

Micro-Internship Plan

Thank you for taking the time to share your expertise with students in San Bernardino County. Please complete the form below so that we can accurately communicate the expectations and identify the students for the virtual internship.

* Organization name.

* Presenter name.

* Title

* Email Address

* What is the overarching goal for the internship?

* Select the **Standard for Career Ready Practice** that the internship most closely addresses.

* Number of sessions with the same cohort.

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Micro-Internship Plan

1 Session

Session 1 Date & Time (not to exceed 90 min)

Date / Time

Date

MM/DD/YYYY



Time

hh

:

mm

AM/PM

-



List the activities (discussion topics, case studies, exercises, scenario-based tasks, demos etc.) that will be done during the session.

Activity 1

Activity 2

Activity 3

Activity 4

List any independent activity/task to be completed by students outside of the session (if assigned).

1.

2.

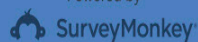
Approximate amount of time to complete the independent activity/task (if assigned).

List any supplies or materials that will be needed for the session.

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