



CTEp Internship Site Documentation Checklist

Instructor Name: _____
Internship Term: _____
Site Visit Date: _____
Site Name: _____
Site Supervisor: _____
Site Supervisor's Signature _____

Site Supervisor Initial Rec'd	Form Name
<input type="text"/>	Copy of Signed CC/CCTE Agreement CC = Community Classroom (Unpaid Internship) CCTE = Cooperative Career Training Education (Paid Internship)
<input type="text"/>	Student(s) ITP (Individualized Training Plan) (Each Student)
<input type="text"/>	Emergency Treatment Authorization (NCR)
<input type="text"/>	Emergency Contact Information (District Specific)
<input type="text"/>	Student(s) Evaluation (Each Student)

Notes: _____

