[서식1]학생 작성

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| **인문인턴십(현장실습) 종합보고서** |
| **학 과 명** |  | **학 번** |  | **성 명** |  |
| **신청과목/학점수** | □ 인문인턴십1 □ 인문인턴십2 □ 인문인턴십3 □ 인문인턴십4 (총 학점수: 학점) |
| **실습기관** |  | **실습기간** |  |
| **실습업무 요약** |  |
| **지원동기****및** **목 표** |  |
| **실습내용** |  |
| **새로 알게된 부분** **및** **본인의 업무평가** |  |
| **향후 진로** **및** **학업계획** |  |
| **건의사항** |  |
| **실습후기** |  |

[서식2]학생 작성

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| **Summary of the Internship(Weekly)** |
| **Name of Intern** |  |
| **Internship Period** |  |
| 1st week |  |
| 2nd week |  |
| 3rd week |  |
| 4th week |  |
| **Company Name** |  | CEO/President Name |  |
| **Phone Number** |  | E-mail |  |
| Company Address |  |
| Department |  | **Name of Supervisor** |  |
| **Signatures****Site supervisor: Date:** **Intern: Date:**  |
| **Clock card** |
| **Name of Intern** |  |
| **Period Covered by Evaluation** | **From to (total hours completed)**  |
| **Name of company** |  | **Name of Supervisor** |  |
| This form must be checked by the Site Supervisor at the everyday of a student’s placement period.  |
| **Please check (V) the appropriate( )**  | * work: day/ ■ absence : day
 |
| 1st week | mm-dd | Mon | work( ), absence( ) |  |
|  | Tue | work( ), absence( ) |  |
|  | Wed | work( ), absence( ) |  |
|  | Thu | work( ), absence( ) |  |
|  | Fri | work( ), absence( ) |  |
| 2nd week |  | Mon | work( ), absence( ) |  |
|  | Tue | work( ), absence( ) |  |
|  | Wed | work( ), absence( ) |  |
|  | Thu | work( ), absence( ) |  |
|  | Fri | work( ), absence( ) |  |
| 3rd week |  | Mon | work( ), absence( ) |  |
|  | Tue | work( ), absence( ) |  |
|  | Wed | work( ), absence( ) |  |
|  | Thu | work( ), absence( ) |  |
|  | Fri | work( ), absence( ) |  |
| 4th week |  | Mon | work( ), absence( ) |  |
|  | Tue | work( ), absence( ) |  |
|  | Wed | work( ), absence( ) |  |
|  | Thu | work( ), absence( ) |  |
|  | Fri | work( ), absence( ) |  |
| 5th week |  | Mon | work( ), absence( ) |  |
|  | Tue | work( ), absence( ) |  |
|  | Wed | work( ), absence( ) |  |
|  | Thu | work( ), absence( ) |  |
|  | Fri | work( ), absence( ) |  |
| **2018 (Year)- 02(Month) - (Date)****Signatures(Site supervisor)****Internship performance Assessment** |
| **Name of Intern** |  |
| **Period Covered by Evaluation** | **From to (total hours completed)**  |
| **Name of company** |  |
| **Name of Supervisor** |  |
| This form must be completed by the Site Supervisor at the end point (after 160 hours have been completed) of a student’s placement period. Please rate the intern’s performance in the following areasRating Scale: 10= Excellent / 8= Good / 6= Satisfactory / 4= Fair / 2= Unsatisfactory  |
| **Please check (V) the appropriate box** | **10** | **8** | **6** | **4** | **2** |
| **Professional Knowledge** | **Knowledge of field** |  |  |  |  |  |
| Understanding of agency’s goals and operations |  |  |  |  |  |
| **Professional Performance** | Task accomplishment |  |  |  |  |  |
| Adaptability (e.g., adjusts plans/actions according to situation) |  |  |  |  |  |
| **Communication skills** |  |  |  |  |  |
| Professional Behavior | Seeks responsibility |  |  |  |  |  |
| Dependability (e.g. punctual, completes work) |  |  |  |  |  |
| Safety Compliance |  |  |  |  |  |
| Professional appearance | neatness, appropriate dress, working attitude | **/ 20** |
| **total** | **/ 100** |
| **comments** |  |
| **Signatures****Site supervisor: Date:** **Intern: Date:**  |