

# INTERNSHIP PROCEDURES CHECKLIST

University of Hawai'i at Manoa  
Department of Speech

I hereby confirm that I have discussed the following internship procedures with the faculty internship adviser and I fully understand the requirements and deadlines:

The internship contract and the assumption of risk and release forms must be completed, signed and turned in before I am allowed to register for the course.

I must register for SP 399 in the semester of my internship. I can only take up to 3 credits of internship per semester for a maximum of 6 credits.

A research paper (3-5 pages) on the organization/company must be turned in by Friday of the fourth week of the fall/spring semester or by Friday of the second week of a summer session.

The Supervisor's Evaluation of Intern form (filled out by the supervisor) must be turned in by the last day of class of the semester. It is my responsibility to make sure that the evaluation form is turned in on time.

Student's Evaluation of Internship form must be turned in by the last day of class of the semester, along with my log/journal and a portfolio of work I produced during my internship.

I will meet with my faculty internship adviser at least once a month during the semester or have at least four meetings during a summer session. My appointment dates/times are:

|                  |           |       |                   |          |       |
|------------------|-----------|-------|-------------------|----------|-------|
| <b>FALL:</b>     | September | _____ | <b>SPRING:</b>    | February | _____ |
|                  | October   | _____ |                   | March    | _____ |
|                  | November  | _____ |                   | April    | _____ |
|                  | December  | _____ |                   | May      | _____ |
| <b>SUMMER I:</b> | May       | _____ | <b>SUMMER II:</b> | July     | _____ |
|                  | June      | _____ |                   | August   | _____ |

I must have a minimum of 40 internship contact hours per credit hour. If I am already a paid employee of that organization, my internship contact hours will be over and above those hours that I am working as a paid employee.

I will select an organization that can provide me with specific communication related skills and training experiences.

I understand that if any of the preceding procedures are not followed or if I miss any of the deadlines, I may not receive academic credit for the internship.

Name \_\_\_\_\_ (Please print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

# ASSUMPTION OF RISK AND RELEASE

University of Hawai'i at Manoa  
Department of Speech

I, the undersigned, in full recognition and appreciation of the normal dangers and hazards inherent in participating in off-campus assignments to which I may be exposed during my enrollment and participation in **Speech 399**, \_\_\_\_\_ **Semester 20** \_\_\_\_\_, functions during an internship \_\_\_\_\_ or any independent research or activities undertaken as an adjunct thereto; and further, I do for myself, my heirs, executors, and administrators hereby defend, hold harmless, indemnify, and release, and forever discharge the University of Hawai'i, and all its officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury, or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of the University, its officers, agents or employees, during the period of my participation as foresaid.

**IN WITNESS WHEREOF, I have caused this release to be executed this**  
\_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_.

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(Signature)

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(Print name)

# INTERNSHIP CONTRACT

University of Hawai'i at Manoa  
Department of Speech

Student's Name \_\_\_\_\_

(Please type)

Address \_\_\_\_\_

\_\_\_\_\_ City State Zip Code  
E-Mail Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_  
Area Code

Internship Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Supervisor \_\_\_\_\_

Title \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Area Code

Days/Times per week on job \_\_\_\_\_

Duties \_\_\_\_\_

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

I understand that I will be expected to abide by the rules and regulations of the organization where I am interning. If I fail to act in a **professional** manner at any time during the internship, I understand that I may be terminated immediately and receive no credit for the experience. I will contact my faculty internship adviser at least once a month.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student

Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor

Signature \_\_\_\_\_ Date \_\_\_\_\_

Internship Adviser

# STUDENT'S EVALUATION OF INTERNSHIP

University of Hawai'i at Manoa

Department of Speech

Fill out this internship evaluation form upon completion of your internship and turn it in, **plus an extra copy**, to your faculty internship adviser by the last day of class of the semester. Also, turn in your activity log/journal, collection of work, etc.

(Please type)

Student's Name \_\_\_\_\_

Organization (site) \_\_\_\_\_

Internship Supervisor \_\_\_\_\_

|                        |                            |                          |
|------------------------|----------------------------|--------------------------|
| Duration of Internship | <b>Start</b><br>Date _____ | <b>End</b><br>Date _____ |
|------------------------|----------------------------|--------------------------|

|                                   |                                    |
|-----------------------------------|------------------------------------|
| <b>Days/Hours</b><br>Worked _____ | <b>Total Hours</b><br>Worked _____ |
|-----------------------------------|------------------------------------|

Duties and responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General comments about the internship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General comments about the Department's internship program \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** a. Give the original copy of this form to your Faculty Adviser

b. Give a duplicate copy of this form to the Department of Speech (George Hall 326)

Submit a 3 to 5 page, typed, double-spaced narrative report evaluating your internship experience in the following areas:

1. Supervision, guidance, direction on the job:

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2. Amount and type of work assigned:

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3. Quality of the work environment:

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4. General attitudes expressed by the professionals toward you and/or the UHM internship program:

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5. The most enjoyable aspect of your internship experience:

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6. The least enjoyable aspect of your internship experience:

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7. Strengths and weaknesses of your classroom training in preparing you for the work you did during your internship:

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# SUPERVISOR'S EVALUATION OF INTERN

University of Hawai'i at Manoa  
Department of Speech

Student's Name \_\_\_\_\_

Dates of Internship                      **From** \_\_\_\_\_ **To** \_\_\_\_\_

In order to validate and ensure that university credit is given to your intern, please complete this form during the final week of the internship. Mail or fax to the following address: University of Hawai'i at Manoa, Department of Speech, 2560 Campus Road, Grg 326, Honolulu, Hawai'i 96822 (Fax 808-956-3947).

Please evaluate the intern by checking the appropriate boxes.

**A** = Excellent                      **C** = Average                      **F** = Not Acceptable  
**B** = Above Average              **D** = Below Average              **NA** = Not Applicable

|  | A | B | C | D | F | NA |
|--|---|---|---|---|---|----|
| 1. Is dependable                                     |   |   |   |   |   |    |
| 2. Is creative/innovative                            |   |   |   |   |   |    |
| 3. Can work independently                            |   |   |   |   |   |    |
| 4. Can work under supervision                        |   |   |   |   |   |    |
| 5. Can work as a member of a team                    |   |   |   |   |   |    |
| 6. Meets deadlines                                   |   |   |   |   |   |    |
| 7. Meets job responsibilities                        |   |   |   |   |   |    |
| 8. Demonstrates appropriate level of required skills |   |   |   |   |   |    |
| 9. Shows initiative                                  |   |   |   |   |   |    |
| 10. Seeks additional work assignments                |   |   |   |   |   |    |
| 11. Is highly motivated toward profession            |   |   |   |   |   |    |
| 12. Readily accepts challenges                       |   |   |   |   |   |    |
| 13. Readily applies instruction                      |   |   |   |   |   |    |
| 14. Positive attitude toward learning                |   |   |   |   |   |    |
| 15. Readily accepts constructive criticism           |   |   |   |   |   |    |
| 16. Appreciates internship experience                |   |   |   |   |   |    |
| 17. Dresses appropriately for job                    |   |   |   |   |   |    |
| 18. Overall performance                              |   |   |   |   |   |    |

19. Relative to the tasks assigned, what were the intern's strengths?

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20. Relative to the tasks assigned, what were the intern's weaknesses?

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21. If you had a position open, would you hire the intern for the position?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

22. Other comments:

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Supervisor \_\_\_\_\_ (Print name)

Title \_\_\_\_\_ Phone \_\_\_\_\_

Organization \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_