



CNET 4920 – INTERNSHIP HANDBOOK

CONSTRUCTION MANAGEMENT

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CNET 4920 - INTERNSHIP**OVERVIEW**

This course provides practical general training and experience in the workplace. The College together with the employer develops and documents an individualized plan for the student. The plan relates the workplace training and experiences to the student's general and technical course of study. The guided external experiences may be paid or unpaid.

Each student's experience on this course will differ as to the work environment and any prior work experiences. Regular (typically) weekly meetings between the instructor and the student serve to both check progress and offer advice and encouragement. Site visits by the instructor provide field verification of experiences gained.

Students are required to work for 20 hours a week during the long semester or 40 hours during summer session in a construction related job for a **total minimum internship hour of 150.**

PRACTICUM/ INTERNSHIP PROCEDURE

The course CNET 4920 (Internship) is part of the degree plan in the construction management program. The student can register in CNET 4920 in the summer between junior or senior level or approval from the program coordinator or department chair. The course is focused on providing the student with practical knowledge related to their course of study. Emphasis is placed on applying learned/gained knowledge obtained in the classroom to real world application of the knowledge in the workplace.

The procedure is outlined as follows:

1. The student will submit a degree audit to the program coordinator or department chair and request permission to take the capstone course prior to registration.
2. The program coordinator or department chair will send a request to the registrar to add a student on the class roster or provide an override code to the student to register for the class. The student should pay the corresponding fee once his/her name is added to the class roster.
3. The student fills out the following forms and submits them to the program coordinator or faculty assigned for the practicum class:
 - a. Student Information Sheet and Approval Form
 - b. Waiver Form
 - c. Work Experience Program Letter of Agreement Form
 - d. Skills and Knowledge Matrix duly signed by the supervisor or hiring manager.
4. Students must submit an up-to-date resume and unofficial transcript.
5. The student will bring the Letter of Agreement to the employer for signature and return back to the program coordinator/ faculty.
6. Students submit a Time Sheet every Monday to the program coordinator or faculty assigned for the capstone class.
7. The student will submit the Internship/ Practicum Course Review by Students approximately one week before the completion of the practicum experience.
8. The student will request his/her immediate supervisor to complete the Work Experience Evaluation by Employer at the end of the practicum experience.
9. The student will submit the Final Packet as outline and instructed by the faculty.
10. The student will present an oral final report a week before the final exam week.

ACCEPTABLE INTERNSHIP EXPERIENCE JOBS

Acceptable construction job position can be any of the following:

1. Quality control performing jobs (in combination) such as for concreting, masonry, metals, woods, insulation, electrical and mechanical demonstrating their skills in blueprint reading, estimating, methods and materials, inspection, material testing, scheduling, and soil inspection.
2. Foreman overseeing and coordinating residential, commercial, civil or industrial project activities;
3. Assistant superintendent;
4. Superintendent;
5. Contract Administrator;
6. Construction Material Quality Assurance Manager/ Technician;
7. Estimator for GC or Subcontractor;
8. Scheduler for GC or Subcontractor;
9. Project Engineer;
10. Field Engineer performing construction layout and surveying;
11. Project Engineer/ Manager;
12. Construction materials supplier; and
13. Other construction related positions approved by the instructor.

Note: Working in a family own company is not accepted. The student must achieve at least 70% competency as outlined in the skills and knowledge competency matrix.

PERFORMANCE OBJECTIVES

The following list of performance objectives will be addressed in the practicum experience.

1. The student will complete the semester-required hours (350 hours) in an office environment or in a construction site in a professional manner.
2. The Job Diary is to include documentation of each day's work activities and experiences in relation to other office /site personnel as well as consultants and client interaction.
3. The student is also to include a self-evaluation of the specific experience(s) at the completion of the course.
4. The immediate work supervisor of the student at the practicum site will submit an evaluation of the student's performance during the practicum period.
5. The student will be provided with workplace experiences directly related to their educational experiences through the Construction Management Programs at University of North Texas.
6. The employer is encouraged to provide the student with experience in the workplace that allows the student to apply their learned knowledge at UNT. The employer will provide the student with experiences in the workplace that they probably have not experienced in an educational environment.

OUTCOME OBJECTIVES

At the end of the practicum experience, the student will

1. gain experiences that will enhance their hands-on skills which will prepare the student to an entry level position in the construction industry.
2. enhance the skills in estimating, scheduling, managing, controlling, monitoring, and coordinating the construction process.

3. enhance communication skills, teamwork and leadership.

SUBMISSION REQUIREMENTS

Job Diary (periodic conference/ time sheets)
Periodic Instructor / Student Conferences and Oral Presentation/Class Part.
Job Site Visitation Evaluation/ Narrative Report/ Matrix Evaluation
Employer Evaluation of Student/ Mock Interview
Written Final Packet/ Presentation

CRIMINAL BACKGROUND CHECK/DRUG SCREENING

Students may be required to undergo and pass a criminal background check and drug screening prior to the start of Practicum class as required by the hiring company. These screenings will be at the student's expense. In addition, the student may be required to have a current OSHA certification.

FINAL PACKET CONTENT REPORT

The final internship packet must be compiled and presented in the following format:

COVER PAGE

TABLE OF CONTENT

Section 1 STUDENT INFORMATION

- 1.1 Student Information Sheet
- 1.2 Student Resume
- 1.3 Student Internship Approval

Section 2 STUDENT AND EMPLOYER AGREEMENT

- 2.1 Student Waiver Agreement
- 2.2 Employer Employment Agreement

Section 3 SUPERVISED EXPERIENCE RECORD

- 3.1 Narrative Report
- 3.2 Work Time Sheet
- 3.3 Experience Matrix

Section 4 EVALUATION

- 4.1 Student Course Evaluation
- 4.2 Employer/ Supervisor Evaluation

Section 5 PRESENTATION

- 5.1 PowerPoint

Section 6 STUDENT GRADE

- 6.1 Grading Rubric for Report Packet
- 6.2 Grading Rubric for Written Narrative Report
- 6.3 Grading Rubric for Oral Presentation

INTERNSHIP CHECKLIST

Name: _____ Date: _____

ITEM DESCRIPTION	DATE SUBMITTED
1. Internship/ Practicum Approval	
2. Student Information Sheet	
3. Internship Liability Waiver	
4. Work Experience Letter of Agreement	
5. Competency of Skills and Knowledge	
6. Work Experience Time Sheet	
7. Work Experience Evaluation By Supervisor	
8. Practicum Course Review by Students	
9. Narrative Report	
10. Supervisor Verification Matrix	
11. Degree Audit	
12. Student Resume	
11. Competency Matrix signed by Supervisor	
12. Final Packet Report	

INTERNSHIP/PRACTICUM APPROVAL

Student Name	
Student Signature	
Colleague ID	
Date of Practicum Experience	
Faculty / Department Chair Signature	
Faculty/ Department Chair Name (Print)	

**WORK EXPERIENCE/ INTERNSHIP
STUDENT INFORMATION SHEET**

Date					
Student Name					
Street Address					
City		State		Zip Code	
Mobile Number		Work Number			
CLASS INFORMATION					
Name of Technical Program					
Program Coordinator/ Faculty Name					
Practicum Start Date					
EMERGENCY CONTACT					
Name					
Contact Number					
Relationship to Student					
Are there any Physical/Medical conditions that the college should be aware of? YES NO					
If yes, please state					
WORK EXPERIENCE INFORMATION					
Company Name					
Street Address					
City		State		Zip Code	
Contact/Supervisor Name					
Phone Number					
Start Date		End Date			
Number of Hours per week					
Date of Visit/s					
Remarks					

WAIVER AND INDEMNITY AGREEMENT

Students must complete the Waiver and Indemnity Agreement form before beginning supervised practice.

I (Applicant) _____, verify that I understand the physical requirements for participation in course activities for CNET 4920. These physical requirements may include, but are not limited to:

- Personal transport (which may include stair climbing)
- Standing, walking and/or sitting for long periods of time
- Bending and stretching
- Lifting heavy objects (up to 25 lbs. - 35 lbs.), carrying materials
- Pushing equipment
- Handling sharp equipment/ machinery
- Vision, hearing, speech and manual dexterity appropriate for responsibilities

I attest that I am physically and mentally fit to participate in the course activities for CNET 4920 and that I do not have any medical record or history that could be aggravated by my participation in such activities. If I require any reasonable accommodation in order to participate in these activities, I have notified the University of North Texas and my supervisor in writing of the nature of the accommodation(s) needed prior to such activities.

For and in consideration given the Applicant herein to participate in the course activities herein described, I, the undersigned Applicant (if eighteen years or older), or We, (the undersigned Applicant, if under the age of eighteen years, and the undersigned parent or guardian), hereby acknowledge that both University Of North Texas, and the facility(ies) to which the Applicant is assigned, their officers, their agents, and their employees shall not in any manner be held responsible for any aspect of the course CNET 4920, supervised practice courses offered by University of North Texas effective _____(date)

I, or We, agree to hold harmless both University of North Texas, and the facility(ies) to which the Applicant is assigned, their officers, their agents and their employees from any and all responsibility arising from any injuries or damages resulting from or in connection with the participation of the undersigned Applicant in such course activities, and I, or We, further agree to Indemnify both University of North Texas, and the facilities to which the Applicant is assigned, their officers, their agents, them, or any of them, by virtue of any of their acts or omissions related to such course activities. I, or We, understand that health care insurance coverage for the Applicant is not provided by University of North Texas or by the facility (ies) to which the Applicant is assigned. The undersigned Applicant further agrees to abide by all local, state and federal laws governing course activities described herein, as well as applicable facility and University of North Texas policies and regulations. If Applicant is under eighteen years of age, his/her parent or guardian must co-sign below:

Applicant

Date of Birth

Colleague ID

Date

Signature of Parent or Guardian

Witness

WORK EXPERIENCE PROGRAM LETTER OF AGREEMENT

Student: _____ Major: _____

Company Name: _____ Type of Business: _____

Company Address: _____

This agreement serves as a guide to all cooperating parties: the student, the university, and the employer.

The college agrees to provide the student with opportunities for experiential learning in the basic skills of his/her major field of study and offer technical information. In order that a systematic plan to be followed, a scheduled planned work experience has been formulated as shown in the accompanying matrix of **Competency of Skills and Knowledge**.

The student agrees to perform diligently the work assigned by the employer; to pursue the objectives in the course of study; and to take advantage of every opportunity to improve his/her problem-solving skills, creativity, interpersonal skills and critical thinking.

The employer recognizes that the Work Experience Program prepares the student for a career through on-the-job supervision, instruction, and meaningful experiences. The employer agrees to employ the student not less than 20 hours per week during long semester term or 40 hours per week during summer term. The employer agrees to evaluate a student's achievement when requested.

This agreement shall be valid during the period established for the Experiential Learning period and may be terminated as deemed necessary by the employer, the student or the Program Coordinator/ Faculty.

_____	_____	_____	_____
Student	Date	Coordinator/Faculty	Date

_____	_____	_____
Employer/Hiring Supervisor	Date	Dates of Experience

COMPETENCY OF SKILLS AND KNOWLEDGE

The student enrolled in the capstone class is required to complete at least 350 to 400 internship hours. A student can take the internship in Fall, Spring or Summer. The student could choose to continue the internship within the discretion of the company if they wanted the student to extend it. However, the company will become responsible within the company's requirements and policies for employment after the student completes the required number of hours needed. **The student must be able to demonstrate that he or she achieved (at least 70%) the following required skills.**

SKILLS and KNOWLEDGE	
Documentations	
1.	Bid Documents
2.	Contract Documents/ Codes
3.	RFI
4.	Change Order
5.	Submittals
Bidding	
1.	Acquiring Bid Documents
2.	Pre-Bid Meeting
3.	Submitting Bid
Estimating	
1.	QTO
2.	Pricing
3.	Sub Con Quotation
4.	Budgeting
5.	Cash Flow
6.	Bid Cost
Scheduling	
1.	Breakdown Project Activities/ WBS
2.	Calculate Activity Duration
3.	Develop Activity Sequencing
Site Operation	
1.	Field Meeting
2.	Sub-Contractor Coordination
3.	Material Purchase/Arrival/Coordination
4.	Safety
5.	Documentation/Logbook

Employer/Hiring Supervisor

Date

Dates of Experience

WORK EXPERIENCE TIME SHEET

Student Name: _____

Colleague ID: _____

Company/ Facility Site: _____

	Date	Start Time	End Time	Total Hours (Day)
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
Total Hours (Week)				

Duties this week:

Did you learn or experience anything new?

Do you have a question/ comment regarding your on-the-job experience?

Supervisor's Signature: _____

Student Signature: _____

INTERNSHIP/ PRACTICUM COURSE REVIEW BY STUDENTS

Student Name: _____

Program: _____

Work Site Name: _____

Semester: _____

Date: _____

This form gives you the opportunity to review this course. Please Remember, you are rating the course, not the instructor. Use the scale below which ranges from 1 (Strongly Disagree) to 5 (Strongly Agree) when rating the course. Use NA (Not Applicable) if the statement does not apply.

1. The course requirements/ performance objectives are clear. Comments:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> NA
2. My prior courses adequately prepared me for this work experience. List specific courses: _____, _____, _____, _____, _____	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> NA
3. I would recommend adding courses to my program. List specific course:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> NA
4. The methods used to evaluate my performance in this course are satisfactory. Comments:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> NA
5. I feel this course increased my confidence in my ability to be successful. Comments:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> NA
6. I felt this course is a valuable learning experience. Comments:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> NA
7. The course has solidified my commitment to my career plan. Comments:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> NA
8. I received an orientation at my work site: Comment:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> NA
9. I was given direction as needed. Comments:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> NA
10. I was treated as part of the team. Comments:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> NA

<p>11. I was allowed to perform my duties in which I was able to apply my skills. Comments:</p>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>NA</div>
<p>12. I was challenged to do my best. Comments:</p>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>NA</div>
<p>13. I would recommend this site to another student. Comments:</p>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>NA</div>
<p>14. I received an offer of employment. Comments:</p>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>NA</div>
<p>15. The position I accepted is:</p>	<p>___ Full Time (30 Hours per week or more) ___ Part Time (Less than 30 hours per week) ___ NA</p>
<p>Additional Comments:</p>	

**WORK EXPERIENCE EVALUATION
BY SUPERVISOR/EMPLOYER**

Employer: Please discuss this evaluation with the student. He/she is responsible for returning it to the career services office.

Student Name:		Supervisor's Name:	
Work Site:			
Dates of Practicum:			
Faculty Name:	Program:	Cr. Hrs. Completed:	

We urge the evaluating supervisor to assess the student's performance with her/him. Please be candid. This evaluation is important to the student's personal and professional development. The Work Experience Faculty will use the evaluation as part of the student's final grade and feedback to improve the practicum course.

1. Briefly describe the position and responsibilities assigned to the student.

2. Indicate the equipment, hardware, software, instrument, tools, etc. the student utilized.

3. What are the student's major strengths and assets?

4. What is the student's major professional and developmental needs?

Please use the following scale:

Excellent 5 Above Average 4 Average 3 Below Average 2 Poor 1

5. How would you rate the student's:

	Adaptability		Math Skills
	Appearance		Oral Communication Skills
	Attitude		Personal And Professional Growth

	Computer Application Skills		Problem Solving/ Critical Thinking
	Customer Service		Quality/Quantity of Work
	Dependability		Teamwork Skills
	Global/ Cultural Diversity Skills		Written Communication Skills
	Human Relations/ Interpersonal Skills		Was the student academically prepared
	Leadership Skills		For the work experience.

6. Supervisor's comments (significant accomplishment or lack of accomplishments during the work period.)

7. Would you be willing to accept another Work Experience student in the future?

8. Student's comments

Signature of Student:	Date:
Signature of Evaluator:	Date:

EMPLOYER SURVEY

The most vital measure of our academic program is the success of our students and Intern/Graduates. Please help us assess the preparation provided by our CM program by completing the following survey. The responses that you provide will be combined with those from other surveys conducted by the program solely to produce summary data that help us develop our strategic and improvement plan for the CM program. Individual responses will be treated as strictly confidential.

Intern/ Alumni Name (Optional): _____ Date of Employment): _____

Intern/Graduate Learning Outcome	Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Agree (5)
1. Intern/Graduate displayed effective writing skills appropriate to the construction discipline.					
2. Intern/Graduate demonstrated effective oral communication skills appropriate to the construction discipline.					
3. Intern/Graduate demonstrated skills to worked well within a multi-disciplinary team setting.					
4. Intern/Graduate displayed knowledge and ability to perform estimating and scheduling.					
5. Intern/Graduate demonstrated effective problem-solving skills.					
6. Intern/Graduate displayed effective understanding of construction terms and concepts including materials and methods.					
7. Intern/Graduate demonstrated the ability to complete tasks on time.					
8. Intern/Graduate could apply electronic-based technology to manage the construction process.					
9. Intern/Graduate demonstrated the ability to acquire and process new information.					
10. Intern/Graduate demonstrated punctual and professional behavior.					
11. Intern/Graduate demonstrated the ability to analyze construction documents (Contracts, RFI, ASI, submittals, etc).					
12. Intern/Graduate demonstrated ability to read and analyze construction drawings and specifications.					

13. Intern/Graduate demonstrated ability to understand and recognized the importance of safety in the workplace.					
14. Intern/Graduate displayed understanding on the legal implications of contract and other regulatory law in managing construction project.					
15. Intern/Graduate displayed understanding on various project delivery methods and the responsibilities of the parties involve.					
16. Intern/Graduate displayed understanding on project cash flow and budgeting.					
17. Intern/Graduate demonstrated understanding about sustainable approaches to construction.					
18. Intern/Graduate demonstrate understanding on the structural behavior of temporary structure to prevent failure during construction.					
19. Intern/Graduate demonstrate understanding on the importance of building systems for successful operation of the facility (i.e. MEP)					

ADDITIONAL COMMENT

Pease provide below your comments, recommendations, or suggestions you may have to better serve the Intern/Graduates and to improve the CM program.

Employer/Company/ Supervisor Name: _____

Position: _____

Completed form can be emailed to: orlando.bagcal@unt.edu

SUPERVISOR VERIFICATION MATRIX

The student enrolled in the capstone class is required to complete at least 350 to 400 internship hours. A student can take the internship in Fall, Spring or Summer. The student could choose to continue the internship within the discretion of the company if they wanted the student to extend it. However, the company will become responsible within the company's requirements and policies for employment after the student completes the required number of hours needed. The student must be able to demonstrate that he or she achieved (at least 70%) the following required skills.

SKILLS	SUPERVISOR'S VALIDATION	REMARK
Documentations		
6. Bid Documents		
7. Contract Documents/ Codes		
8. RFI		
9. Change Order		
10. Submittals		
Bidding		
4. Acquiring Bid Documents		
5. Pre-Bid Meeting		
6. Submitting Bid		
Estimating		
7. QTO		
8. Pricing		
9. Sub Con Quotation		
10. Budgeting		
11. Cash Flow		
12. Bid Cost		
Scheduling		
4. Activities/ WBS		
5. Activity Duration		
6. Activity Sequencing		
Site Operation		
6. Field Meeting		
7. Sub-Contractor Coordination		
8. Material Purchase/Arrival/Coordination		
9. Safety		
10. Documentation/Logbook		
ADDITIONAL COMMENT: If the student was not able to perform, acquired, or achieve any of the of the skills listed, please provide reason as indicated in the "Remark" column.		

FOR SUPERVISOR: Please examine the following construction management skills and validate if the student was able to ACHIEVED/PERFORMED/ACQUIRED or NOT while undergoing internship by affixing your initials under the "Supervisor's Validation" column.

STUDENT NAME: _____ **DATE:** _____

COMPANY NAME:

SUPERVISOR'S NAME: _____ **SIGNATURE:**

CONTACT No.: _____ **Email:**
