

**Step Into Success Program
Credit for Workforce Internship Component (CWIC)
CWIC Mentor Training Record
Form No. CWIC-02**

DIRECTIONS: The participating organization mentor must use this form to detail the onsite workforce training (knowledge, skills) that the intern received during the internship. A signed copy of this form must be provided to the intern to provide to the institution being petitioned for the award of CWIC.

Participating Organization: _____

Intern's Assigned Mentor's Name: _____

Intern's Chosen Area of Interest: _____

Total Internship Hours Completed: _____

Onsite Workforce Training – the mentor must describe the knowledge and skills covered as part of the internship training, to include but not limited to activities, workshops, webinars, seminars, projects, hands-on experience, and any other form of training. Provide additional information regarding the length or duration of the events. Mentor may attach supporting documentation or expand the summary beyond the current page.

1. Describe the knowledge and skills covered in the internship, providing as much detail as possible.

Intern's Assigned Mentor's Signature: _____ **Date:** _____