

Internship Placement Report

Individual's Name: _____

Address: _____
Street Address City State Zip Code

Home Phone Number: _____ Cell Phone Number: _____

Internship Site/Employer Name: _____

Internship Address: _____
Street Address City State Zip Code

Internship Contact: _____ Phone Number: _____
First and Last Name

Individual's Internship Title: _____ Internship Start Date: _____

Type of internship: Paid Unpaid Expected Length of Internship: _____ End Date: _____

Starting Internship Wage: _____ Total Hours per Week: _____

Internship wages paid by: Employer Workforce Oklahoma Other: _____

Internship Schedule: **(Ex: 10:15a-11:45p)**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

List benefits (if available): _____

Brief description of individual's internship duties:

Describe how the specific supports listed on the ESS-C-185—Job Accommodation Form were implemented:

Select "YES" OR "NO" in response to each statement below or leave blank if not applicable:

- Yes No The Pre-Placement Information Form was emailed to the DRS Counselor and ESS TA **prior** to the start of the internship.
- Yes No The Job Accommodation Form was completed.
- Yes No There is an expectation that Internship could lead to permanent employment.
- Undecided

EC Name: _____

Date: _____