**STUDENT SERVICES AND DEVELOPMENT OFFICE**

**STUDENT INTERNSHIP PROGRAM IN THE PHILIPPINES**

**STUDENT INTERNS MONITORING AND ASSESSMENT FORM NO. 01**

**DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTERNSHIP DURATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_START OF INTERNSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOST TRAINING ESTABLISHMENT (HTE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS/CONTACT NO. of HTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL INFORMATION**

**SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLACE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX\_\_\_\_\_\_ CIVIL STATUS\_\_\_\_\_\_\_\_\_**

**CONTACT NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAMILY BACKGROUND**

**SPOUSE’S SURNAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIDDLE NAME:\_\_\_\_\_\_\_\_\_\_\_\_ OCCUPATION:\_\_\_\_\_\_\_\_\_\_**

**FATHER’S SURNAME :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIDDLE NAME:\_\_\_\_\_\_\_\_\_\_\_\_ OCCUPATION:\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER’S MAIDEN NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRSTNAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIDDLE NAME:\_\_\_\_\_\_\_\_\_\_\_ OCCUPATION:\_\_\_\_\_\_\_\_\_\_\_**

**COMPLIANCE TO THE REQUIREMENTS OF A STUDENT INTERS BASED ON CMO No. 104 S. 2017** *(Please check)*

1. Enrolled in a legitimate Philippine higher education institution \_\_\_\_\_Yes \_\_\_\_\_No
2. Enrolled in an internship subject \_\_\_\_\_Yes \_\_\_\_\_No
3. At least eighteen (18) years of age from the start of the internship period \_\_\_\_\_Yes \_\_\_\_\_No
4. Passed pre-internship requirements as specified in the internship plan

including but not limited to pre-internship orientation \_\_\_\_\_Yes \_\_\_\_\_No

1. Submitted medical certificate based on psychological and physical examination \_\_\_\_\_Yes \_\_\_\_\_No
2. Submitted notarized written consent from parents or legal guardian \_\_\_\_\_Yes \_\_\_\_\_No

**PROBLEMS/ISSUES OF STUDENT INTERN**

|  |  |  |
| --- | --- | --- |
| **ISSUES AND CONCERNS** | **SUGGESTIONS** | **REMARKS** *(For SSDO only)* |
|  |  |  |

*Signature over Printed Name of Student Trainee Signature over Printed Name of Interviewer*