## Form 4: Internship Agreement

**Academic Quarter/Year:** Fall  Winter  Spring  Summer  Year: __________

**Circle one:** Direct Service  Indirect Service  Direct and Indirect Service

**Student**  Name: _________________________________  Internship Quarter (circle): 1st  2nd  3rd  4th

Phone: _________________________________  Email: _________________________________

**Supervisor**  Name/Title: __________________________________________

Phone: _________________________________  Email: _________________________________

**Level of Education:** Bachelor  Masters  Ph.D.  Other: _________________________________

**Agency**  Name: ____________________________________________________________

Agency Address: ______________________________________________________________

Phone: _________________________________  Email: _________________________________

**Instructions for Field Supervisor:** Check each of the following boxes, to indicate compliance with each statement, and submit to student (retain copy for your records).

- [ ] I agree to:
  1. Review the roles and responsibilities of Field Supervisor (found in Field Studies manual).
  2. Oversee the student, in 120 hours of field studies, applying theory, knowledge, and skills required of generalist human services practitioners during the academic period.
  3. Share knowledge and experience to enhance positive student learning.
  4. Work with the student to complete the Learning Contract.
  5. Provide appropriate work experience that includes training and supervision.
  6. Clarify the philosophy, vision, mission, and goals of the organization.
  7. Brief the student on organization policy and procedure (including safety and confidentiality).
  8. Meet weekly with student to discuss progress and reinforce learning (typically 20 to 60 min/week).
  9. Attend one quarterly field visit with the University Instructor and student.
  10. Evaluate student performance at the end of the quarter.

- [ ] I have, with the student, reviewed and approved the Placement Agreement, the General Weekly Schedule and the Learning Contract that outlines what the student will learn and the activities in which I will guide the student toward the learning objectives.

- [ ] I assure that the agency and I demonstrate the characteristics of a quality placement outlined in the Field Studies Manual (see pages 17-18).

- [ ] I reviewed the NOHS ethical statements and will hold myself and the student to these standards.

- [ ] I understand that I am held to the same standards and policies as WWU staff while this placement agreement is in force. Policies can be found at: [http://www.wwu.edu/policies/index.shtml](http://www.wwu.edu/policies/index.shtml)

**Field Supervisor Signature** _________________________________  **Date** _________________________________

**Student Signature** _________________________________  **Date** _________________________________