



# ROWLAND UNIFIED SCHOOL DISTRICT Technology 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Computer Skill Utilization

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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