Student:

Supervisor:

Name of Organization:

TO BE COMPLETED BY STUDENTS
Please describe your goals and learning objectives for working within this agency

Please outline your responsibilities and activities for the internship

TO BE COMPLETED BY ORGANIZATION SUPERVISOR
Describe supervision plan

Please list hours student will be working in the organization

Note: If a written internship description exists, please attach it to this sheet.

SIGNATURES: ___________________________        __________________

STUDENT                      DATE

______________________________        __________________

SUPERVISOR                      DATE