

Information Technology Externship

Bi-Weekly Time Journal & Employer Evaluation

Student Name: _____

Company: _____

Supervisor: _____

Period start date: _____ Period end date: _____

Hours worked: _____

Evaluation of Student (please rate on the following areas 1 - excellent, 5 – poor):

Promptness (did student show up on time for scheduled shifts?): 1 2 3 4 5

Appearance(clean professional appearance): 1 2 3 4 5

Communication (verbal skills, attitude): 1 2 3 4 5

Ability to perform tasks (based on in-house training or college training): 1 2 3 4 5

Areas of Concentration During Period (check all that apply):

Computer Repair Customer Service End User Support

Web Development Computer Programming Networking

Training Database Security

Other: _____

Employer Signature: _____ Date: _____

Student Signature: _____ Date: _____

It is the student's responsibility to provide this form to the Information Technology Coordinator on a bi-weekly basis. Failure to provide these evaluations in a timely manner will result in the loss of credit for hours worked which will result in loss of credit for the course.

Please provide this to Robert Benard, Information Technology Coordinator.

Mail:

Robert Benard – Technology Division
1401 East Court Street
Flint, Michigan 48506

Fax:

Robert Benard – IT Coordinator
(810) 232-2676

Questions, Comments, or Concerns:

Robert Benard
(810) 762-0095

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<http://www.RobertBenard.com> (click on Externships)