The school must complete an Internship Skills Checklist for each student, to be used by the site to verify the student’s ability to demonstrate required skills. Once complete, this form must become part of the student’s record under Commissioner’s regulations at 8 NYCRR 126.11(a)(4).

Attendance must be taken regularly by the BPSS licensed instructor monitoring student internships. The school should be notified promptly by the internship site supervisor when the student is absent.

Making Entries

* The school shall complete the skills checklist header and list specific skills that the student is expected to demonstrate while on internship in the Skills to be Performed by the student column.
* The site supervisor will initial and record SD or ND in the columns next to the skills list when the student has made a satisfactory demonstration of the corresponding skill or has not demonstrated the skill.
* The licensed BPSS instructor shall initial the attendance register daily to attest to its accuracy.
* Standardized school symbols must be used with a notation to their meaning in the attendance register (e.g., P = present; A = absent; L = late; M = make-up).
* Holidays and other non-scheduled days must be clearly marked.
* The teacher must clearly mark the beginning and ending dates of leaves of absence and note them as such rather than recording them as ordinary absences.
* The teacher must clearly indicate the last date of physical attendance for students who withdraw or are terminated.
* Make-up time must be clearly differentiated from regular attendance.
* The make-up attendance must clearly show the date of regular attendance that is being made up.

**SAMPLE**

**(Name address, and contact information for the school)**

**INTERNSHIP SKILLS PERFORMANCE RECORD EVALUATION**

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INTERNSHIP SITE SUPERVISOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF CLASSROOM TRAINING: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF INTERNSHIP: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

INTERNSHIP SITE ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Skills to be Performed by the Student** | Supervisor. Initials | Successful Demo. By Trainee (SD) or Not Demonstrated (ND) |
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NOTES/COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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We hereby certify that the skills performance record evaluation checklist depicted above is true and correct and that the named student has successfully demonstrated all indicated skills and has done the required hours of internship at the place and date(s) listed above. A copy of this completed evaluation checklist has been provided to the student.

Signature of Internship Site Supervisor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Signature of BPSS licensed instructor monitoring student internships:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

BPSS teacher license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

# ATTENDANCE REGISTER

**INTERNSHIP SKILLS PERFORMANCE RECORD EVALUATION**

# 

Internship attendance for the period from: \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_

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|  | Student Name | Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Teacher's  Initials |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**P = Present A = Absent L = Late M = Make-Up D = Dropped**

I do depose that I am duly licensed teacher and that the written register of attendance is correct to the best of my knowledge.

Instructor's Signature: Date