

Permit to Register

The student is responsible for completing this form and obtaining the faculty adviser signature. The original must be returned to Laura Lerdal in the Culinary & Hospitality Center, who will facilitate the registration process once all necessary forms are received.

COD ID _____ **Term** _____

Social Security Number **X X X - X X -** **Start Date** _____

Student Name: _____ **End Date** _____

Address: _____ **Hours per Week** _____

Telephone: (h) _____ (c) _____

Email: _____

Are you authorized to work in the U.S.A.? _____ International Student Adviser Approval: _____

As a student participating in the Cooperative Education/Internship Program offered by College of DuPage I agree to indemnify and hold harmless College of DuPage, its agents and employees, from any claims, liability or causes of action which may be asserted against College of DuPage, its agents or employees, for personal injury or property damage sustained by me in the course of participation in the Cooperative Education/Internship Program. I understand that by participating in these programs I may be deemed to be an employee of the company to which I provide services but I am not an employee of College of DuPage. I, therefore, acknowledge that I am not entitled to any benefits or privileges extended to College of DuPage employees. I will strive to meet or exceed performance expectations and learning goals.

STUDENT SIGNATURE _____ DATE _____

FIELD OF STUDY/ACADEMIC AREA _____ COMPANY SUPERVISOR NAME _____

WORK EXPERIENCE TITLE _____ COMPANY NAME _____

PaID UnPaID COMPANY ADDRESS _____

FACULTY ADVISER NAME _____ CITY/STATE/ZIP _____

FACULTY ADVISER SIGNATURE _____ COMPANY TELEPHONE _____

CREDIT HOURS REQUESTED _____ SUPERVISOR EMAIL _____

TO BE COMPLETED BY CEIP STAFF

Course Code - 2 - cp **Credit Hours** _____

CEIP STAFF SIGNATURE _____

Internship Description Outline

CompanyName _____

Address _____

ContactPerson _____

Title _____

PhoneNumber _____

Email _____

Organization Background - *brief description of service(s) provided, product manufactured, business focus etc.*

Internship Details

Internship Title _____

Position Summary:

Duties and Responsibilities

-
-
-

Skills needed/ required (please list at three to four skills)

Internship Supervisor (title) _____

When is this internship available? (*Check all that apply*)

Spring Semester (January through May)

Summer Semester (May through August)

Fall Semester (August - December)

Other (*Start and end dates*) _____

Is this internship paid or unpaid? _____

Student is responsible for completing this form (with student, faculty adviser and employer signatures) and returning it to Laura Lerdal in the Culinary & Hospitality Center.

Student Information

Student's Name (Print) _____ Date _____

Total Internship Credit Hours _____ Field of Study _____

Email _____ Faculty Adviser's Name _____

Phone _____ Student's Position Title _____

Wage: \$ _____ / Hr Non-Paid

Employer/Supervisor Information

Company/Agency Name (Print) _____

Supervisor's Name _____ Telephone Number _____

Supervisor's Title _____ Email _____

Student & Faculty Adviser

List measurable learning goals based on the internship description, which will improve assessed skills. This portion should be completed by the student and faculty adviser in consultation with the employer.

1. Learning Goal: _____

Learning Plan: _____

Evaluation Rubric: _____

2. Learning Goal: _____

Learning Plan: _____

Evaluation Rubric: _____

3. Learning Goal: _____

Learning Plan: _____

Evaluation Rubric: _____

4. Learning Goal: _____

Learning Plan: _____

Evaluation Rubric: _____

Use an additional sheet, if desired. 75 hours of work = 1 credit

We agree to the learning goals listed above.
The **employer** agrees to supervise and mentor the student in a safe environment.
The **faculty adviser** agrees to guide student learning and assign a grade.
The **student** agrees to meet or exceed the stated goals and work requirements.

STUDENT SIGNATURE _____

FACULTY ADVISER SIGNATURE _____

ASSOCIATE DEAN SIGNATURE _____

EMPLOYER/SUPERVISOR SIGNATURE _____

Student is responsible for completing this form and retrieving signatures. Once your final version is complete, make three copies. Retain one copy and provide copies to your faculty adviser and site supervisor. Submit the original signed agreement to Laura Lerdal in the Culinary & Hospitality Center before the internship begins.

Student Name _____ Date _____

Employer Name _____ Supervisor Name _____

To be completed within two weeks of the starting date of the co-op/internship experience.

Rate your current skill level. Work to improve these important employment skills during your internship.

Communication Skills	Skill Level	Self Management Skills	Skill Level
<i>Examples: Demonstrate oral communication skills required; write clearly and concisely; be willing to speak up, communicate information, and ask for clarification; listen to feedback and act to improve.</i>	<input type="radio"/> Exceptional <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Limited <input type="radio"/> Poor	<i>Examples: Produce high-quality, error-free work; adapt strategy when current approach is not effective; use good judgment and establish priorities; give attention to time management, attendance and punctuality.</i>	<input type="radio"/> Exceptional <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Limited <input type="radio"/> Poor
Problem Solving/Decision Making Skills	Skill Level	Leadership/Initiative Skills	Skill Level
<i>Examples: Analyze situations and take appropriate action; offer creative solutions to problems; collect and analyze information to do a task and establish a course of action in a timely manner; resolve problems within appropriate time frame.</i>	<input type="radio"/> Exceptional <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Limited <input type="radio"/> Poor	<i>Examples: Seek opportunities to learn; take appropriate action to get the job done; complete work despite obstacles; set goals and follow up.</i>	<input type="radio"/> Exceptional <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Limited <input type="radio"/> Poor
Teamwork Skills	Skill Level	Technical Skills	Skill Level
<i>Examples: Make a positive impact on work team by establishing rapport and credibility; share information and resources with others; pitch in to help co-workers; be willing to put in extra time and effort to get the job done.</i>	<input type="radio"/> Exceptional <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Limited <input type="radio"/> Poor	<i>Examples: Possess the technical skills required for the position; be willing to enhance technical skills; use technology appropriately to perform work effectively.</i>	<input type="radio"/> Exceptional <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Limited <input type="radio"/> Poor

Student Signature

Supervisor Signature

The site supervisor is encouraged to contact the faculty adviser or program manager to discuss progress.

Clear Form

The student, employer, faculty adviser and Assistant Director for Career Services agree to assume the responsibilities outlined below during the student's academic internship. **NOTE:** All signatures are required prior to the start of an internship carrying academic credit. **Student:** Return this document to Laura Lerdal in the Culinary & Hospitality Center.

EMPLOYER RESPONSIBILITIES:

- Verify the position and duties by providing a job/internship description.
- Provide an orientation, any precautionary safety instructions, training, and ongoing supervision for assigned duties.
- Provide regular feedback to the intern regarding performance.
- If the student is paid, understand the responsibility for providing Workers Compensation and liability insurance in accordance with the state law, and agree to provide said coverage. Understand and observe the Fair Labor Standards Act.
- Comply with federal laws prohibiting discrimination on the basis of race, color, national origin, sex, disability and/or military status.
- Notify the CEIP or faculty adviser in a timely manner if any problems arise during the internship. Complete a final evaluation of the student's performance.

Employer Signature _____ Date _____

FACULTY ADVISERS RESPONSIBILITIES:

- Adhere to the current Active Course File as approved by the Illinois Community College Board.
- Determine and discuss how the proposed internship is relevant to the student's educational objectives, how to apply academic theory to the world of work, and if the internship merits academic credit.
- Assist the student in writing behavioral learning goals that enhance work skills in communication, problem solving/decision making, teamwork, self-management, leadership/initiative and/or technical competency.
- Maintain contact and assess student progress via various feedback mechanisms (e.g., biweekly email reflections, Blackboard, written/video/audio reports, article or book reviews, etc.) for increased field of study proficiency.
- Determine academic assignments, monitor student progress and provide final evaluation/grade.

Faculty Adviser Signature _____ Date _____

STUDENT RESPONSIBILITIES:

- Fulfill tasks/responsibilities assigned by your employer and achieve learning goals approved by your faculty adviser.
- Conduct yourself in an ethical and professional manner, acting as a positive representative of College of DuPage as outlined in the Student Code of Conduct (catalog).
- Complete a **minimum** of 75 hours for each one credit hour enrollment (e.g. 225 hours = 3 credit hours) during the internship assignment. It is your responsibility to pay for your academic credits.
- Notify the CEIP and your faculty adviser in a timely manner of any changes to the Learning Agreement or if any problems develop during the internship.
- Keep in contact with your faculty adviser; arrange to debrief with your faculty adviser; return forms to the CEIP.

Student Signature _____ Date _____

CEIP MANAGER (Final Signature):

- Review the student's eligibility for participating in an academic internship (GPA, prerequisites, etc.).
- Act as liaison between the student, the employer and the faculty adviser.
- Assist the student, employer and the faculty adviser in resolving problems.
- Receive the original copies of all required forms and archive forms for a period of three years.

CEIP Program
Manager Signature _____ Date _____



Cooperative Education/Internship Program

Exit Survey

Thank you for taking part in the Culinary & Hospitality Internship Program. Please answer the questions as honestly as possible and return to your instructor with your final documentation. The information you provide us will assist with future decisions. All of the information that you provide will be confidential.

The following questions pertain to your internship experience. Please circle Yes or No for questions 1-5.

Did you obtain this position in order to complete your internship?	Yes	No
Did you use your existing job as your internship?	Yes	No
Did your internship turn out to be as you expected?	Yes	No
Did you receive enough training to do your job effectively?	Yes	No
Did you receive sufficient feedback on your performance?	Yes	No
Would you consider working for this company again in the future?	Yes	No
Would you recommend this company to other student interns?	Yes	No
Will you be continuing employment after completion of your internship?	Yes	No

On a scale of 1-5 please rate your experience in the internship program with 5 meaning that you strongly agree and 1 meaning that you strongly disagree. Please circle the number to indicate your response.

This internship has helped me to develop skills to solve problems.	1	2	3	4	5
This internship has helped me to develop interviewing skills.	1	2	3	4	5
This internship has helped me to improve my verbal communication skills.	1	2	3	4	5
This internship has helped me to develop professional competence.	1	2	3	4	5
I anticipate career advancement as a result of completing this internship.	1	2	3	4	5



Cooperative Education/Internship Program

Exit Survey

What was most satisfying about your job and/or internship experience?

What was least satisfying about your job and/or internship experience?

What suggestions do you have to help improve the overall program and experience?

How did your internship differ from your expectation (time, environment, type of work)?

What specific projects or assignments were you given during the internship? Please evaluate your experience with each one.

Academic Internship Program

The Academic Internship Program for the Summer 2021 term begins on June 6, 2021-August 9, 2021. Students can enroll in academic credit up to two times and earn a maximum of eight credit hours. Internship hours increase by 75 hours per additional credit hour earned.

Safety Protocols:

- Student/Intern will fill out a form daily while they are at their internship- pertaining to COVID-19 symptoms. Please see attached form.
- Student/Intern will communicate with their Employer, Faculty Advisor and the Career Services Center regarding illness or sickness related to COVID-19.
- Student/Intern will always wear a mask while indoors.
- Student/Intern will be responsible for washing their hands with soap and water after interacting with individuals in proximity.
- Student/Intern will practice social distancing.

Remote opportunities will be reviewed for acceptance if the internship is disrupted by COVID-19. Remote internships will be required to follow our remote internship [policy](#).

Students pursuing academic credit are one step closer to earning their degree. The safety of our students is our main priority.

Thank you for taking the time to review this form. Please let the Career Services Center know if you have any questions or concerns regarding your internship experience. Internships@cod.edu or 630-942-2230.

_____ Student Print	x _____ Student Signature	_____ Date
_____ Faculty Advisor Print	x _____ Faculty Advisor Signature	_____ Date
_____ Employer Print	x _____ Employer Signature	_____ Date
Krystina LaSorsa _____ CEIP Program Manager Print	x _____ CEIP Program Manager Signature	_____ Date

College of DuPage
Career Services Center
SSC 3258
Internships@cod.edu

Student Final Reflection

The student is responsible for completing this form and retrieving signatures. Once your final version is complete, make three copies. Retain one copy and provide copies to your faculty advisor and site supervisor. Submit the original signed agreement to the Career Services Center (SSC 3258) within one week of your concluded internship.

Term: _____ Start Date: _____ End Date: _____

Student Name: _____ Employer Name: _____

Faculty Advisor Name: _____ Supervisor Name: _____

Reflect on Your Internship Experience

Reflecting on your internship experience can be helpful when developing a resume, preparing for professional interviews, and for guiding your career goals.

What was your favorite aspect of the internship experience?

Did you encounter any challenges during your internship? How did you handle and overcome these challenges? What did you learn from this experience?

In 3 to 5 sentences please explain how you plan to use your skills and experience from your internship in the future.

What is the most important thing you learned about yourself?

Total Hours: _____

Student Signature

Date

Supervisor Signature

Faculty Advisor Signature

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Student Name _____ Date _____

Supervisor Name _____ Faculty Adviser Name _____

To be completed at the end of the current co-op/internship experience. Arrange a debriefing meeting with your supervisor and faculty adviser.

Communication Skills	Skill Level	Self Management Skills	Skill Level
<i>Examples: Demonstrate oral communication skills required; write clearly and concisely; be willing to speak up, communicate information, and ask for clarification; listen to feedback and act to improve.</i>	<input type="radio"/> Exceptional <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Limited <input type="radio"/> Poor	<i>Examples: Produce high-quality, error-free work; adapt strategy when current approach is not effective; use good judgment and establish priorities; give attention to time management, attendance and punctuality.</i>	<input type="radio"/> Exceptional <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Limited <input type="radio"/> Poor
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Please rate your skill level now that your work term has ended.

- Did you achieve your learning goals?
 Very Much So
 For the Most Part
 Somewhat
 Only Slightly
 Not at All
 Did you meet performance expectations?
 Very Much So
 For the Most Part
 Somewhat
 Only Slightly
 Not at All
 Student overall rating of the experience
 Excellent
 Very Good
 Average
 Fair
 Poor

Student Signature and E-mail: _____

Faculty Adviser Feedback:

Did this student meet learning goals?
 Very Much So
 For the Most Part
 Somewhat
 Only Slightly
 Not at All

Comments:

Faculty Signature: _____ Date: _____

Student is responsible for sharing this form with their site supervisor at least one week prior to the internship ending. Please make 3 copies of the completed form. Student will be required to turn in signed forms to the Career Services Center within one week of the internship term ending.

Student Name _____ **Date** _____

Employer Name _____ **Supervisor Name** _____

Please assess the student-intern's level of improvement and overall skill level at the end of the co-op/internship experience. This form will be returned to the faculty adviser or co-op/internship staff by the student. You are encouraged to contact the faculty adviser to discuss directly.

Communication/ Teamwork Skills	Strongly Agree	Agree	Disagree	Strongly Disagree
Demonstrates appropriate oral and written communication skills				
Seeks clarification on assigned tasks when needed				
Acts professionally and manages stress well				
Communicates ideas and contributes to the team well				
Makes a positive impact on the team				
Collaborates with team members				
Comments:				
Critical Thinking/Problem Solving	Strongly Agree	Agree	Disagree	Strongly Disagree
Demonstrates an action plan to complete assigned tasks				
Communicates potential solutions in an effective and timely manner				
Comments:				
Leadership/Professionalism	Strongly Agree	Agree	Disagree	Strongly Disagree
Takes initiative and volunteers for new tasks				
Maintains a professional manner when interacting with colleagues and consumers				
Manages time well and gets the job done in a timely manner				
Sets appropriate goals and accomplishes target goals				
Accepts performance feedback in a professional manner				
Comments:				
Technical Skills	Strongly Agree	Agree	Disagree	Strongly Disagree
Demonstrates the appropriate technical skills for this position				
Uses technology appropriately to complete tasks				
Comments:				

Additional feedback if appropriate:

What would you consider is your intern's greatest strength?

Would you be interested in hiring another intern from College of DuPage?

Any other comments for the intern, Faculty member, and/or Career Services Center?

*Thank you for taking the time to provide your feedback. We value your partnership and look forward to future collaborations.
To discuss your experience in more detail, please contact the Career Services Center at 630-942-2230 or
internships@cod.edu*

Student

Employer

Faculty Advisor

CEIP Manager

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