

# INTERNSHIP/PRACTICUM VERIFICATION



Office of the Registrar, 40 Avon Street, Keene, New Hampshire 03431-3516  
 Email registrar.ane@antioch.edu Tel 603.283.2470 Fax 603.355.1160 www.antiochne.edu

Please refer to Course Descriptions for Internship/Practicum course code number.

## **STEP I: To be completed by student**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Semester and year of course \_\_\_\_\_ Course number \_\_\_\_\_

Instructor \_\_\_\_\_ Date submitted to instructor \_\_\_\_\_

*This evaluation becomes part of the student's permanent record and will be released to third parties only with the student's written permission.*

## **STEP II To be completed by instructor**

*Ratings of Unsatisfactory, Satisfactory w/Concerns, or Outstanding must be explicitly addressed in the narrative evaluation.*

INTERNSHIP/PRACTICUM REQUIREMENTS	UNSATISFACTORY	SATISFACTORY W/CONCERNS	GOOD	VERY GOOD	EXCELLENT	OUTSTANDING	NOT APPLICABLE
INTEGRATION OF THEORY AND PRACTICE							
PROFESSIONAL AND INTERPERSONAL SKILLS							
QUALITY OF DOCUMENTATION							
OVERALL INTERNSHIP/PRACTICUM PERFORMANCE							

Internship/Practicum Site \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Narrative Evaluation \_\_\_\_\_

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

NUMBER OF CREDITS GRANTED \_\_\_\_\_

NO CREDIT \_\_\_\_\_

Performance warrants advisor's/program's concerns?  Yes  No *Please explain in narrative.*

Faculty signature \_\_\_\_\_ Date \_\_\_\_\_

Department chairperson's signature (required for Adjunct and Associate faculty) \_\_\_\_\_