



**INTERNSHIP COMPLETION FORM**

Student Name:

School:

CTE Program:

Location of Internship:

Dates of Internship:

I, \_\_\_\_\_, verify that I am a certified work-based learning coordinator. I have overseen the internship outlined on this document and confirm that all documents have been completed and documented according to NYSED regulations.

	Yes	No
Training Plan		
Memorandum of Agreement		
Daily Log of Activities		
Student Final Evaluation Score (student must earn a score of 39+ to earn CDOS or school credit)	/60	
Internship Course Grade	_____%	

**Type of Internship:**

**Total Number of Hours Completed/CDOS Hours Earned:**

**Internship Course Code:**

**Grade for Report Card:**

**School Credit(s) Earned:**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_