Internship Program
School of Food Science - University of Idaho
Final Work Experience Report Format

The following is a suggested format for you to follow in developing your work experience report for submission to the department upon completion of your internship. The report is to be typed, well organized and turned in within 4 weeks after completing your internship. Your report should be reviewed by your employer. Your employer must sign this form to acknowledge that your report does not contain confidential information. Hand in this form with your report.

I. Background sketch of organization:

1. Location
2. Nature of the enterprise - describe products and/or services
3. Organizational structure - provide an overview of department(s) you worked in and the responsibilities or each
4. Personnel – describe the experience and training of personnel in the department(s) you worked in; describe training/development opportunities provided to employees
5. Resources- describe the resources available to you to complete your job responsibilities

II. Provide a narrative describing your work experience

III. Attainment of internship objectives:

1. Did you have a rewarding work experience?
2. What did you do on the job that was most valuable to you?
3. What new skills did you acquire?
4. What equipment/instrumentation did you have a chance to operate and maintain?
5. What leadership responsibilities were you given, if any?
6. Were you exposed to different facets of the business? How?
7. Did you have a chance to communicate with the management?
8. Did you meet people in the industry?

IV. Conclusions:

1. Do you see a place for food science graduates in this type of organization? If so, how?
2. Would you enjoy working for this organization on a permanent basis? Why?
3. Has this experience increased or decreased your self-confidence? In what ways?
4. How could you have prepared yourself beforehand to get more out of this experience?

Title of report

________________________________________

Signature of student

________________________________________

Signature of employer

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Date           Date