

COLLEGE OF EDUCATION, HEALTH, AND HUMAN SCIENCES

# **INTERN-UNIVERSITY AGREEMENT**

#### The intern will:

- 1. Complete 200 hours for 1 semester internship or 100 hours per semester over 2 semesters as an undergraduate student at their approved internship site over the course of the semester.
- 2. Submit all materials on time.
- 3. Submit a weekly report to track hours, duties and responsibilities in LiveText.
- 4. Complete the Professionalism Checklist.
- 5. Complete the Midterm and Final Assessments.
- 6. Review the Midterm assessment with the Agency Supervisor and University Supervisor during the Midterm Conference.
- 7. Review the Final Assessment with the Agency Supervisor and University Supervisor during final weeks of internship.
- 8. Complete Student Evaluation of Internship and Agency Site Supervisor.
- 9. Complete a Capstone Project that is agreed upon by the Agency Site Supervisor.
- 10. Adhere to all policies, regulations and procedures of internship site.
- 11. Adhere to all policies, regulations, procedures, and assignment dates as explained in the Internship Manual and course syllabus and other material issued by the TED 4700 Internship Team/Professor of Record.

Note: Failure to meet the aforementioned agreement items will affect the final grade.

## The University Supervisor will:

- 1. Represent the University in all official arrangements with cooperating agencies and confer with all Agency Supervisors.
- 2. Maintain open communication with the intern and the Agency.
- 3. Set time and day for all conferences with intern.
- 4. Make four on-site visits during the semester to observe the intern. Two visits per semester for an internship over a two-semester period.
- 5. Carefully review and evaluate Professionalism Checklist, Midterm and Final assessments, and internship candidate LiveText hours. Assist with Capstone Project preparation, and any additional information presented and determine the final grade for the intern.

I hereby acknowledge that the items explained in this agreement constitute the formal basis for an educational I experience between the student and university supervisor. The grade received in the course will be based on the aforementioned items.

Intern's Printed Name: \_\_\_\_\_

NUID: \_\_\_\_\_

Intern's Signature: \_\_\_\_\_

Form #1 of 3



### **INTERN-AGENCY AGREEMENT**

Intern's Name: \_\_\_\_\_\_

Agency/Worksite Supervisor: \_\_\_\_\_

#### The Agency will:

- 1. Review and approve weekly reports.
- 2. Assist the intern in selecting a capstone project that benefits the student and agency
- 3. Complete the Professionalism Checklist.
- 4. Complete the Midterm Assessment.
- 5. Complete the Midterm conference with the Internship Candidate and University Supervisor.
- 6. Complete the Final Assessment.
- 7. Complete the Final conference with the intern.
- 8. Allow University Supervisor to complete four site visits for a one semester internship or two site visits per semester for an internship over two semesters
- 9. Cooperate with the University Supervisor.

#### The Intern will:

- 1. Provide a minimum of 200 hours for 1 semester internship or 100 hours per semester for an internship split over two semesters of service beginning on the first day of classes for the given semester and ending on the last day of classes for the given semester.
- 2. Strive to become familiar and understand the total operation of the Agency.
- 3. Communicate professionally with the Agency Supervisor and University Supervisor.
- 4. Develop three SMART goals relevant to their internship and/or the organization's needs.
- 5. Complete the Professionalism Checklist.
- 6. Complete weekly reports to track hours, duties, and responsibilities.
- 7. Complete the Midterm and Final Assessments.
- 8. Complete the Midterm and Final conference with the Agency Supervisor and University Supervisor.
- 9. Select a capstone project with the Agency Supervisor that is mutually beneficial to the Agency as well as the student academically.
- 10. Adhere to all policies, regulations and procedures of internship site.
- 11. Complete any necessary additional background checks and/or certifications or immunizations needed to be placed at the internship site.

This is an agreement of understanding and not a legal binding document. We agree to work together towards its satisfactory completion for the mutual benefit of all concerned.

Agency/Worksite Supervisor Signature: \_\_\_\_\_\_

Intern's Signature: \_\_\_\_\_\_



| AGENCY    | CONFIRM | <b>IATION</b> | FORM |
|-----------|---------|---------------|------|
| / COLINGI | 00.0.0  |               |      |

| Name of Student:  |   |                           |                        |
|---|---|---------------------------|------------------------|
| Date of Interview (only if agency requires  | /wants):  |                           |                        |
| Name of Worksite Supervisor:  |   |                           |                        |
| Worksite Supervisor Position Title:   |   |                           |                        |
| Agency/Business Name:   |   |                           |                        |
| Agency Address:   |   |                           |                        |
| Street Address  | City  | State                     | Zip                    |
| Phone Number: ()  | Email Address: _                                    |                           |                        |
| An interview, email exchange or meeting <ul> <li>I will accept the above student for</li> </ul> | •   | th the above stud         | ent.                   |
| Internship Start Date:  |   | <u>(cannot</u> start befo | ore start of semester) |
| □ I will <u>NOT</u> accept the above stude  | ent for an internship                               |                           |                        |
| If you will not accept the  | above student for an in                             | ternship, please st       | tate your reasons:     |
|   |   |                           |                        |
|   |   |                           | ·                      |
| Interviewer or Worksite Supervisor Signa  | ature:  |                           |                        |
|   |   |                           |                        |
| Student/Intern's Signature:   |   |                           |                        |
|   |   |                           | Form #3 of 3           |
| -   | raska at Omaha – Roskens                            | Hall, Room 204            | and Field Experience   |
|   | ocoeadvising@unomaha.e<br>02.554.2717   Fax: 402.55 |                           |                        |

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