

## Pre-Internship Site Visit Form

### General Information

Date of visit: \_\_\_\_\_

Coordinator: \_\_\_\_\_

School or organization: \_\_\_\_\_

Employer/site name: \_\_\_\_\_

Site contact: \_\_\_\_\_

How many interns can the site host? \_\_\_\_\_

Industry area of Internship: \_\_\_\_\_

Focus area with industry of Internship (ie: business-sales) \_\_\_\_\_

\*Name of participating student(s): \_\_\_\_\_

\*Participating School(s): \_\_\_\_\_

(Note TBD if students and schools not yet selected.)

### Work Location and Safety

- 1) Where will the interns work? \_\_\_\_\_
- 2) Will a work station be provided? Yes \_\_\_ No \_\_\_
  - a. If so, where will the work station be? \_\_\_\_\_
- 3) Will tools/equipment be provided? \_\_\_\_\_
- 4) Is the site safe? Yes \_\_\_ No \_\_\_
- 5) Is the site clean? Yes \_\_\_ No \_\_\_
- 6) Is there a procedure for clocking in? Yes \_\_\_ No \_\_\_
- 7) Will the student need an ID? Yes \_\_\_ No \_\_\_
- 8) What is the dress code for the site? \_\_\_\_\_
- 9) Is the bathroom accessible by the intern? Yes \_\_\_ No \_\_\_
- 10) Is there a breakroom? Yes \_\_\_ No \_\_\_
- 11) Is there a place for the student to keep their belongings? Yes \_\_\_ No \_\_\_
- 12) What are the safety procedures? \_\_\_\_\_
- 13) Are there any areas that are off limits? Yes \_\_\_ No \_\_\_ (If Yes, please explain)  
\_\_\_\_\_

- 14) Will there be any travel involved during the internship? Yes \_\_\_ No \_\_\_  
a. If so to where? \_\_\_\_\_  
b. What transportation will the student have to any offsite areas? \_\_\_\_\_
- 15) Are the work site accommodations suitable? Yes \_\_\_ No \_\_\_

Supervisor Information

Where will the supervisor be located in approximation to the intern?

- 1) Site supervisor contact info

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

- 2) Please list additional supervisors the intern may be working with if different than above:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

- 3) If the site contact listed at top is not in the office who is in charge?

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Job Description

- 1) Has a job description been submitted by the employer (or approved by employer)? \_\_\_\_\_  
2) Does the supervisor agree to the job description? Yes \_\_\_ No \_\_\_

Host Orientation/Training (Please update if occurs after the site visit)

- 1) Has the host received an orientation or training? Yes \_\_\_ No \_\_\_  
2) Has the host been provided with a handbook and attachments? Yes \_\_\_ No \_\_\_

Additional Comments

As a duly authorized representative of the NYC Department of Education, or an authorized representative of an approved partner organization of the NYC Department of Education, I affirm that I have visited the internship worksite and that the Host Supervisor, and/or Worksite Representative has signed the Internship Host Agreement.

\_\_\_\_\_  
Signature – WBL Coordinator/Authorized Representative

\_\_\_\_\_  
Date

Adapted from materials developed by the NYC Department of Education