



# BUSINESS Mentor Packet

“The delicate balance of **mentoring** someone is not creating them in your own image, but giving them the **opportunity** to create themselves.”

*-Steven Spielberg*

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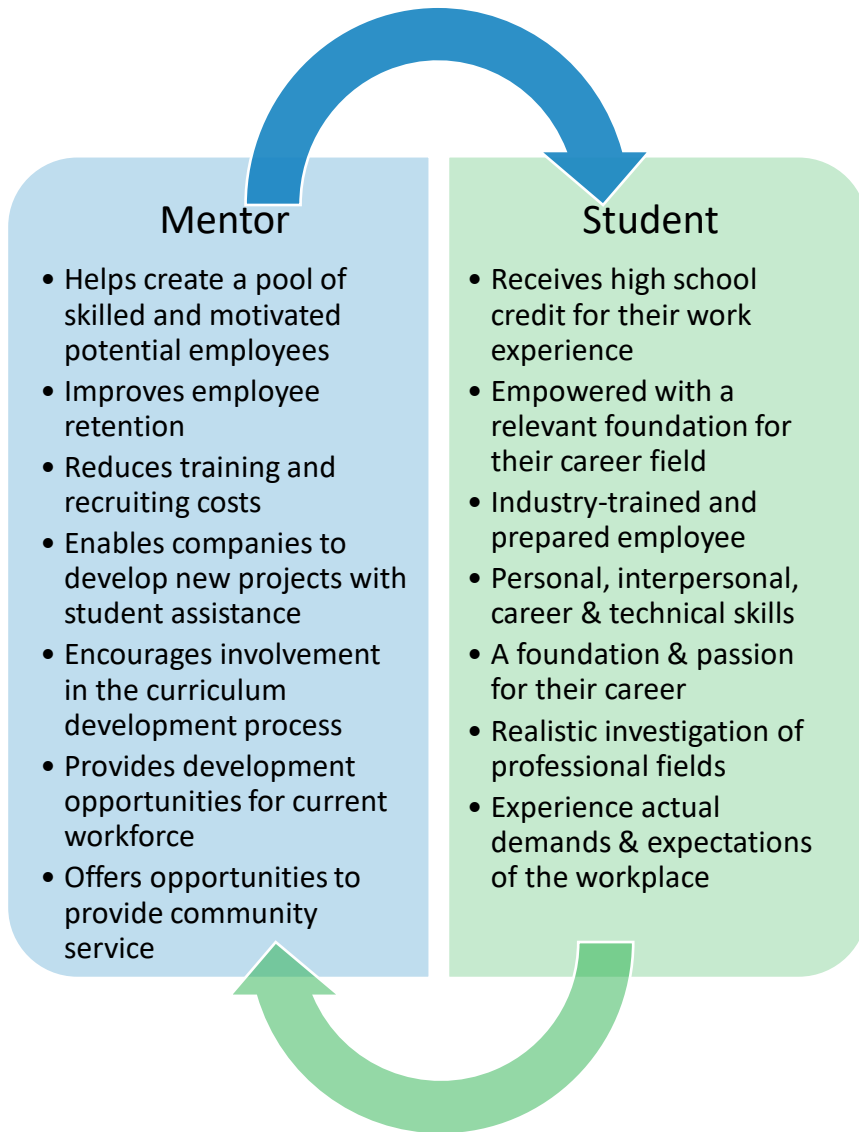
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## Dysart Career & Technical Education (CTE) Mentor Internship Mission

To provide students with personal and interpersonal career and technical skills through real word demands and expectations in their career field so that all Dysart Career & Technical Education (CTE) students become career ready.



## Thank You!

Thank you for offering to host our students for an internship. Allowing our students access to knowledgeable professionals, like yourself, is key in shaping our community and our future workforce. We appreciate your commitment and willingness to share your valuable experience in your field. With your help we can make Dysart's Career and Technical Education (CTE) student's career ready. We hope your role as a mentor is as meaningful to you as it is to our students.



**Jim Grieshaber**  
Career & Technical Education  
Director

## Mentor Checklist

Thank you for your commitment to this work based learning experience. We are also committed to you to make sure your role as a Mentor is seamless. Below is a checklist of requirements to ensure that our mentors and students build and maintain a successful relationship and internship experience from start to finish.

### 1st Week

- Review, complete and sign agreements/forms:
  - Internship Student, Parent, Business & Teacher
  - Internship Training Plan Agreement (sections 2 & 3)

### 4-6 Weeks

- Evaluate your student intern (Evaluation 1). The Student Performance Evaluation Form must be completed & reviewed with the student intern. This form will need to be returned to the Intern Teacher Coordinator.

### Weekly

- Review, sign and date the Intern Hours and Wage Tracking Form (These time sheets will be turned into the Internship Teacher Coordinator by the intern every two weeks).
- Initial and date the Intern Training Plan Agreement as the intern completes sections 2 & 3 of the agreement.





### Final Month

- Evaluate your student intern (Evaluation 2). The Student Performance Evaluation Form must be completed & reviewed with the student intern. This form will need to be returned to the Intern Teacher Coordinator.

## Contact Information

Have questions? Concerns? Suggestions?

### Intern Teacher Coordinators

 <b>DYSART</b> HIGH SCHOOL 11425 N Dysart Rd, El Mirage, AZ 85335  <b>Leslie Palombo</b>  Email: <a href="mailto:Leslie.Palombo@dysart.org">Leslie.Palombo@dysart.org</a>  Phone: 623-876-7500 X-1561	 <b>SHADOW RIDGE</b> HIGH SCHOOL 10909 N Perryville Rd, Surprise, AZ 85388  <b>Mollie Fussell</b>  Email: <a href="mailto:Mollie.Fussell@dysart.org">Mollie.Fussell@dysart.org</a>  Phone: 623-523-5100 X-6271	 <b>VALLEY VISTA</b> HIGH SCHOOL 15550 N Parkview Pl, Surprise, AZ 85374  <b>Anthony Paterno</b>  Email: <a href="mailto:Anthony.Paterno@dysart.org">Anthony.Paterno@dysart.org</a>  Phone: 623-523-8800 X-4860	 <b>WILLOW CANYON</b> HIGH SCHOOL 17901 W Lundberg St, Surprise, AZ 85388  <b>Dawn Parmley</b>  Email: <a href="mailto:Dawn.Parmley@dysart.org">Dawn.Parmley@dysart.org</a>  Phone: 623-523-8000 X-4172
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### Dysart District Office: Career & Technical Education Department



15802 N Parkview Place, Surprise, AZ 85374

**Jim Grieshaber**

Email: [James.Grieshaber@dysart.org](mailto:James.Grieshaber@dysart.org)




Phone: 623-876-7991 Business Cell: 623-764-3777

## Sample Agreements & Forms

The following documents will be provided to the student intern for review and to obtain all appropriate signatures. After signatures are obtained all forms and agreements will be turned into the Intern Teacher Coordinator. Forms are also available online at [www.dysart.org/CTE](http://www.dysart.org/CTE), click on the “Learn More” button on the Student- Business Internship section to access the Internship web page.

### Student, Parent, Business & Teacher Agreement

This joint agreement lists all parties’ responsibilities when participating in the internship program.

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<b>Internship Student, Parent, Business &amp; Teacher Agreement</b>								
<b>STUDENT INFORMATION</b>								
Student Name:			Date of Birth:			Age:		
Mailing Address:								
Cell Phone:			E-mail:					
<b>MENTOR INFORMATION</b>								
Mentor's Name:			Business Name:					
Business Address:								
Mentor's Phone:			E-mail:					
<p>For the Work Based Learning Program to be fully effective, it is mandatory that certain rules and regulations be followed. The Student, his/her Parent/Guardian, the Teacher-Coordinator and the Business Partner Employer-Mentor must agree to fulfill the following responsibilities:</p>								
<b>STUDENT</b>								
<p>Student recognizes that the Work Based Learning experiences will contribute to his/her career objectives and agrees to the following:</p>								
<ol style="list-style-type: none"><li>1. Understands there is no guaranteed or assigned workplace.</li><li>2. Accepts responsibility for providing transportation to and from the workplace.</li><li>3. Abides by the rules, regulations, policies and procedures of the workplace, the Dysart Unified School District, and the Work Based Learning Program.</li><li>4. Understands that once a position is accepted, a commitment has been made to the Business Partner Employer-Mentor. It is expected that the student-learner will be at the Business Partner Company for the length of the Work Based Learning commitment.</li><li>5. Responsible to be at the workplace every scheduled day at the appointed time.</li><li>6. Follow the directions of the Business Partner Employer/Mentor.</li><li>7. Do nothing intentionally to disrupt the normal routine of the workplace.</li><li>8. Exercise confidentiality and respect with regard to information gained at Business Partner Company and Business Partner staff with regard to the Work Based Learning program, teacher-coordinator, or student-learner.</li><li>9. Be prompt and accurate in completing all required assignments, forms and reports for the Work Based Learning program, the teacher-coordinator, and the Business Partner Employer-Mentor.</li><li>10. Agrees to demonstrate courtesy, a cooperative attitude, appropriate dress, and a willingness to learn. Behavior to the contrary may lead to dismissal from the Work Based Learning Program and/or the Business Partner Company.</li><li>11. Understands that any breach of trust, professionalism or ethical behavior (i.e. any evidence of dishonesty with money, merchandise, time or effort) may result in dismissal from the Work Based Learning Program and/or the workplace.</li><li>12. Agrees to communicate with the Business Partner Employer-Mentor and the Teacher-Coordinator at all times.</li></ol>								
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## Internship Student, Parent, Business & Teacher Agreement

### PARENT/GUARDIAN

Parent/Guardian understands and acknowledges the following:

My child wishes to participate in the Dysart Unified School District Work Based Learning Program. I realize there are inherent workplace risks involved in my child's participation. Although a rare occurrence, I recognize the possibility that my child may suffer an injury as a result of participation in this program. I agree to accept these risks as a condition of my child's participation in this program.

Furthermore, I understand that notifications of any pre-existing conditions that may create an additional risk for my child are disclosed below to all parties signing this form.

My child:

☐ does NOT have a pre-existing condition that may create an additional risk for him/her.

☐ has a \_\_\_\_\_ condition(s) that creates additional risk for him/her. I understand that, because of his/her condition, the special risks for my child are: \_\_\_\_\_

I understand these concerns and agree to follow all directions and recommendations of my child's physician. I also understand that I am responsible for any insurance coverage for my child during his/her participation in this program.

The Parent/Guardian further agrees to:

1. Commit to support the student, Business Partner Employer-Mentor, and Work Based Learning Program.
2. Participation of the student-learner in the Work Based Learning Program and will encourage the student-learner to effectively carry out duties and responsibilities both in the classroom and at the training site.
3. Contact the Teacher-Coordinator regarding all questions/concerns pertaining to the Business Partner Mentor experience.

### BUSINESS

The Business Partner (Mentor) agrees to:

1. Abide by Federal, State, and Local regulations regarding employment, job duties and the provisions of an equal opportunity employer.
2. Understand and enforce Child Labor Laws (DOL 579.50 subpart E) regarding occupations particularly for the employment of minors between the ages of 16 and 18 of age order, and the exceptions to the order for non-agricultural work.
3. The work of the student-learner in the occupation declared particularly hazardous shall be incidental to the training and such work shall be intermittent and for short periods of time, and under the direct and close supervision of a qualified and experienced person.
4. Provide applicable general safety guidelines to the work environment.
5. Understanding the status of the student while in training shall be that of student-learner; however, work standards expected of the student-learner will be the same as those expected of other beginning workers.





## Internship Student, Parent, Business & Teacher Agreement

6. Function as a training site and as such an employer-mentor will be assigned to the student-learner. This employer-mentor will be allowed time to work with the student-learner so that this Work Based Learning will be a viable educational experience.
7. Provide a variety of related experiences for the student-learner consistent with his or her career/occupational competencies.
8. Follow the training plan (a schedule of organized and progressive work experiences) to be performed at the site.
9. Understand that once a position is accepted, a commitment has been made to the student-learner. It is expected that the student-learner will be at the Business Partner Company for the duration of the Work Based Learning commitment unless a serious situation arises or prior arrangements have been made.
10. Exercise confidentiality in regard to information gained during the Work Based Learning program.
11. Assist in the evaluation of the student-learner.
12. Contact the Teacher-Coordinator if any problems arise regarding the student-learner.
13. Work with Teacher-Coordinator to mutually agree to transfer or withdraw the student-learner when he/she deems such actions to be in the best interest of those concerned.

### TEACHER

Teacher-Coordinator agrees to:

1. Ensure the enrollment of the student-learner is in a state-approved Career and Technical Education Work Based Learning Program.
2. Provide related classroom instruction, including safety instruction (especially for hazardous occupations), and make provisions for the student-learner to receive additional workplace readiness instruction.
3. Periodically observe the student-learner on the job and to visit with the Business Partner Employer-Mentor in order to aid in the student-learner's development.
4. Consult with the Business Partner Employer-Mentor in the evaluation of the student-learner.

### STUDENT - PARENT/GUARDIAN - BUSINESS - TEACHER

By signing below each party agrees to the terms of this agreement and the rules, regulations and provisions of the Work Based Learning Program. Failure to comply with this agreement in whole or part, may result in the dismissal of the student from the Work Based Learning program, disciplinary action, possible failure of course and/or loss of credit.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Partner (Mentor) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher-Coordinator Signature

\_\_\_\_\_  
Date



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## Internship Confidentiality Agreement

Student Name:

Age:

Mailing Address:

Parent/Guardian Phone:

Parent/Guardian E-mail:

Mentor's Name:

Business Name:

I understand that I may have access to confidential patient/client information and confidential information about the business and financial interests of my mentor (referred to as "Business Partner" in this Agreement). I understand that Confidential Information is protected in every form, such as written records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all existing and future Business Partner policies and procedures to protect the confidentiality of Confidential Information. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information, unless it is permitted by the Business Partner policy.

I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else's authentication code or device, password, key card, or identification badge. I agree not to allow any other person to have access to the Business Partner's information systems under my authentication code or device, password, key card, or identification badge. I agree to notify the appropriate administrator immediately if I become aware that another person has access to my authentication code or device, password, key card, or identification badge, or otherwise has unauthorized access to the Business Partner's information system or records.

I agree that my obligations under this Agreement continue after my employment or my time as a volunteer/employee/intern ends.

I agree that, in the event I breach any provision of this Agreement, the Business Partner has the right to reprimand me or to suspend or terminate my employment or volunteer status with or without notice at the discretion of the Business Partner, and that I may be subject to penalties or liabilities under state or federal laws. I agree that, if the Business Partner prevails in any action to enforce this Agreement, the Business Partner will be entitled to collect its expenses, including reasonable attorney's fees and court costs.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)



### Internship Insurance Acknowledgement Agreement

<b>Student Name:</b>	<b>Age:</b>
<b>Mailing Address:</b>	
<b>Parent/Guardian Phone:</b>	<b>Parent/Guardian E-mail:</b>

<b>Mentor's Name:</b>	<b>Business Name:</b>
-----------------------	-----------------------

Dysart Unified School District's liability insurance covers only the District, its assets, and its agents (employees and board members). I understand that my student will be leaving school to participate in a workplace setting under the Dysart Unified School District's Work Based Learning Program, and the District's liability insurance will not cover my student. I am responsible and liable for my student's actions while at the workplace or traveling to and from the workplace.

My student's assigned workplace may involve health and safety hazards. Dysart Unified School District does not provide health insurance for students. I have been advised that student health insurance is not the responsibility of the District and I am responsible for any insurance coverage for my student during participation in the Work Based Learning Program.

By signing, I acknowledge that I have read and understood the District's position on insurance pertaining to my student.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)



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## Internship Liability & Photographic Release Agreement

Student Name:

Age:

Mailing Address:

Parent/Guardian Phone:

Parent/Guardian E-mail:

Mentor's Name:

Business Name:

In consideration of Dysart Unified School District agreeing to photograph or interview me and in consideration of the use of the facilities and services provided to me by the Dysart Unified School District, the undersigned, both individually and on behalf of the undersigned's children, spouses, heir and legal representatives, does hereby:

1. Consent to the use and release to Dysart Unified School District the use of my name and my likeness, (Participant) whether in still, motion pictures, or video tape, my photograph and/or other reproduction of me or my property, including my voice and features, with or without my name, for any editorial, promotion, trade business or other purpose whatsoever. Dysart Unified School District may exercise its rights in any way it sees fit for its productions, for advertising and for other purposes. I intend for Dysart Unified School District to rely upon this release and understand that it is irrevocable; and
2. Agrees to release, not to sue, and to indemnify and hold harmless Dysart Unified School District for, from and against any and all injuries, claims, demands, damages, actions, causes of action, suits or judgments of any kind or nature whatsoever (including attorneys' fees and other costs in the defense of any such claim or suit) brought by myself or on behalf of myself as a result of any loss, damage or injury to any persons or property arising out of or in any way relating to any action, inaction or participation in any video or photographic productions of the Dysart Unified School District.

The undersigned further agrees that Dysart Unified School District may use or cause to be used, these items for any and all broadcasts, publications or reproductions, without limitation or reservation or any fee.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature






\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

## Training Plan

The Internship Training Plan Agreement is used to develop a specific guide to help the student intern meet their career goals. The Mentor's role is to work with the student intern to develop and complete Sections 2 and 3 of this agreement. As goals are reached they are documented by entering the date next to the achieved goal and having the appropriate person initial next to the date to confirm the achievement. Mentors will need to initial Sections 2 and 3 as the student completes each goal.

**Sample:**

### INTERNSHIP Training Plan Agreement

**Student Name:** *John Smart*

**Mentor's Name:** *Jim Grieshaber*      **Business Name:** *Public Relations*

**Teacher-Coordinator Name:** *Leslie Palombo*

**Purpose of the Training Plan:** The Training Plan is a mutually agreed upon guide among the Mentor, the Student and Teacher as the targeted progression of skills to be obtained by the Student at the internship site by the conclusion of the Work Based Learning experience. The minimal State Standards (including State Workplace Standards and State CTE Program Standards) listed are to be addressed according to the agreed upon training plan. The student's career goal will be used as the focus for the development of the training plan. Progress checks will be conducted periodically.

**SECTION 1 - Teacher Coordinator:**  
(These areas will be completed by the student intern in the classroom)

Internship Program Standards	Date Achieved	Teacher's Initials
1. Develop an individual career plan	8-10-18	LP
2. Prepare for employment	8-10-18	LP

**SECTION 2 - Mentor:**  
(This section is reviewed by the mentor & student intern to familiarize the student with the business)

Business Overview	Date Achieved	Mentor's Initials
1. Company philosophy and/or mission statement	8-21-18	JG
2. Company policy and procedures including attendance (Who do I contact when I need to miss a day?)	8-21-18	JG
3. Company safety standards	8-21-18	JG
4. Company hierarchy	8-21-18	JG
5. Company hiring and promotion process	8-21-18	JG

**SECTION 3 - Mentor:**  
Please list 12 essential skills and/or standards that the student can obtain at the internship site.

Internship Site Standards and Skills	Date Achieved	Mentor's Initials
1. Professional dress & on time	8-21-18	JG
2. Closed caption of video archives	8-30-18	JG
3. Website Audits		

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## INTERNSHIP Training Plan Agreement

4. Photography-shooting & editing		
5. Photoshop design work	9-7-18	JG
6. Promotional posts for social Media		
7. Event organizing setup	10-11-18	JG
8. Sports coverage scheduling	10-31-18	JG
9. Photo shoot direction		
10. Photo compilation project		
11. Photo editing for different platforms		
12. General office Skills		

Note: The student's goal is to complete at least 10 or more of these 12 skills and standards.

### SECTION 4 - Student Intern:

Student Goals	Date Achieved	Student Initials
1. To obtain mastery in 80% of my standards/competencies (Section 3).		
2. To complete the required hours for my work-based learning experience.		

The Mentor carries the responsibility to comply with all applicable federal and state laws. The Work Based Learning Experience will not interfere with the schooling of the minors or with their health and well-being. The work of the Student in the occupations declared particularly hazardous shall be incidental in his/her training; such work shall be intermittent and for short periods of time, and under the direct and close supervision of a qualified and experienced person, who has given prior instructions to the student.

I have received and read a copy of my responsibilities and will abide by them:

John Smart      8-21-18

Student Signature      Date

Jim Grieshaber      8-21-18

Business Partner (Mentor) Signature      Date

Mary Smart      8-24-18




Parent/Guardian Signature      Date

Teacher-Coordinator Signature      Date

## Student Hours Tracking

Student Interns are responsible for tracking and recording their hours worked at the internship site. Interns must have their Mentor review and sign the form to confirm their hours for the program each week they work.

**Sample:**

### STUDENT Hours & Wage Tracking

**Student Name:** *John Smart*

Student Interns are responsible for tracking their hours. This record must keep current each week and turned in to the intern coordinator at the end of each two week period. Mentor's information and signature are required to confirm internship hours. Hours will not be accepted without the required signatures.

	Date (Ex. 8-1-16)	Start Time (Ex. 5:30pm)	End Time (Ex. 7:15pm)	Hours Worked (Ex. 1.25)	Estimated Wages (hours worked X hourly wage)
<b>Sunday</b>					
<b>Monday</b>	<b>9-12-16</b>	3:00 pm	5:30 pm	2.5	\$37.50
<b>Tuesday</b>					
<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					
<b>Saturday</b>	<b>9-17-16</b>	9:00 am	12:30 pm	3.5	\$52.50
<b>WEEKLY TOTALS</b>				<b>6</b>	<b>\$90</b>

I certify that these hours are accurately reflected for this period

*John Smart*      9-17-16

Student Signature      Date

\_\_\_\_\_  
Business Partner (Mentor) Signature      Date

---

	Date (Ex. 8-1-16)	Start Time (Ex. 5:30pm)	End Time (Ex. 7:15pm)	Hours Worked (Ex. 1.25)	Estimated Wages (hours worked X hourly wage)
<b>Sunday</b>	<b>9-18-16</b>	9:00 am	1:00 pm	4	\$60.00
<b>Monday</b>					
<b>Tuesday</b>					
<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					
<b>Saturday</b>					
<b>WEEKLY TOTALS</b>				<b>4</b>	<b>\$60.00</b>

I certify that these hours are accurately reflected for this period

*John Smart*      9-17-16

Student Signature      Date

\_\_\_\_\_  
Business Partner (Mentor) Signature      Date

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Dysart CTE Internship Program



## Student Performance Evaluation

Two Student Performance Evaluations must be completed by the mentor for each semester. Once the form is reviewed with the intern and signed, the form is returned to the Intern Teacher Coordinator.

Sample:

### STUDENT Performance Evaluation

<b>Evaluation Date:</b> 12-14-22	<b>Evaluation (check one):</b> <input checked="" type="radio"/> Evaluation 1 <input type="radio"/> Evaluation 2
<b>Student's Name:</b> Pat Smart	<b>Student's High School:</b> Dysart High School

<b>Mentor's Name:</b> J. Griesberry	<b>Mentor's Title:</b> Public Relations Specialist
<b>Mentor Company Name:</b> Dysart Unified School District	<b>Mentor's Phone #:</b> 623-876-7991

Directions: Please use this rating scale to bubble in the score for each Performance Factor section of the evaluation.

1- UNACCEPTABLE	2- BELOW EXPECTATIONS	3- MEETS EXPECTATIONS	4- EXCEEDS EXPECTATIONS
Consistently or Excessively Poor Performance	Remedial Intervention Needed to be Brought Up to Appropriate Level	Represents the Student's Fair Share of the Work or a Reasonable Level of Conduct; Sometimes Exceeds or Falls Slightly Below Expectations	Consistently Meets Expectations

WORK HABITS- Performance Factor 1	1	2	3	4
1. Understands job responsibilities and related operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2. Completes work assignments accurately, thoroughly and on time	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Has read and complies with all federal, state and local laws, rules, guidelines and policies (e.g.: safety, attendance, sexual harassment, FLSA, OSHA, time reporting, etc.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Clearly and effectively communicates and expresses ideas and information to customers, co-workers, members of the public, supervisors and management	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Resolves problems in an efficient, safe and effective manner	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Is accountable and accepts responsibility for own actions	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. Organizes and plans work assignments to meet objectives	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. Is responsive and courteous to customers, members of the public, co-workers, supervisors and management	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Receptive to direction and accepts feedback in a positive manner	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Adheres to ethical standards of professional conduct activities	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Factor 1 Total Score:</b>	32			

WORK SKILLS- Performance Factor 2	1	2	3	4
1. Reports to internship site regularly and on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2. Works effectively and cooperatively with others in the workgroup	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Displays enthusiasm toward the work site	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Follows directions effectively-verbal and written	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Shows initiative and self-motivation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Factor 2 Total Score:</b>	16			

CAREER DEVELOPMENT- Performance Factor 3	1	2	3	4
1. Demonstrates progress in learning career-related skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2. Contributes and/or improves existing processes and/or introduces new methods	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Increases personal skills, knowledge and technical base	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Displays skills/abilities necessary for success in career field	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Displays interest and continued learning in the career field	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Factor 3 Total Score:</b>	15			

I, the student, have reviewed the above evaluation with my mentor. ☒ YES ☐ NO

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: Pat was a huge asset to our team. We are very happy to have him this semester

Pat was a huge asset to our team. We are very happy to have him this semester

**Evaluation Score Total:** 63

(Factors 1 + 2 + 3)

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