The Internship program at the Stockbridge School is an integral part of our students’ academic careers. The program provides students with industry-related work experience, which will supplement their classroom studies. To the employer we thank you for being part of this student’s academic career by integrating the student into the many facets of your business. Both the student and the employer should review the following instructions.

**INSTRUCTIONS:**

- Student and employer should meet weekly; establish a clear understanding of the work assignments, expectations, and concerns.
- Student and employer need to sign the **Internship Agreement**; the student will submit the form to the program coordinator before starting the first day of work. The insurance form must be attached.
- Complete & return the **30-Day Evaluation of Student and Employer forms** to the program coordinator by **April 30th**.
- Complete & return the **Final Evaluation of Student** to the program coordinator by **September 13th**.

The student is required to complete a report to receive a grade for his/her Internship. Sustainable Food & Farming Report instructions are posted at [https://stockbridge.cns.umass.edu/Internship-Information/](https://stockbridge.cns.umass.edu/Internship-Information/). The student is responsible for completing the work on his/her own time, not company time.
INTERNERSHIPS REQUIREMENTS

STUDENTS MUST:

- Pre-register for Internship during registration for spring semester courses beginning in November. Students should access the SPIRE system for their 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 required weeks are not completed as outlined by major.
  - Students in Sustainable Food & Farming are required to complete five months/22 weeks for four credits.

- Submit all required forms by the designated deadlines or there will be a reduction to your final grade. Submit the Internship Agreement before starting the first day of work and the 30-Day Evaluation of Employer and Student by April 30th.

- It is the student’s responsibility to see that the employer submits the Final Evaluation of Student form by September 13th.

- Complete and submit the internship report as outlined in the Sustainable Food & Farming Report Instructions by September 13th at 1:00 PM to Dr. Greene. 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’ (2.00) 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 Final Evaluation of Student form.

- Students who change positions, for whatever reason, must notify Dr. Greene in writing.

- Students should coordinate any vacation plans with their employer.
SUSTAINABLE FOOD & FARMING
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 #
Please attach verification of Workman’s Comp. Insurance

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 ___________

Return before starting the first day of work to:
Dr. Duane W. Greene
304 Bowditch Hall
UMass Amherst
Amherst, MA 01003
Ph: 413-545-5219 Fax: 413-545-0260
dgreene@umass.edu
SUSTAINABLE FOOD & FARMING
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 with
   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 you began your Internship.

Student signature ______________________________________ Date ___________________________

Return form to:
Dr. Duane W. Greene
304 Bowditch Hall
UMass Amherst
Amherst, MA 01003
Ph: 413-545-5219 Fax: 413-545-0260
dgreene@umass.edu
SUSTAINABLE FOOD & FARMING
30-DAY EVALUATION OF STUDENT

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 _____________________

Return form to:
Dr. Duane W. Greene
304 Bowditch Hall
UMass Amherst
Amherst, MA 01003
Ph: 413-545-5219 Fax- 413-545-0260
dgreene@umass.edu
SUSTAINABLE FOOD & FARMING
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 ________________________________________________________________________

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 student’s 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.

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THIS EVALUATION IS CONFIDENTIAL

At the conclusion of the student’s internship, return form to:

Dr. Duane W. Greene
304 Bowditch Hall
UMass Amherst
Amherst, MA 01003
Ph: 413-545-5219 Fax: 413-545-0260
dgreene@umass.edu