**VALEES: Career & Technical Education Externship – Summer 2020**

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| **Teacher Name:** | **Business/Employer** | **Business/Employer Contact Person Name:** | **Business Location:** |
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| **Externship Date(s):** | **Beginning Time** | **End Time** | **Total number of hours** |
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| **During your externship, what activities were carried out? What types of duties were performed?** | | | |
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| **What knowledge and skills did you gain during this opportunity?** | | | |
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| **What specific courses will benefit and in what way from this experience?** | | | |
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| **Did you encounter any barriers during your externship that prevented you from getting the most out of this opportunity?** | | | |
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| **What was your opinion of this opportunity? What was the business/employers opinion of this opportunity?** | | | |
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