



**Placentia-Yorba Linda Unified School District  
Val Tech Internship Verification Form**

(Evaluation # 1: 1- 50 hours evaluation)



Student: \_\_\_\_\_ Class of \_\_\_\_\_

Organization: \_\_\_\_\_ Number of hours: \_\_\_\_\_

Intern's Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Email address: \_\_\_\_\_  
(City State Zip)

Evaluation	Satisfactory			Unsatisfactory			Comments
Punctuality	5	4	3	2	1	0	
Quality of work	5	4	3	2	1	0	
Attention to detail	5	4	3	2	1	0	
Attitude	5	4	3	2	1	0	
Effort	5	4	3	2	1	0	
Attire	5	4	3	2	1	0	

**Describe the activities and tasks involving technology that you want the Val Tech intern to complete in the next 50 hours:** \_\_\_\_\_

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Please return completed form to the Val Tech Coordinator.