

FS HN 491 B/D Internship Approval Form

The primary goal of the internship is to assist you in:

- Applying concepts and skills acquired in the classroom to the work situation.
- Acquiring job-related technical competencies not available within the classroom environment.
- Gaining work experience through networking and responsibilities encountered on-the-job.

Responsibilities of Participating Cooperating Supervisor

- Schedule the intern to work a minimum of 200 hours for the internship.
- Assess the intern's performance using the cooperating supervisor evaluation form.
- Guide the intern toward achieving their 3 professional objectives (stated below).
- Meet with student every 1-2 weeks to discuss progress and answer questions
- Contact the Culinary Science Coordinator, (515) 294-4361 if there are any problems with the intern's performance and prior to severing relationship with the intern.
- If necessary discuss confidentiality/proprietary agreement.

Check One:

- FS HN 491 B Food Science Experience
- FS HN 491 D Culinary Experience

Name:

_____ (company/organization)

_____ (address) _____ (telephone)

will work with:

_____ (name of intern)

from Iowa State University's FSHN Culinary Science Program. The student will be employed or volunteering from:

_____ through _____
(inclusive beginning date) (inclusive ending date)

A minimum of 200 hours must be completed.



FS HN 491 B/D Internship Approval Form (cont.)

Objectives: Develop 3 professional objectives for the internship experience in cooperation with your supervisor before beginning your internship.

Address the following throughout the internship experience:

- Identify food science/culinary principles and skills.
- Compare and contrast different food science/culinary skills used during the internship experience.
- Practice proper sanitation standards.
- Demonstrate professional communication skills.
- Begin establishing a network of industry professionals.
- Demonstrate professional behaviors throughout the experience.

List at least three professional objectives below. These must be approved by the culinary science coordinator *BEFORE* you begin the experience.

1.

2.

3.

We agree to comply with the conditions of this agreement:

(Intern, printed and signed)

(Date)

(Cooperating Supervisor, printed and signed)

(Date)

(Culinary Science Coordinator, printed and signed)

(Date)

FS HN 491 B/D Internship Approval Form (cont.)

All of the following Assignments are due by Friday, 5 p.m. during the second week of the semester you are registered for FS HN 491 B/D*:

- Assignment I: Weekly Journal. Submit weekly journals forms in 3-ring binder to the Culinary Science Coordinator.
- Assignment II: Internship Experience Paper. Submit hardcopy to Culinary Science Coordinator. Submit a copy to your e-portfolio under the Technical tab.
- Assignment IV: Internship Profile Form. Submit hardcopy to Culinary Science Coordinator. Submit a copy to your e-portfolio under the Technical tab.

Assignment III: Professional Presentation must be complete by the Friday of Dead Week. A time and date for this presentation must be set with Culinary Science Coordinator by midterm.

*If you are completing this experience while enrolled in this course you will need to arrange due dates with the Culinary Science Coordinator during the 1 week of the semester.

This signed form must be returned to the culinary science coordinator before the internship experience begins. I, _____, have reviewed the information in this handbook and understand that I am responsible for submitting all assignments on the due dates indicated within the handbook. Failure to do so will result in a failing grade.



(intern's signature)

(date)

Office Use Only Distribution:

- Student
 Cooperating Employer
 Culinary Science Coordinator