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***COMMONWEALTH COLLEGE***

***Student Credit Internship Packet***

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## Commonwealth College

### DEFINITION OF AN ACADEMIC INTERNSHIP

A Commonwealth College academic internship combines an on-site supervised work experience with a structured academic learning plan for which a student earns academic credit. An internship is a work-based learning experience in a for-profit or non-profit setting. Some academic programs require an internship, while others offer students the option of scheduling an elective internship.

The student's substantive work and responsibilities within the work organization create a professional experience that supports academic and career goals. The faculty internship instructor and work-site supervisor collaborate to promote the student's critical thinking, observation, and reflection that foster intellectual, personal, and professional growth.

The work-site organization determines if monetary compensation is available for the internship. The length of the internship varies depending upon academic and work-site minimum requirements. Assuming a 15-week semester, one credit hour requires 3 to 4 hours per week of work-site activity and one hour of academic work such as journal writing, related research, or special projects. .

An internship offers a student the opportunity to apply academic knowledge in world-of-work situations, to explore a career choice, and to begin to establish a network of professional contacts. The pre-internship preparation course that is required by the major must be completed prior to registering for any internship credits.

For more information on careers and definitions of other experiential learning opportunities visit the following websites:

<http://www.sa.psu.edu/career/intern.html>

<http://www.sa.psu.edu/career/>

<http://www.nsee.org/>

## Commonwealth College

### ROLES AND RESPONSIBILITIES FOR ACADEMIC INTERNSHIPS

**Successful delivery of an academic internship occurs when an effective partnership is established among the key constituents: student, faculty internship instructor, work-site supervisor, Director of Academic Affairs (DAA), College Program Head (CPH), Career Services professional, and academic advisor. The roles that each one plays in the academic internship experience follow:**

#### **STUDENT:**

- Register for the pre-internship course during the semester preceding the planned registration for the academic internship in compliance with course prerequisites.
- With the assistance of the faculty internship instructor, the academic adviser, and the Career Services professional, investigate, identify, and secure an internship experience that best meets educational and personal goals while adhering to Commonwealth College guidelines, major prerequisites, and program requirements.
- Determine learning opportunities and educational objectives available through the internship and formulate your action plan with the assistance of the faculty internship instructor.
- Obtain liability insurance if required.
- Adhere to professional and ethical standards as approved and required by the work-site and professional association.

#### **FACULTY INTERNSHIP INSTRUCTOR:**

- Ensure that there is sufficient academic activity to merit the awarding of credit.
- Determine the appropriateness of a specific internship experience in the context of the student's academic major and career goals.
- Give final approval for internship.
- Track student progress throughout the semester.
- Teach pre-internship course as required by curriculum if possible.
- Assist student in the identification of internship opportunities, although ultimate responsibility for locating a site resides with the individual student.
- Maintain records of internship opportunities to enable front-end exploration by the student.
- Collaborate with Career Services professional in an effort to have on hand educational resources that might be helpful the student engaged in the internship experience.
- Schedule a personal or electronic contact with work-site supervisor to establish a working relationship that will benefit the student.
- Ensure that prerequisites are satisfied by the student prior to scheduling the internship course.
- Collaborate with Career Services professional and Commonwealth College Program Head throughout the duration of the internship experience.
- Build strong work-site relationships.
- Coordinate necessary paperwork throughout the internship period including preparation of learning agreements and completion of preliminary, mid-semester and final evaluations.
- After consultation with work-site supervisor, determine grading rubric.
- Evaluate student performance, assign grade, and post it.

**WORK-SITE SUPERVISOR/COMPANY OR AGENCY:**

- Provide a professional environment conducive to student learning.
- Set goals for internship experience as supported by organizational leadership.
- Collaborate with faculty internship instructor to establish specific learning objectives; identify outcomes or expected products.
- Participate in the selection of student interns.
- Help student build professional work-site relationships.
- Supervise the student throughout the internship experience at the work-site.
- Offer an orientation program and supply necessary resources to support student success.
- Provide supervision, guidance, and feedback.
- Report immediately to the faculty internship instructor any student problem that develops.
- Work directly with the faculty internship instructor to evaluate the student performance, possibly three times: preliminarily during the first few weeks, at a mid-point in the internship experience, and at the end of the experience.
- Sign *University Internship Affiliation Agreements* as appropriate.

**DIRECTOR OF ACADEMIC AFFAIRS (DAA) AND COLLEGE PROGRAM HEAD (CPH):**

- Keep abreast of the faculty internship instructor's involvement with internships.
- Assist student in the identification of internship opportunities, although ultimate responsibility for locating a site resides with the individual student.
- Provide support for faculty internship instructor and assist with the management of the internship process.
- Enable appropriate scheduling of internship preparation course.
- Administer *University Affiliation Agreement* in accordance with University policy.

**CAREER SERVICES PROFESSIONAL :**

- Assist student in the identification of internship opportunities, although ultimate responsibility for locating a site resides with the individual student.
- On a limited basis and at the invitation of the faculty internship instructor, serve as a guest speaker in class on topics related to the internship search.
- Educate student on the internship search including researching potential sites and developing cover letters, resumes and interview skills.
- Promote job and career information fairs to students.

**ACADEMIC ADVISOR:**

- Continue to maintain contact with student.
- Informally assist student in identification of internship opportunities and procedures.
- Informally keep abreast of student's internship progress.
- Prior to having the student submit the *Student Internship Application Form*, check to be sure that all course prerequisites have been satisfied.

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Penn State: \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

## Student Packet

## Internship Timeline

All forms must be completed and returned to the faculty internship instructor  
 ( \_\_\_\_\_ ) by the dates indicated below.

### Required Forms

- 1. Internship Registration Form
- 2. Internship Release & Student Agreement Form
- 3. Educational Plan & Learning Agreement
- 4. Proof of Professional Liability Insurance  
 (When appropriate—Applied Psychology,  
 Human Development and Family Studies,  
 Occupational Therapy, and Physical Therapy)
- 5. Preliminary Evaluation of Internship
- 6. Mid-Semester Evaluation
- 7. Final Evaluation

### Due Date

- Prior to registration.
- Prior to registration.
- Prior to registration.
- Prior to registration.
- End of second week of the internship.
- Mid-semester of the internship.
- Within one week of the conclusion of the internship.

Please contact the faculty internship instructor with any questions.

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Liability Insurance Coverage:**

Professional liability insurance coverage is required, prior to commencing an internship, for all students enrolled in Applied Psychology (APSCC), Health and Human Development (HFSCC), Nursing (NURS), Occupational Therapy associate and baccalaureate programs (2OTCC and OTCC), and Physical Therapy (2PTA). Students are responsible for obtaining this coverage.

While the University does not endorse particular insurance carriers, students are encouraged to meet with faculty internship instructors for a list of potential companies or organizations.

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\_\_\_\_\_

### Internship Registration Form

This form must be completed (front and back), signed, and returned to the faculty internship instructor prior to registering for internship credit.

Semester \_\_\_\_\_ Year \_\_\_\_\_

#### **STUDENT**

Intern Name: \_\_\_\_\_  
(Please Print)

Course No.: \_\_\_\_\_ No. Credits \_\_\_\_\_

Internship Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

#### **WORK-SITE SUPERVISOR**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### **FACULTY INTERNSHIP INSTRUCTOR**

Faculty Instructor: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Division/Program: \_\_\_\_\_

Telephone: \_\_\_\_\_



**Position Description:** Please attach a description of internship responsibilities, projects, etc.

- A. As deemed capable, I will assume additional responsibilities. I will not, however, routinely perform duties general considered below the paraprofessional level.
- B. I will work a total of \_\_\_\_\_ hours on site over \_\_\_\_\_ weeks (one [1] credit per 40 internship hours).
- C. I intend to work, not to work, (circle one) over holidays or semester breaks during my internship.

I have reviewed the attached internship description and the conditions stated above. I understand that, together, they constitute acceptable terms for the experiential component of the internship authorized by Penn State Commonwealth College. To receive academic credit for an internship, an "Educational Plan & Learning Agreement" will be completed and filed by me with my faculty sponsor for the internship prior to commencing the internship.

Student	Student Signature	Date
Work-Site Supervisor	Work-Site Supervisor Signature	Date
Faculty Internship Supervisor	Faculty Internship Supervisor Signature	Date

**Please return original to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**For use by the faculty internship instructor:**

<u>Student</u>		<u>Work-Site Supervisor</u>
_____ Registration Form	_____ Preliminary Evaluation	_____ Preliminary Evaluation
_____ Internship Release & Student Agreement Form	_____ Mid-Point Evaluation	_____ Mid-Point Evaluation
	_____ Final Evaluation	_____ Final Evaluation
_____ Educational Plan and Learning Agreement		
_____ Professional Liability Insurance (if needed)		
_____ Criminal Background and Child Abuse Registry checks (if needed)		

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\_\_\_\_\_

### Internship Release and Student Agreement Forms

### Internship Release

Student's Name: \_\_\_\_\_

Student I.D. \_\_\_\_\_

Course: \_\_\_\_\_ No. Credits \_\_\_\_\_

Internship Site: \_\_\_\_\_

Dates of Internship: \_\_\_\_\_

1. During the dates shown, I will be performing my student internship for the course listed above.
2. I will be performing this internship to gain experience in a field related to my academic and career goals. If this is an unpaid internship, I understand that no employer-employee legal relationship will exist between the supervising organizing and me.
3. I will be performing this internship voluntarily and upon my own initiative, risk, and responsibility.

Dated this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Student's Signature

**Please return to the faculty internship coordinator prior to beginning the internship**

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## Student Agreement

The Commonwealth College academic internship program is an academic program offered by Penn State. Therefore, I agree to abide by the standards established by The College and agree to comply with the following obligations:

1. I will meet with my academic advisor to discuss an internship experience that best suits my academic and personal needs. It is my responsibility to ensure that the internship course and number of credits for which I enroll fit appropriately with my degree program and my graduation plans.
2. I will conduct myself in a professional manner in all correspondence and interactions with prospective host sites and with Penn State faculty and staff with whom I consult regarding the internship.
3. I agree to consider all offers carefully before accepting an internship position. Once I have accepted an offer, I am obliged to honor my acceptance.
4. I will inform the Academic Internship Office of my current address and phone number while participating in the internship.
5. I will maintain an active e-mail account while at my internship. I will inform the Academic Internship Office of this address and will check my e-mail at least once every other day.
6. If I am an international student, I will meet/talk with a representative of the International Student Office to discuss employment and educational requirements.
7. If I plan to graduate the semester I am interning, I must turn in all required assignments by the deadline(s) established in the Educational Plan and Learning Agreement. Failure to meet this obligation will result in failure to graduate on time.

**I UNDERSTAND THAT FAILURE TO MEET THESE GUIDELINES MAY RESULT IN PROGRAM EXPULSION OR AN ACADEMIC HOLD BEING PLACED ON MY PENN STATE RECORD.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return to the faculty internship coordinator prior to beginning the internship**

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\_\_\_\_\_  
\_\_\_\_\_

**Educational Plan & Learning Agreement**

Semester & Year: \_\_\_\_\_  
Course Number: \_\_\_\_\_  
Number of Credits: \_\_\_\_\_

Student: \_\_\_\_\_  
Address During Internship: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work-Site: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Internship Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_

- |                                           |
|-------------------------------------------|
| Components:                               |
| 1. Suggested Bibliography                 |
| 2. Academic Objectives & Learning Methods |
| 3. Methods of Evaluation and Timeline     |
| 4. Signatures                             |

Work-Site Supervisor: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Faculty Internship Instructor: \_\_\_\_\_  
PSU Division/Program: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NOTE:** This Agreement must be completed and signed by all parties (student, faculty internship instructor, work-site supervisor), and returned to the faculty internship instructor prior to commencing the internship.



### Methods of Academic Evaluation & Timeline for Completion of Assignments

Evaluation Tool/Assignment (e.g., journal entries, draft and/or final papers, portfolio, public presentation)	Due Date/Frequency of Submission (e.g., weekly, bi-weekly, mid-term)
------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------

A.

B.

C.

D.

E.

**NOTE:** If circumstances should prevent the completion of any of the commitments stated above, I understand that the parties signing this agreement must be consulted and give their approval prior to any other action. If I default on any part of this agreement, I understand that I may receive a devalued grade for the internship experience.

I also understand that under no circumstances will I be permitted to receive an increase or decrease in the number of credits for which I have contracted. It is further understood that my faculty internship instructor has the option to revise due dates and that I should confirm these dates with him or her to avoid the possibility of conflict later. I understand that the final grade for my internship is given by the faculty internship instructor with the advice of the work-site supervisor. The work-site supervisor is expected to complete several evaluations of my performance.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have developed the above Educational Plan & Learning Agreement in consultation with the student. I agree to work with the student to facilitate the success of the internship and to objectively evaluate and grant credit as stated above for completed assignments.

Faculty Internship Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have reviewed the above Educational Plan & Learning Agreement. I agree to assist the student to achieve his or her educational objective as stated above.

Work-Site Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Penn State: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student's Evaluation of Internship**

**Preliminary Evaluation**

**NOTE:** It is your responsibility to notify your faculty internship instructor regarding any aspect of your experience you believe warrants immediate action.

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Course Number: \_\_\_\_\_

Internship Site: \_\_\_\_\_

Work-Site Supervisor: \_\_\_\_\_

1. My internship (circle one) is is not working well.
2. In the space below, please comment on the quality of your internship to date:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completed and returned to the faculty internship instructor by the end of the second week of the internship to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Penn State: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Student Evaluation of Internship

### Mid-Semester Evaluation

**NOTE:** It is your responsibility to notify your faculty sponsor regarding any aspect of your experience you believe warrants immediate action.

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Course Number: \_\_\_\_\_ No. Credits \_\_\_\_\_

Circle One:      Fall      Spring      Summer      Year: \_\_\_\_\_

Internship Organization: \_\_\_\_\_

Internship Location: \_\_\_\_\_

1. With what aspects of your internship are you most satisfied? (Please continue on the reverse.)
  
2. With what aspects of your internship are you least satisfied? (Please continue on the reverse.)
  
3. What additional assistance or information from the site supervisor and/or faculty sponsor would help you learn or achieve more in your internship? (Please continue on the reverse.)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completed and returned to the faculty internship instructor at the mid-semester of your internship to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_



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Penn State: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Student's Evaluation of Internship

### Final Evaluation

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Circle One:      Fall    Spring    Summer    Year: \_\_\_\_\_

Internship Organization: \_\_\_\_\_

Work-Site Supervisor: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Location (City, State): \_\_\_\_\_

Instructions: The purpose of this form is to provide opportunity for an honest appraisal of the internship site, your works-site supervisor, and their contributions to your educational program. Please respond honestly and objectively to the following statements and questions.

1. Please rate your internship experience using the numerical scale below.

5	Exceptional	Consistently exceeded expectations
4	Commendable	Sometimes exceeded expectations
3	Fair	Met expectations
2	Uncomplimentary	Rarely met expectations
1	Unsatisfactory	Did not meet expectations

	5	4	3	2	1	N/A
<b>A. Internship Organization</b>						
1. Maintained an organizational culture that fostered learning	ÿ	ÿ	ÿ	ÿ	ÿ	ÿ
2. Maintained a friendly and cooperative work environment	ÿ	ÿ	ÿ	ÿ	ÿ	ÿ
3. Established and communicated clear goals and expectations	ÿ	ÿ	ÿ	ÿ	ÿ	ÿ
<b>B. My Internship Supervisor</b>						
1. Provided levels of responsibility consistent with my ability	ÿ	ÿ	ÿ	ÿ	ÿ	ÿ

2. Provided challenging work assignments	ÿ	ÿ	ÿ	ÿ	ÿ	ÿ
3. Offered regular, constructive feedback on my performance and progress	ÿ	ÿ	ÿ	ÿ	ÿ	ÿ
4. Attempted to make my internship an educationally meaningful experience	ÿ	ÿ	ÿ	ÿ	ÿ	ÿ
<b>C. My Internship</b> provided ample opportunity to						
1. Use knowledges/skills gained through my academic program	ÿ	ÿ	ÿ	ÿ	ÿ	ÿ
2. Develop my human relations skills	ÿ	ÿ	ÿ	ÿ	ÿ	ÿ
3. Develop my communication skills	ÿ	ÿ	ÿ	ÿ	ÿ	ÿ
4. Develop my creativity	ÿ	ÿ	ÿ	ÿ	ÿ	ÿ
5. Develop my critical thinking and problem-solving skills	ÿ	ÿ	ÿ	ÿ	ÿ	ÿ
6. Demonstrate initiative	ÿ	ÿ	ÿ	ÿ	ÿ	ÿ
<b>D. Overall,</b>						
1. I would rate the quality of my internship as . . .	ÿ	ÿ	ÿ	ÿ	ÿ	ÿ

1. Please answer the following questions.

A. Would you work for this supervisor again?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_  
Uncertain

B. Would you work for this organization again?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_  
Uncertain

C. Would you recommend this organization to      \_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_  
Uncertain  
    other students?

2. Please use this space to explain or to elaborate upon any of your responses above.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form must be completed and returned to the faculty internship instructor within one week of the conclusion of the internship to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_