



Republic of the Philippines
CARAGA STATE UNIVERSITY

Ampayon, Butuan City 8600, Philippines

Competence Service Uprightness

OFFICE OF THE STUDENT INTERNSHIP PROGRAM



Internship Work Plan

Personal Information

Full Name: LEMUEL C. BALLARES

Major/Field of Study: BS INFORMATION SYSTEM

Contact Information:

Email: Lemuel.ballares@gmail.com

Student ID No.: 201-02151

College/Campus: CCIS/ CSU-MAIN

Phone Number: 09079515237

Internship Course Details

Internship Course Code: IS 197

Number of Units: 6

Start Date:

Course Description: OJT/PRACTICUM

Total Number of Contact Hours: 486

End Date:

Host Training Establishment and Internship Details

Company/Organization Name: BUTUAN CITY POLICE STATION 1

Duration of Internship

Start Date:

End Date:

Expected Number of Hours per Week: 40

Location of Internship: J.C AQUINO AVE. CORNER A.D CURATO ST. DIEGO SILANG, BUTUAN CITY

Internship Supervisor/Manager

Name: PMAJ JAYEWARD S. DULATRE

Position/Title: STATION

COMMANDER, BCPS 1

Contact Information:

Email:

Phone Number: 09075501738

Learning Objectives, Measurable Outcomes, and Activities

Please describe the learning objectives and the outcomes that are hoped to achieve during the internship. As the intern, consider your personal and professional goals, specific skills you want to develop, and knowledge you want to gain, and the corresponding activities for the internship program.

Learning Objective	Measurable Outcome(s)	Activities	Duration (Contact Hours/Weeks)
SYSTEM ADMINISTRATION	SYSTEM UP TO DATE	REGULAR MONITORING	
DATA ENCODING	ORGANIZED DATA	VALIDATE ENTRIES FOR ACCURACY	
HELP DESK SUPPORT	ANALYZE USER FEEDBACK	RESOLVE ISSUES ON FIRST CONTACT	
IT DOCUMENTATION	DOCUMENT IS CURRENT	STANDARDIZE, REVIEW	
REFORMATTING	STRENGTHEN SECURITY	TEST PROCESS FOR HIGH SUCCESS	
DESIGNING	USER-FRIENDLY DESIGNS	DEVELOP VISUALLY STUNNING ARTISTRY	
COMPUTER CONFIGURATION	ACCURATE	LEARN, TROUBLESHOOT	
DATA ANALYTICS	ENHANCE DATA QUALITY	IMPLEMENTING CLEANING TECHNIQUES	



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Evaluation Method

Frequency of Evaluations:

Meeting Schedule with Supervisor:

Feedback Mechanisms:

Monitoring and Evaluation Forms to be Accomplished:

1. Student – Trainee's Performance Appraisal Report (F-OSIP-PAR-004)
2. Student – Trainee's Feedback Form (F-OSIP-STFF-006)
3. Training Supervisor's Feedback Form (F-OSIP-TSFF-007)
4. Student Internship Monitoring Form (F-OSIP-SIMF-009)

By signing below, I acknowledge that I have read and understood the Internship Plan and agree to fulfill the responsibilities outlined.

Student's Signature: _____
Date: 01/23/24

Dept. Chairperson's Signature: _____
Date: 01/24/24

OJT Supervisor's Signature: _____
Date: 01/23/24

College Student Internship Coordinator's
Signature: _____
Date: 01/25/24