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. Thank you for being part of this 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 **June 30th**.
- Complete & return the **30-Day Evaluation of Student** to the program coordinator by **June 30th**.
- Complete & return the **Final Evaluation of Student** to the program coordinator by **September 9th**.

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

If you have any questions, please do not hesitate to contact Scott Ebdon, the program coordinator.

208 Paige Laboratory  
UMass Amherst  
Amherst, MA 01003  
413-545-2222  
[http://stockbridge.cns.umass.edu](http://stockbridge.cns.umass.edu)
INTERNSHIP REQUIREMENTS

STUDENTS MUST:

- Pre-register for internship during registration for spring semester courses beginning in November. 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.
  - Students in **Arboriculture, Fruit & Vegetable Crops, Horticulture and Landscape Contracting** are required to complete five months/22 weeks for four credits.
  - Students in **Equine Industries** have two options: 1) two months/8 weeks for two credits or three month/13 weeks for three credits.
  - Students in **Turfgrass Management** are required to complete three months/13 weeks for three credits.

- Submit all required forms by the designated deadlines otherwise there will be reduction to your final grade. Submit the **Internship Agreement** and the **30-Day Evaluation of Employer** forms by June 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 **Final Evaluation of Student** form by September 9th.

- Complete and submit the internship report as outlined in the **Turf Report Instructions** by **September 9th at 5:00pm** to Dr. Vittum in 104 Ag Engineering Building. 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 **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.
TURFGRASS MANAGEMENT
INTERNSHIP AGREEMENT

Student name____________________________________   Phone (___)___________________

Student summer address _________________________________________________________
     Street   City/Town  State          Zip Code

Company name ________________________________________________________________
     Street   City/Town  State          Zip Code

Company address _______________________________________________________________
     Street   City/Town  State          Zip Code

Employer Name _____________________________________ Phone (___)_________________

Employer Workman’s Compensation #

Proof of Workman’s Compensation is required for our file. Please have your insurance company send
proof of workman’s compensation insurance to Dr. Scott Ebdon by June 30th.

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 this form by June 30th to:
Dr. Scott Ebdon
415 Paige Laboratory, UMass Amherst
Amherst, MA 01003
413-545-2506  Fax: 413-545-3958
sebdon@pssci.umass.edu
TURFGRASS 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 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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208 Paige Laboratory
UMass Amherst
Amherst, MA 01003
413-545-2506   Fax: 413-545-3958
sebdon@pssci.umass.edu
TURFGRASS MANAGEMENT
30-DAY EVALUATION OF STUDENT

Student name____________________________________________  Phone (___)___________________

Student summer address _________________________________________________________________
   Street   City/Town  State           Zip Code

Company name________________________________________________________________________
   Street   City/Town  State            Zip Code

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 this form by June 30th to:
   Dr. Scott Ebdon
   415 Paige Laboratory
   UMass Amherst
   Amherst, MA 01003
   413-545-2506   Fax: 413-545-3958
   sebdon@pssci.umass.edu
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 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 9th to:

Dr. Scott Ebdon
415 Paige Laboratory
UMass Amherst
Amherst, MA 01003
413-545-2506  Fax: 413-545-3958
sebdon@pssci.umass.edu