

Intern's name: \_\_\_\_\_

## SCHOOL TO WORK - EMPLOYER INFORMATION FORM

Business Name:	
Telephone:	EXT:
Address:	
City:	Zip:
Supervisor/Contact Name:	
Supervisor/Contact Email address:	
Intern's Job Title:	Intern's Hourly rate of pay:
<b><i>ATTENTION EMPLOYER: You must provide the following information in order for this student to work in the program.</i></b>	
Business Liability Insurance:	
Policy Number:	
Workers Compensation Insurance:	
Policy Number:	

	M	T	W	TH	F	SA	SU
Start Time:							
End Time:							

Intern's name: \_\_\_\_\_

**PLEASE LIST 10 SKILLS YOU WILL EXPECT THE STUDENTS TO BECOME PROFICIENT IN AND GRADED ON FOR SCHOOL ASSESSMENTS OF PROGRESS.** These skills are not to be basic employability skills (punctuality, professional appearance, etc.) but rather to be specific to your employment needs. You will be asked to evaluate the students on these skills FOUR times during the school year. By the end of their experience, or before, we expect proficiency in all specific areas of monitoring.

**Example:**

- Intern will be proficient at using data entry software specific to this office.
- Intern will be knowledgeable on all HIPAA laws as required of this office.

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