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:

- All students are required to have their internship placement approved by Drs. Ebdon and Vittum. This policy will be in effect and enforced beginning with the 2013 internships. Failure to do so will result in a grade of F.
- 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 June 30th.
- Complete & return the 30-Day Evaluation of Employer to the program coordinator by June 30th.
- The internship report is due September 9th by 5 pm to Dr. Pat Vittum in 104 Ag Engineering Building. 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 Turf Report Instructions 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 http://stockbridge.cns.umass.edu/Internship-Information/

Best wishes for a productive experience. If you have any questions, please contact Dr. Scott Ebdon.

208 Paige Laboratory, UMass Amherst
Amherst, MA 01003
Phone: 413-545-2222
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 months/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 ________________________________________________________________

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

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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UMass Amherst
Amherst, MA 01003
413-545-2506   Fax: 413-545-3958
sebdon@pssci.umass.edu
TURFGRASS MANAGEMENT
30-DAY EVALUATION OF STUDENT
(Included for your information only – Employer 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. 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:  
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415 Paige Laboratory  
UMass Amherst  
Amherst, MA 01003  
413-545-2506   Fax: 413-545-3958  
sebdon@pssci.umass.edu
**TURFGRASS 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.

<table>
<thead>
<tr>
<th>Student name ______________________________</th>
<th>Phone (___) __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student summer address ____________________</td>
<td></td>
</tr>
<tr>
<td>Street</td>
<td>City/Town</td>
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<tr>
<td></td>
<td>State</td>
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<tr>
<td></td>
<td>Zip Code</td>
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<tr>
<td>Company name ______________________________</td>
<td></td>
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<tr>
<td>Company address ___________________________</td>
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<td>Street</td>
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<td>State</td>
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<td>Zip Code</td>
</tr>
<tr>
<td>Employer name ______________________________</td>
<td>Phone (___) __________________________</td>
</tr>
<tr>
<td>Approximate number of absences _______</td>
<td>Number of employer/student conferences</td>
</tr>
<tr>
<td></td>
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<tr>
<td>First day of work _________________________</td>
<td>Last day of work ______________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Is the student honest?</th>
<th>___ YES   ___ NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Does the student keep a good personal appearance?</td>
<td>___ YES   ___ NO</td>
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<tr>
<td>3. Is the student arriving to work on time?</td>
<td>___ YES   ___ NO</td>
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<tr>
<td>4. Is the student completing assigned projects in a timely fashion?</td>
<td>___ YES   ___ NO</td>
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</tr>
<tr>
<td>5. Does the student follow instructions?</td>
<td>___ YES   ___ NO</td>
</tr>
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</tr>
<tr>
<td>6. Does the student get along well with other employees?</td>
<td>___ YES   ___ NO</td>
</tr>
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</tr>
<tr>
<td>7. Does the student show enthusiasm?</td>
<td>___ YES   ___ NO</td>
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</tr>
<tr>
<td>8. Does the student accept constructive criticism?</td>
<td>___ YES   ___ NO</td>
</tr>
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</tr>
<tr>
<td>9. Do you think the student displays leadership potential?</td>
<td>___ YES   ___ NO</td>
</tr>
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</tr>
</tbody>
</table>

10. Quality and thoroughness of students work:

    _____ Excellent    _____ Good    _____ Average    Fair_____    Poor
11. How would you rate the students technical competence?
    _____ Excellent    _____ Good    _____ Average    Fair_____    _____Poor

12. Provide examples where you feel we could improve the students’ 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  
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