

**CUYAHOGA VALLEY CAREER CENTER
NON-PAID INTERNSHIP TRAINING PLAN**

Please print:

STUDENT LEARNER _____ PROGRAM _____

SUPERVISOR'S NAME _____ COMPANY NAME _____

CVCC INSTRUCTOR TO COMPLETE THIS SECTION:
 THE ABOVE NAMED STUDENT LEARNER HAS BEEN INTRODUCED TO AND HAS DEMONSTRATED A MARKETABLE SKILL** IN THE FOLLOWING AREAS OF INSTRUCTION:

**THE ABOVE AREAS CONSTITUTE THE SKILLS OF THE STUDENT LEARNER AS OBSERVED BY THE INSTRUCTOR UP TO THIS POINT IN HIS/HER TRAINING. ADDITIONAL TRAINING AND/OR SUPERVISION BY THE INTERNSHIP SUPERVISOR WILL BE NECESSARY AS THE STUDENT LEARNER ENCOUNTERS MORE ADVANCED AND/OR SPECIALIZED TASKS THROUGHOUT THE INTERNSHIP.

THE FOLLOWING IS A LIST OF RESPONSIBILITIES AGREED UPON BY THE STUDENT LEARNER, INSTRUCTOR, AND THE NON-PAID INTERNSHIP SITE SUPERVISOR. THESE RESPONSIBILITIES WILL BE INCLUDED AS PART OF THE TRAINING AND EXPERIENCE IN THE NON-PAID INTERNSHIP PROGRAM.

INTERNSHIP SPONSOR TO COMPLETE THIS SECTION: (USE BACK OF PAGE IF NECESSARY)

DUTIES AND / OR AREAS OF RESPONSIBILITY FOR STUDENT LEARNER	HOW OFTEN PERFORMED (DAILY, WEEKLY,ETC.)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8. ON-THE-JOB SAFETY PROCEDURES	DAILY

SPONSOR'S SIGNATURE _____ DATE _____

STUDENT LEARNER'S SIGNATURE _____ DATE _____

INSTRUCTOR'S SIGNATURE _____ DATE _____

➔ THIS FORM MUST ACCOMPANY THE NON-PAID INTERNSHIP AGREEMENT ➔