

IRC Paid Internship Program (PIP) Exit Report

*Please complete and submit electronically via e-mail to FMS vendor, Consumer Service Coordinator (CSC) and Employment Specialists, Beth Crane;* *bcrane@inlandrc.org* *and Andrew Burdick;* *aburdick@inlandrc.org* *within 14 days of last day of internship.*

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| Client Name:UCI:DOB:  | Vendor Name:Phone #: Completed by (Name & Title):  |
| Service Coordinator: | PIP Placement Name:  |
| PIP Placement Start Date: PIP Placement End Date:  | Did the internship lead to a direct hire? [ ] Yes, complete Part A[ ] No, complete Part B |

**PART A**

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| --- | --- | --- |
| Date of Hire:  | Hourly wage/Salary: | # of hours work per/week:  |
| Would the client have achieved paid employment without the internship program? [ ] Yes[ ] No | Will the client continue to need job supports? [ ] No[ ] Yes | Benefits information Check all that apply: [ ] Sick Leave [ ] Medical[ ] Holiday [ ] Dental[ ] Vacation [ ] Vision[ ] Education/Training[ ] Other:  |
| Describe what was successful in achieving paid employment for the client: |

**PART B**

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| What were the barriers to achieving successful paid employment for the client?  |
| What did the employer like about the Paid Internship Program? Will the employer consider other interns in the future? [ ] Yes [ ] No, Why?  |

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