

Firefighter's ABCs Internship Task

www.firefightersabcs.com

Intern Name: First _____ Middle _____ Last _____
Telephone: () ____ - ____ **Email:** _____
Date of task: _____ **Title of task:** _____
Site name or N/A: _____ **Hours spent on task:** _____

Overview of task: add additional pages as needed:

TO BE COMPLETED BY SITE SUPERVISOR:

First: _____ **Last:** _____ **Title:** _____
Telephone: () ____ - ____ **Email:** _____

- 1. Needs Special Attention**
 - Does not demonstrate this skill/behavior
- 2. Needs Improvement**
 - Occasionally demonstrates this skill/behavior
- 3. In Development**
 - Requires additional development and experience
- 4. Effective**
 - Consistently meets full requirements
- 5. Commendable**
 - Performance consistently goes beyond expectations
- 6. Exceptional**
 - Consistently exceptional in all areas
- 7. N/A Does not apply**

Comments:

Signature of Intern: _____

Signature of site supervisor: _____

Intern shall:

Email form to: *info@FirefightersABCs.com*