

Internship Learning Agreement Record Form

Date: _____

Intern Name: _____

Internship Site: _____

Internship Address: _____

Internship Phone: _____

Supervisor's Name: _____

Supervisor Title: _____

Supervisor Phone: _____

Description of Internship Setting:

Intern's Schedule:

Day Hours

Sun. ____ to ____

Mon ____ to ____

Tue ____ to ____

Wed. ____ to ____

Thu ____ to ____

Fri ____ to ____

Internship Goals and Learning Activities

In the space below, please list your learning goals for the internship and activities you and your supervisor agree up to help you achieve those goals. Leave space under "evaluation" to record an evaluation at the end of the internship.

Learning Goals	Learning Activity	Evaluation
1.		
2.		
3.		
4.		
5.		

Intern Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____