**Internship Learning Agreement**

Department of Psychology

Buffalo State College

Semester and Year of Internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form must be completed by the second Friday of classes and returned to the faculty internship coordinator. Once signed, copies will be distributed to all parties.**

I. Internship Site Supervisor (This section must be completed and signed by the Site Supervisor or appropriate Site Representative).

*Our department greatly appreciates your participation in our internship program. Your role is integral to the student’s internship experience and success.*

As site supervisor for this internship, I agree to

* Clearly discuss the requirements of the internship with the student intern
* Work with the student to complete on-site goals, duties, and learning objectives
* Provide ongoing supervision and feedback to the student on his/her performance
* Talk with the Faculty Internship Coordinator and/or meet with him/her during a site visit
* Complete an evaluation of the student’s performance and attitude

Site Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. Student Intern

As the student intern, I agree to

* Complete a minimum of 150 hours at the internship site according to the following schedule:

 [List schedule here]

* Perform to the best of my abilities those tasks assigned by my supervisor. Barring unforeseen circumstances, these tasks will include, but are not limited to:

 1)

 2)

 3)

 4)

 5)

* Meet regularly with my site supervisor and faculty internship coordinator to monitor my progress throughout the semester
* Follow all of the rules, regulations, and normal requirements of the internship site
* Follow all of the academic requirements as described in my contract with the Psychology Department
* Notify my site supervisor and faculty internship coordinator of any changes that I need to make in this agreement or of any problems that may develop during the internship experience

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

III. Faculty Internship Coordinator

As faculty internship coordinator, I agree to

* Keep in weekly contact with the student to provide guidance and support
* Visit the internship site or contact the site supervisor at least once during the semester to discuss the student’s performance
* Assess the student’s learning based upon internship duties listed in this ILA, meetings with the student and site supervisor, the site supervisor’s evaluation, and other means described in the student contract with the department.

Faculty Internship Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_