**Internship Learning Agreement: Internship Site Supervisor**

*To be filled out by site supervisor or appropriate site representative, signed by the student intern, and then returned to Internship Coordinator prior to start of student’s internship.*

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| --- | --- |
| Student’s name: | Name of Internship Site: |
| Site Supervisor’s Name: | Site Address: |
| Supervisor’s email: | Supervisor’s Title: |
| Internship start and end dates: | Supervisor’s phone:  |

**Internship Objectives/Responsibilities:**

Please include at least four specific intern objectives or responsibilities. The objectives can be project-based or can include a list of duties. Objectives should be student-centered and measurable.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

*Please add additional duties as appropriate on additional sheet if necessary.*

**As a site supervisor for this internship, I agree to:**

* Clearly discuss the requirements of the internship with the student;
* Provide *at least 120 hours of work* throughout the internship experience;
* Work with the intern to complete on-site goals, duties and learning objectives;
* Provide a learning experience to apply knowledge gained in the classroom. It must not simply be to advance operations of the employer or be work that a regular employee would routinely perform;
* Refer to the Department of Labor fact sheet #71 for internship rules and regulations under *The Fair Labor Standards Act*: [http://www.dol.gov/whd/regs/compliance/whdfs71.htm;](http://www.dol.gov/whd/regs/compliance/whdfs71.htm)
* Provide ongoing supervision and feedback to the intern on their performance;
* Provide resources, equipment, and facilities to support learning and meet goals;
* Communicate quickly with Dr. Rapp if there is a difference in expectations between the site supervisor and the intern;
* Complete an evaluation of the intern’s performance and attitude.

**Site Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Intern’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Our academic institution greatly appreciates your participation in our internship program. Your role is*

*integral to the student’s internship experience and success!*