The internship program at the Stockbridge School of Agriculture is an integral part of our students’ academic career. The program provides each student with industry-related work experience, which will supplement his/her 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 Professor Davidsohn before starting the first day of work; the employer’s Workman’s Comp insurance form must be attached.

• Complete & return the 30-Day Evaluation of Student to Professor Davidsohn by April 30th.

• Complete & return the Final Evaluation of Student to Professor Davidsohn by September 8th.

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: https://stockbridge.cns.umass.edu/current-students/internship-forms-associate-science-degree-students

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:

Professor Mike Davidsohn
230 Design Building
551 North Pleasant Street
UMass Amherst
Amherst, MA 01003
Office: 413-545-0969; Fax: 413-545-1772
davidsohn@larp.umass.edu
INTERNSHIP REQUIREMENTS

- Pre-register for internship during registration for spring semester courses beginning in
  November. Students should access their SPIRE account for their enrollment appointment date
  and time.

- Work full time (40 hours/week) for the duration of the internship. One credit equals four (4)
  weeks/160 hours. Students can expect a reduction in credits when the required weeks are not
  completed as outlined by major.
  - Landscape Contracting students are required to complete five (5) months/22 weeks for four
    (4) credits.

- Submit all required forms by the designated deadlines, otherwise there will be reduction to your
  final grade.
  Submit the Internship Agreement before starting the first day of work and the 30-Day
  Evaluation of Employer and 30-Day Evaluation of Student forms by April 30th.
  Students will incur a 5% reduction to their final grade for each form submitted past the due date

- It is the student’s responsibility to make sure the employer submits the Final Evaluation of
  Student form by September 8th.

- Complete and submit the internship report as outlined in the internship INSTRUCTIONS by
  September 3rd at 10:00 a.m. to Professor 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 your 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 Professor Davidsohn in
  writing.

- Students should coordinate any vacation plans with their employer.
LANDSCAPE CONTRACTING INTERNSHIP AGREEMENT

Student name __________________________ Phone (_____) __________________________

Student summer address ____________________________________________________________
Street City State Zip Code

Company name _________________________________________________________________
Company address ________________________________________________________________
Street City State Zip Code

Employer name __________________________ Phone (_____) __________________________

Employer Workman's Compensation # __________________________

Attach verification of Workman’s Comp. Insurance

Period of employment from: __________________________ to: __________________________

Daily work hours: from: __________________________ 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 form by APRIL 30th to:
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UMass Amherst
Amherst, MA 01003
Office: 413-545-0969; Fax: 413-545-1772 davidsohn@larp.umass.edu
LANDSCAPE CONTRACTING
30-DAY EVALUATION OF EMPLOYER

(For your information only – Student has own copy)

Student name ___________________________ Phone ( ) ___________________________
Student summer address ___________________________

Street _______ City _______ State _______ Zip Code
Company name ___________________________
Company address ___________________________

Street _______ City _______ 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. 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
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davidsohn@larp.umass.edu
LANDSCAPE CONTRACTING
30-DAY EVALUATION OF STUDENT

Student name ___________________________ Phone (___) ___________________________

Student summer address
Street __________________________________ City __________________________ State __________________________ Zip Code __________________________

Company name ________________________________________________________________

Company address
Street __________________________________ City __________________________ 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:
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Amherst, MA 01003
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# LANDSCAPE CONTRACTING
## FINAL EVALUATION OF STUDENT

We thank you for providing this Stockbridge School of Agriculture student with a positive learning experience, which will complement his/her classroom education. Please complete this confidential form that will be used along with the student’s report to assess the student’s internship grade.

**Student name**  
**Phone** (  )  

**Student summer address**  
<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Company name**  
**Company address**  
| Street | City | 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 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 end of the student’s internship, return form (email) by SEPTEMBER 8th to:

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