

University of Connecticut
Department of
Allied Health Sciences

Supervised Internship
AH 3091

Student Forms

DEPARTMENT OF ALLIED HEALTH SCIENCES

WWW.ALLIEDHEALTH.UCONN.EDU

rev 2017

University of Connecticut
Department of Allied Health Sciences
Internship Learning Agreement

Directions:

- 1) Complete student section of Part I of this Agreement.
- 2) Meet with the Internship Site Supervisor and complete Part II of this Agreement.
- 3) Meet with the Supervised Internship Instructor for review and completion of Part I, II and III of this Learning Agreement and the Independent Study Authorization form (www.registrar.uconn.edu/indstudy.doc). Obtain Faculty Advisor signature on this Learning Agreement and Independent Study Authorization form.
- 4) Submit the Internship Learning Agreement, supplemental forms and Independent Study Authorization form to the Dept of Allied Health Science's Main Office for Department Head approval (Part IV).
- 5) Submit the signed Independent Study Authorization form to the Registrar's Office. *Authorization and Agreement forms must be completed by the add/drop deadline; however, see Supervised Internship AH 3091 Guidebook for required dates.*

Part I: To be completed by student and student's faculty advisor: The student assumes the responsibility to coordinate and ensure this Agreement is complete prior to submitting it to the Supervised Internship Instructor and the Department Head.

Student Name: _____ **Student ID:** _____

Address: _____

Student phone: _____ **Student email address:** _____

Program: _____ **Concentration (if applicable):** _____

Credit standing: _____ **Faculty Advisor:** _____

Student Signature

Date

My signature verifies that I am capable of and committed to participation in the internship as described below. I also agree to abide by the policies and procedures as outlined to me both as a University of Connecticut student and as an intern at the Internship Institution. I understand that failure (including but not exclusive) to meet objectives, effective requirements, institution requirements or attendance policies may result in an unsatisfactory grade for this internship.

Faculty Advisor Signature

Date

I verify that the internship experience described below is consistent with program objectives and pending successful (S) completion can be included in the student's plan of study.

Part II: To be completed by the Institution offering the Internship: The internship site assumes responsibility to arrange hours and assumes responsibility to ensure that the student is in compliance/meets institution guidelines and adheres to policies for participation. The site supervisor is also responsible for the evaluation of the learning objectives.

Name of Institution: _____

Address: _____

Internship Site Supervisor: _____

(This is the person who will assume responsibility for supervising and evaluating the student)

Position at the institution: _____

Supervisor Phone: _____

Supervisor Email: _____

Part II: To be completed by the Institution offering the Internship: (cont.)

Title of the internship: _____

Description of Internship (duties/responsibilities): _____

Dates of participation (hourly, weekly): _____

Total hours for internship: _____

<i>Time</i>	<i>Hours</i>	<i>Credits</i>
<i>45-60 hours</i>	<i>3-4 hr/wk X 14 wks</i>	<i>1 credit</i>
<i>61-120 hours</i>	<i>6-8 hr/wk X 14 wks</i>	<i>2 credits</i>
<i>120+ hours</i>	<i>>9 hr/wk X 14 wks</i>	<i>3 credits</i>

In addition to the **required objectives listed below**, please ***attach a separate explanation of specific learning objectives:***

Learning Objectives (What will the student learn?)	Activities (How will the objective be accomplished?)	Evaluation (How will the student know the objective is met?)
The student will demonstrate synthesis and analysis of internship experience	Keep reflective journal on thoughts, feelings, experiences, and activities to report achievement of learning objectives	Complete a 2-3 page final self-evaluation /reflective paper on internship experience
The student will demonstrate appropriate affective behaviors	Perform the internship while meeting the objectives outlined in the internship site student evaluation form	Internship site supervisor will complete the student evaluation form at the completion of the internship, or whenever needed.

Internship Site Supervisor Signature

Date

My signature verifies that I am an authorized staff person at the above named institution to provide this internship. I acknowledge that the institution has the authorization, personnel and resources to offer this internship. The institution has reviewed the qualifications for this student's participation in this internship and deemed them appropriate. The internship site also assumes responsibility and liability for the student and/or others as a result of direct participation in activities associated with the objectives of this internship and releases the University of Connecticut and the Department of Allied Health Sciences from liability with respect to this student's participation in this internship.

Part III: To be completed by Supervised Internship Instructor: Submit after Parts I and II have been completed and signed.

Supervised Internship Instructor (print name): _____

Supervised Internship Instructor phone: _____ **email:** _____

Course Catalog number: AH 3091* **Section number:** _____ **Credit hours:** (variable 1-6 credits): _____

Semester: _____ **Grading:** Grading of this course is S/U only

*Students may count up to 6 credits of combined Internship, International Study and Independent Study course work toward the major.

Supervised Internship Instructor Signature

Date

My signature verifies that I assume responsibility to oversee the academic components (academic integrity, grade submission, etc.) of this internship. I also deem this internship appropriate for this student to be included in the plan of study pending successful completion.

Part IV: To be completed by Department Head. Submit after Parts I, II, and III have been completed and signed.

Department Head Signature

Date

My signature verifies that this internship meets the guidelines of this department as it relates to academic integrity and student participation in an internship and that this internship is appropriate for this student to be included in the plan of study pending successful completion.

UNIVERSITY OF CONNECTICUT
DEPARTMENT OF ALLIED HEALTH SCIENCES
Supervised Internship: AH 3091

Rights and Responsibilities Form

Name of Student: _____
(PRINT NAME)

Student ID #: _____ Internship Semester: _____

By signing this form, I am accepting the statements indicated below:

- 1) I acknowledge that participation in a supervised internship experience is not mandatory for completion of the Allied Health Sciences major.
- 2) I acknowledge that the College of Agriculture, Health, and Natural Resources, the Department of Allied Health Sciences, and participating faculty assume no responsibility as it relates to my personal being and that I assume full responsibility for participation in a supervised internship.
- 3) I acknowledge that I have received a copy of the Supervised Internship: AH 3091 Guidebook.
- 4) I understand that it is my responsibility to read the policies and requirements as stated in this Guidebook.
- 5) I have had an opportunity to review and ask questions regarding the contents of the Guidebook and the requirements of the Supervised Internship.
- 6) I accept participation in the Supervised Internship and will abide by to the policies and requirements as outlined in the Guidebook.

Student Signature

Date

Please return this form along with the Internship Learning Agreement.

UNIVERSITY OF CONNECTICUT
DEPARTMENT OF ALLIED HEALTH SCIENCES
Supervised Internship: AH 3091

Personal Property Waiver Form

Name of Student: _____
(PRINT NAME)

Student ID #: _____ Internship Semester: _____

My signature below signifies that I understand that during my participation in a supervised internship:

- 1) The College of Agriculture, Health, and Natural Resources, the Department of Allied Health Sciences, and participating faculty are not responsible for loss, damage or theft to my personal property while traveling to and from or during a supervised internship.
- 2) The designated facility or agency is not responsible for loss, damage or theft to my personal property.
- 3) If I bring any personal property to my supervised internship site, I understand that I assume all responsibility if it is lost, stolen, and/or damaged.

Student Signature

Date

Please return this form along with the Internship Learning Agreement.

UNIVERSITY OF CONNECTICUT
DEPARTMENT OF ALLIED HEALTH SCIENCES
Supervised Internship: AH 3091

Background Check Release and Acknowledgement Form

Name of Student: _____
(PRINT NAME)

Student ID #: _____ Internship Semester: _____

By signing this form, I am accepting the statements indicated below:

- *I hereby acknowledge that I am electively enrolling in a supervised internship through the Department of Allied Health Sciences that requires placement in a Supervised Internship site.*
- *I hereby acknowledge and understand that I may be required to obtain a criminal background report and/or other background check (e.g. drug testing) by a company designated by the site and that I am responsible for all fees involved in obtaining such reports.*
- *I hereby acknowledge and understand that the results of my criminal background and/or other background reports will be submitted directly to the supervised internship site in connection with my participation in a supervised internship.*
- *I hereby acknowledge and understand that the results of the criminal background and/or other background reports may prevent me from being accepted to a supervised internship site. In the event this should happen, the Department of Allied Health Sciences is not responsible to find an alternative Supervised Internship Site.*
- *I hereby acknowledge and understand that my acceptance into a supervised internship site is determined solely by the supervised internship site and not by the program of study, Department of Allied Health Sciences, College of Agriculture, Health and Natural Resources, or the University. I also understand that the University is under no obligation to find a supervised internship site that will accept my placement notwithstanding a negative background report.*

I hereby waive and release any and all manner of actions, cause of actions, and demand of every kind, nature and description arising from my failure to complete a supervised internship resulting from my inability to satisfy any of the requirements of the internship due to the results of my criminal background and/or other background report.

Student signature: _____ Date: _____

Please return this form along with the Internship Learning Agreement.

University of Connecticut
Department of Allied Health Sciences
AH 3091: Student Evaluation of Internship Site Form

Please complete this final evaluation form and send to the Supervised Internship Instructor (University faculty member) 2-weeks before the internship end-date. Failure to submit this form within the time frame will result in an unsatisfactory grade for the internship.

10 = Outstanding 8 = Very Good 6 = Good 4 = Poor 2 = Unacceptable

Intern Name: _____

Internship Site: _____

1. **Mentorship/Supervision:**

10 8 6 4 2 Comment:

2. **Career Related Tasks/Projects:**

10 8 6 4 2 Comment:

3. **Opportunity for Learning:**

10 8 6 4 2 Comment:

4. **Educational/Learning Agreement Goals Met:**

10 8 6 4 2 Comment:

5. **Overall experience:**

10 8 6 4 2 Comment:

Please answer the following questions

6. **Overall, have your expectations of the internship been met?**

7. **What could have made the internship experience more beneficial to you (or to future students)?**

8. **What suggestions do you have for future interns at this site?**

9. **How has this internship impacted your educational and professional plans?**

10. **Additional comments**

Student signature: _____

Date: _____