Dear Employer,

The internship program at the Stockbridge School is an integral part of our students’ academic career. 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 integrating the student into 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 30\textsuperscript{th}.
- Complete & return the 30 Day Evaluation of Student to the program coordinator by April 30\textsuperscript{th}.
- Complete & return the Final Evaluation of Student to the program coordinator by September 13\textsuperscript{th}.

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. 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 Mike Davidsohn, 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 are required to complete five months/22 weeks for four credits.
  - Equine Industries have two options; 1) two months/8 weeks for two, 2) three month/13 weeks for three credits.
  - Turfgrass Management is 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 coop. 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 13th.

- Complete and submit the coop report as outlined in the Internship Student Handbook by September 13th at 5:00pm to Mr. Davidsohn. 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.
LANDSCAPE CONTRACTING
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:
Mr. Mike Davidsohn
106 Hills North
UMass Amherst
Amherst, MA 01003
(413) 545-0969 Fax (413)545-1772
davidsohn@larp.umass.edu
LANDSCAPE CONTRACTING

30 DAY EVALUATION OF EMPLOYER
(Included for your information only – Student has their 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
   a. your supervisor _____ YES _____ NO(explain on reverse side)
   b. other _____ YES _____ NO 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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Amherst, MA 01003
(413) 545-0969 Fax (413)545-1772
davidsohn@larp.umass.edu
LANDSCAPE CONTRACTING
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 _______________________

30 DAYS after student reports to work return form by April 30th to:
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UMass Amherst
Amherst, MA 01003
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davidsohn@larp.umass.edu
LANDSCAPE CONTRACTING
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 __________________________________________
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 13th to:

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