

**IDAHO DEPARTMENT OF CORRECTION
Internship Learning Plan**

Section 1: Student Information		
Name: _____ Phone: _____		
Address: _____ City: _____ Zip: _____		
Email: _____ College/University: _____		
Major: _____ Classification: _____		
A. What do you hope to learn or gain from an internship with the IDOC? (E.g., what are the learning objectives?) Please be specific.		
B. How will you accomplish the learning objectives? List the steps and please be specific.		
C. How will you measure the results?		
D. How do you see this internship affecting your short and long-term career goals?		
E. If your college/university department head/professor approves of the information provided in A thru D, please provide the following information and obtain signature approval. His signature indicates that he has reviewed and agrees with this learning plan.		
_____ School Dept Head/Professor's Email		_____ School Dept Head/Professor's Phone #
_____ School Dept Head/Professor's Name	_____ Signature	_____ Date
Section 2: IDOC Information		
Internship Position Title: _____		
Internship Start Date: _____		Internship End Date: _____
Work Location Assigned: _____		
Intern Supervisor Assigned: _____		
Student's Assigned Work Schedule: _____		
A. The student will be evaluated on the following workplace skills and other specific duties assigned:		
<ul style="list-style-type: none"> • Attendance • Appearance • Initiative 	<ul style="list-style-type: none"> • Job Knowledge • Learning Objectives • Observance of IDOC Policies 	<ul style="list-style-type: none"> • Quality of Work • Quantity of Work • Self-confidence • Versatility • Working Relationships
B. An Internship Description was provided to the student on: _____		
C. The student will require access to the following IDOC information technology infrastructure:		
<input type="checkbox"/> EDOC <input type="checkbox"/> Reflections <input type="checkbox"/> CIS		
_____ Student's Signature		_____ Date
_____ Site Internship Coordinator's Name	_____ Signature	_____ Date
_____ HRS Internship Coordinator's Name	_____ Signature	_____ Date