

# CITE

Center for Integrated Teacher Education  
Russell-Sage College

## Internship Completion Form

Name of Intern:

Home Address:

\_\_\_\_\_

Last

/

First

\_\_\_\_\_ Apt# \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Social Security #:

\_\_\_\_\_

Home Telephone #:

(\_\_\_\_) \_\_\_\_\_

School (Site of Internship):

School address \_\_\_\_\_

School Telephone #:

(\_\_\_\_) \_\_\_\_\_

**\*Note to College Supervisor:**

Please submit completed form  
to Michael Schildkraut,  
Internship Coordinator

Grade for Internship Course

EDA 607 \_\_\_\_\_ ( P,F OR INCOMPLETE)

ASSESSMENT GRADE (FROM SUBMITTED PORTFOLIO) \_\_\_\_\_

Outstanding Competency\_\_\_\_ Very Competent \_\_\_\_\_

Satisfactory Competency \_\_\_\_\_ Beginning Status \_\_\_\_\_

I certify that the individual named above has completed 600 hours of Internship work that includes both his/her classes and EDA 607.

\_\_\_\_\_  
Name of Site Mentor (Please print.)

\_\_\_\_\_  
Signature of Site Mentor

Date \_\_\_\_\_

I certify that the individual named above has completed 600 hours of Internship work.

\_\_\_\_\_  
Name of College Supervisor (Please print.)

\_\_\_\_\_  
Signature of College Supervisor

Date \_\_\_\_\_