_\_\_

Place of Internship: \_\_\_\_\_

Address/City/ST/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Proposed Hours of Internship: \_\_\_\_\_

## Parent, Student, and Host Agreement

*I have met with the student and discussed expectations, times, and have seen his/her goals and objectives. All insurance will be the responsibility of the parents. Parents agree to provide adequate coverage for the needs of the student intern and will not hold the school or place of business responsible in any way.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Host's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please direct questions to Mrs. Slater, High School Principal. E: [lslater@goecs.org](mailto:lslater@goecs.org)

# ECS Sentinel Scholar Post-Internship Student Evaluation Report

Please return the completed form to Mrs. Slater via email ([lslater@goecs.org](mailto:lslater@goecs.org)).

Student's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Please use the following scale to rate the student.**

1- Exceptional 2- Good 3- Fair 4- Fair

Attribute	Rating	Comments (optional)
Attitude		
Politeness		
Professional Appearance		
Eagerness to Learn		
Overall Rating		

**Detailed Comments and Suggestions**