STOCKBRIDGE SCHOOL
UMASS – Amherst

EQUINE MANAGEMENT
INTERNSHIP
EMPLOYER HANDBOOK

111 Stockbridge Hall
UMass Amherst
Amherst, MA 01003
Phone: 413-545-2222   Fax: 413-577-0242
www.umass.edu/stockbridge
Dear Employer,

The internship program at the Stockbridge School is an integral part of our students’ academic careers. The program provides the student with industry-related work experience, which will supplement his/her classroom studies. Thank you for being part of our student’s academic career by involving the student in the many facets of your business. Please review the following instructions.

**INSTRUCTIONS:**

- Meet with the student weekly; establish a clear understanding of the work assignments, expectations, and concerns.
- Sign the *Internship Agreement*; student will submit the form to the program coordinator by *April 30th*.
- Complete & return the **30 Day Evaluation of Student** to the program coordinator by the due date.
- Complete & return the **Final Evaluation of Student** to the program coordinator by *September 11th*.

The student is required to complete a report to receive a grade for his/her internship. A copy of the report requirements is posted a [www.umass.edu/stockbridge/current/coop.php](http://www.umass.edu/stockbridge/current/coop.php). The student is responsible for completing the work on his/her own time.

I am very pleased you are employing a student from the Stockbridge School. I hope this will be a rewarding experience for you and your business. If you have any questions, please do not hesitate to contact Sue Bruns, the program coordinator, or me.

Sincerely,

William L. Mitchell  
Assistant Dean
INTERNSHIP REQUIREMENTS

STUDENTS MUST:

- Pre-register for the internship program during the fall registration period. Students should access the SPIRE system for fall pre-registration beginning in March. Students can access their SPIRE account for enrollment appointment date and time.

- Work full time (40 hours/week) for the duration of the internship. One credit equals four weeks/160 hours. Students can expect a reduction in credits when the work required weeks are not completed as outlined by major.
  - Arboriculture, Fruit & Vegetable Crops, Horticulture and Landscape Contracting student are required to complete five months/22 weeks for four credits.
  - Equine Industries students have two options: 1) two months/8 weeks for two credits, 2) three months/13 weeks for three credits.
  - Turfgrass Management students are required to complete three months/13 weeks for three credits.

- Submit all required forms by the designated deadlines outlined otherwise there will be reduction to your final grade. NOTE: The student will incur a 5% reduction to their final grade for each form submitted past the due date.

- It is the student’s responsibility to see that the employer submits the Employer Final Evaluation of Student form by September 11th.

- Complete and submit the co-op report as outlined in the Internship Student Handbook by September 11th at 5:00pm to Dr Howe. There will be a full grade reduction to the final grade for each day the report is received after the deadline.

- Earn a grade of “C” (2.0) or better, and complete the required credits specified by major for graduation.

- Meet the work quality standards of the employer and the minimum standards as outlined in the Stockbridge School Final Evaluation of the Student form.

- Students who change positions, for whatever reason, must notify their program coordinator in writing.

- Students should coordinate any vacation plans with their employer.
EQUINE MANAGEMENT
INTERNSHIP AGREEMENT

Student name__________________________________________ Phone (___)__________________

Student summer address ____________________________________________________________
Company name ____________________________________________
Company address ________________________________________________
Employer Name ____________________________________________ Phone (___)__________________
Employer Workman’s Compensation #________________________ Tax ID#___________________
Period of employment from:__________________________ to:______________________________
Daily work hours ____________________________ a.m. to ___________________________p.m.
Days per week that student will work _______________________________________________
Remuneration that the employer will pay student $ _________________ per hour
What is the overtime agreement for work beyond 40 hours per week? ______________________
Educational objectives and activities in which the student will participate:
_________________________________________________________________________________
_________________________________________________________________________________

Two weeks notice must be given to all parties before this agreement is terminated.
We, the undersigned, agree to conform to this agreement.

Employer signature _________________________________ Date __________
Student signature _________________________________ Date __________
Program Coordinator signature _______________________ Date __________

Dr. George Howe
Stockbridge Hall
UMass Amherst
Amherst, MA 01003
413-545-5552 Fax: 413-577-0242
grhowe@vasci.umass.edu
EQUINE MANAGEMENT
30 DAY EVALUATION OF EMPLOYER
(Included for your information only – Student has his/her own copy)

Student name_____________________________________ Phone (___)___________________

Student summer address __________________________________________________________

Street City/Town State Zip Code

Company name _________________________________________________________________

Company address ______________________________________________________________

Street City/Town State Zip Code

Employer Name___________________________________________________________Title_____________________________

1. Did you discuss the internship program and your educational objectives with
   a. your supervisor _____ YES _____ NO (explain on reverse side)
   b. other _____ YES _____ NO with whom?____________________________

2. Are you satisfied with the conditions of your employment? _____ YES _____ NO
   (explain on reverse side)

3. Are relations with your employer and co-workers satisfactory _____YES _____ NO
   (explain on reverse side)

4. The date you began your internship? ______________________________

5. If provided, are room and board arrangements satisfactory? _____ YES _____ NO
   (explain on reverse side)

6. On the reverse side, list the type of work you have performed since your internship began.

Student signature ____________________________ Date ___________________________

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EQUINE MANAGEMENT
30 DAY EVALUATION OF STUDENT

Student name___________________________________________ Phone (___)____________________

Student summer address _________________________________________________________________
Street City/Town State Zip Code

Company name___________________________________________________________________________

Company address _________________________________________________________________________
Street City/Town State Zip Code

Employer Name ___________________________ Title__________________________________________

1. Is the student performing to your satisfaction? YES_____ NO _____

2. Does the student follow instructions? YES _____ NO _____

3. Is the student arriving to work at the specified hour? YES _____ NO _____

REMARKS
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Employer/supervisor signature __________________________ Date _______________________

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EQUINE MANAGEMENT
FINAL EVALUATION OF STUDENT

We thank you for providing this Stockbridge Student with a positive learning experience which will complement his/her classroom education. Please complete this confidential form that will be used along with his/her report to assess the student’s internship grade.

Student name ____________________________ Phone (___) __________________

Student summer address ________________________________

Company name ____________________________ Phone (___) __________________

Company address ________________________________________________

Employer name ____________________________ Phone (___) __________________

Approximate number of absences _______ Number of employer student conferences _______

First day of work ____________________ Last day of work ____________

1. Is the student honest?  ____ YES  ____ NO

2. Does the student keep a good personal appearance?  ____ YES  ____ NO

3. Is the student arriving to work on time?  ____ YES  ____ NO

4. Is the student completing assigned projects in a timely fashion?  ____ YES  ____ NO

5. Does the student follow instructions?  ____ YES  ____ NO

6. Does the student get along well with other employees?  ____ YES  ____ NO

7. Does the student show enthusiasm?  ____ YES  ____ NO

8. Does the student accept constructive criticism?  ____ YES  ____ NO

9. Do you think the student displays leadership potential?  ____ YES  ____ NO
10. Quality and thoroughness of students work:
   _____ Excellent     _____ Good     _____ Average     _____ Fair     _____ Poor

11. How would you rate the students technical competence?
   _____ Excellent     _____ Good     _____ Average     _____ Fair     _____ Poor

12. Provide examples where you feel we could improve the student’s technical rating. ________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________

THIS EVALUATION IS CONFIDENTIAL

At the conclusion of the student’s internship, return form by September 11th to:

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