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.

|  |
| --- |
|  |

*(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