Please check what applies:

 YES, we are willing to accommodate your students as interns in our agency

 No, we cannot participate in the internship program.

 Please contact us next year.

|  |  |
| --- | --- |
| Agency: Department:  | Date of internship (PSHS Calendar): *If you have another preferred dates of internship**please indicate:*Preferred date of internship:  |
| Maximum number of student-interns you can accommodate: | Preferred grade level: incoming grade 10 incoming grade 11 incoming grade 10 or 11 |

Kindly provide us the task our student- interns will be expected to do in your agency.

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|  |

*(You may photocopy the reply form for each department that will participate in your agency.)*

|  |
| --- |
| **PROPOSED ACTIVITIES** |
| Day Number | Planned Activities | Expected Output/Learning Outcomes |
| Day 1 –**Pre-Internship Day** |  |  |
| Day 2-Day 5(First Week) |  |  |
| Day 6-Day 10(Second Week) |  |  |
| Day 11-Day 14(Third Week) |  |  |
| Day 15(Post-Internship Day) |  |  |

Accomplished by:

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

Agency Representative