

Internship
 Mid-Term Worksite Visit Report
 (To be completed by WBL Coordinator)

Date of Visit:			
Worksite (Name/Location):			
WBL Coordinator:			
Intern Name(s):			
Intern Supervisor(s):			
Coordinator Observations:	YES	NO	Comments: <i>(please include any feedback provided to interns)</i>
Are there any health or safety concerns?			
Is Intern appropriately dressed for assigned tasks?			
Does Intern communicate professionally with staff and/or interns?			
Does Intern exhibit enthusiasm for his/her responsibilities?			
Intern Performance			
Is Intern able to observe/practice skills related to his/her CTE Track?			
Is Intern working towards his/her Training Plan goals?			
Does Intern wish new Training Plan goals be assigned?			
Supervisor Feedback:			
Has Supervisor signed Intern's Training Plan?			
Are there any new goals Supervisor would like added to Training Plan?			
Is Supervisor satisfied with quality of work Intern is providing?			
Has Intern's attendance and promptness proven satisfactory thus far?			
Any additional issues needing attention?			
General Feedback for School Coordinators			