Dear Student,

The internship program at the Stockbridge School is an integral part of your academic career. The program provides you with industry-related work experience to supplement your classroom studies. Please review the following instructions.

**INSTRUCTIONS:**
- Meet with your employer weekly; establish a clear understanding of the work assignments, expectations, and concerns.
- Give your employer the **Internship Employer Handbook**.
- Sign the **Internship Agreement** with your employer. Submit the form to the program coordinator by the due date.
- Complete & return the **30 Day Evaluation of Employer** to your program coordinator.
- The coop report is due **September 11th by 5pm** to Ms. Bruns at the Hadley Farm. Late reports will receive a full grade deduction for each day late.

To fulfill the requirements for your internship, you must complete the additional assignments as outlined in the Internship Student Handbook and submit them by the deadlines. These requirements are to be completed on your own time and not during work hours. If lost, these forms and the report can be downloaded online at [www.umass.edu/stockbridge/current/coop.php](http://www.umass.edu/stockbridge/current/coop.php).

Best wishes for a productive experience. If you have any questions, please contact Suzanne Bruns.

Sincerely,

William L. Mitchell
Assistant Dean
INTERNERSHIP 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 students 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 month/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. For the students on a five month co-op, the deadlines are as follows: submit the internship agreement and the 30-Day Evaluation of Employer forms by April 30th. 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 coop 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 ________________________________________________________________
Street City/Town State Zip Code

Company name ____________________________________________

Company address ____________________________________________
Street City/Town State Zip Code

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 ___________

30 DAYS after reporting to work return for by April 30th to:
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

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
   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 ____________________________

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 STUDENT
(Included for your information only – Employer has their own copy)

Student name___________________________________________ Phone (___)___________________

Student summer address _________________________________________________________________

Company name_______________________________________________________________________

Company address _________________________________________________________________

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 ________________________

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

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 __________________________
  Street  City/Town  State  Zip Code

Company name ________________________________________________________________

Company address ______________________________________________________________
  Street  City/Town  State  Zip Code

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 student's 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:

   Dr. George Howe
   Stockbridge Hall
   UMass Amherst
   Amherst, MA 01003
   413-545-5552 Fax: 413-577-0242
   grhowe@vasci.umass.edu