INTERNERSHIP LEARNING OBJECTIVES AGREEMENT

Student Name: ___________________________  Date: ____________

Internship Organization: ________________ Internship Supervisor: ________________

Site/Supervisor Contact Information: ____________________________

Internship Description: Please identify your primary duties and responsibilities.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Objective 1:
What is the task to be completed? _______________________________________________________
_____________________________________________________________________________________
How will the task be accomplished? _____________________________________________________
_____________________________________________________________________________________
How will the task be measured/evaluated and by whom? ________________________________
_____________________________________________________________________________________

Objective 2:
What is the task to be completed? ______________________________________________________
____________________________________________________________________________________
How will the task be accomplished? _____________________________________________________
____________________________________________________________________________________
How will the task be measured/evaluated and by whom? ________________________________
_____________________________________________________________________________________
Objective 3:

What is the task to be completed? ________________________________________________________

_____________________________________________________________________________________

How will the task be accomplished? ________________________________________________________

_____________________________________________________________________________________

How will the task be measured/evaluated and by whom? ______________________________________

_____________________________________________________________________________________

Objective 4:

What is the task to be completed? ________________________________________________________

_____________________________________________________________________________________

How will the task be accomplished? ________________________________________________________

_____________________________________________________________________________________

How will the task be measured/evaluated and by whom? ______________________________________

_____________________________________________________________________________________

We, the undersigned, have read and agreed on the learning objectives listed above. The site supervisor and internship coordinator agree to provide supervision and guidance to the student throughout the internship in order to help the student complete the learning objectives. The site supervisor and internship coordinator will evaluate the student’s performance at the completion of the internship based in part on the successful completion of the objectives outlined above. We understand that objectives may change throughout the course of the internship and agree to communicate with each other regarding these changes as necessary.

Student: ___________________________ Date: _________________

Site Supervisor: ______________________ Date: _________________

Internship Coordinator: ______________________ Date: _________________

Please return to:
Internship Coordinator
Morrisville State College Norwich Campus Phone: 607-334-5144
20 Conkey Avenue Fax: 607-336-2512
Norwich, NY 13815 heissne@morrisville.edu