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 Horticulture Report instructions are posted at https://stockbridge.cns.umass.edu/Internship-Information/. The student is responsible for completing the work on his/her own time, not company time.

If you have any questions, please do not hesitate to contact Dr. Douglas Cox, the program coordinator, at 211 French Hall, UMass Amherst, Amherst, MA 01003. Phone: 413-545-5214. dcox@umass.edu.
INTERNSHIP REQUIREMENTS

- 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 Horticulture 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 Horticulture Report Instructions by September 13th at 1:00 PM to Dr. Cox. 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. Cox in writing.

- Students should coordinate any vacation plans with their employer.
SUSTAINABLE HORTICULTURE
INTERNSHIP AGREEMENT

Student name_________________________________________ Phone (___)_______________________

Student summer address _______________________________________________________________

Company name ________________________________________________________________

Company address ________________________________________________________________

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. Douglas Cox
210 French Hall
UMass Amherst
Amherst, MA 01003
413-545-5214
dcox@umass.edu
SUSTAINABLE HORTICULTURE
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 your Internship began.

Student signature ___________________________ Date ___________________________

Return form by April 30th to:
Dr. Douglas Cox
210 French Hall
UMass Amherst
Amherst, MA 01003
413-545-5214
dcox@umass.edu
SUSTAINABLE HORTICULTURE
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 _______________________

Return form by **April 30th** to:
Dr. Douglas Cox
210 French Hall
UMass Amherst
Amherst, MA 01003
413-545-5214
dcox@umass.edu
SUSTAINABLE HORTICULTURE
FINAL EVALUATION OF STUDENT

We thank you for providing this Stockbridge School 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.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

THIS EVALUATION IS CONFIDENTIAL

At the conclusion of the student’s Internship, return form by September 13th to:

Dr. Douglas Cox
210 French Hall
UMass Amherst
Amherst, MA 01003
413-545-5214
dcox@umass.edu