HMSA Internship Program Plan and Goals: Agreement and Signatures Form

Name of Student:

Internship Location: _____

Supervisor name/title: _____

Supervisor contact info (email and/or phone #):

_____

_____

days per week (as specific as possible):	hours per day:

Initial Duties for student:

Expected Duties after training if student performs adequately:

Specific Student Goal:

Student agrees to take advantage of the training opportunities offered by the internship by going above and beyond the professional expectations of the workplace. He/she has also read and understands the course expectations, and will be accountable for their presence at designated times and locations to achieve and document required hours.
Supervisor will offer training opportunities as appropriate to the student's abilities and give student and teacher feedback on performance, and will make the student aware of any training requirements.
Parent will assist with transportation if necessary. He/she has also read and understands the student course expectations.
Teacher will support the student and supervisor to assure both parties have a mutually beneficial internship experience.

Student signature and date: _____

Supervisor signature and date: _____

Parent signature and date: _____

Teacher signature and date: _____