

**Educator-Employer Pre-Internship Meeting
Educator in the Workplace 2011**

*Please complete this form during your pre-internship meeting and return it to the Chamber Foundation office prior to the start of your EIW internship. Also, provide a copy to your host business, district superintendent, and Act 48 district coordinator.
Chamber Foundation: Fax: 784-2661, E-mail: foundation@columbiamontourchamber.com*

Meeting Date: _____

Location: _____

Educator's Internship Goals: _____

Employer's Goals: _____

Dates for Internship: _____

Daily Schedule

Date

Aspect of Business/Industry to be Explored

- 1.
- 2.
- 3.
- 4.
- 5.

Educator's Signature _____

Employer's Signature _____

Name of Business _____

Business Address _____

Business Phone Number _____

Business E-Mail Address _____