



ROWLAND UNIFIED SCHOOL DISTRICT Public & Human Services Training Plan

Intern Name: _____

Internship Site: _____

Contact Person: _____ Phone: _____

Industry Site Supervisor: _____ Phone: _____

Department: _____

Please indicate afternoon hours available to have an intern placed at your site.

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Special needs (i.e., attire, equipment, and experience)

Career experience/activities that can be supported at the internship site

NOTE: Have your supervisor go over the training plan and identify the tasks you can reasonably expect to complete during your internship. This training plan is to be completed returned to your seminar teacher.

Industry Site Supervisor Signature

Intern Signature