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 Dr. Scott Ebdon by June 30th.
- Complete & return the 30-Day Evaluation of Student to Dr. Ebdon by June 30th.
- Complete & return the Final Evaluation of Student to Dr. Ebdon 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:

Dr. Scott Ebdon
415 Paige Laboratory
161 Holdsworth Way
UMass Amherst
Amherst, MA 01003
Office: 413-545-2506; Fax: 413-577-0242
sebdon@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.
  - Turfgrass Management students are required to complete three (3) months/13 weeks for three (3) 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** and forms by **June 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 8th at 5:00 p.m.** to Dr. Ebdon. *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 Student** form.

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

- Students should coordinate any vacation plans with their employer.
TURFGRASS MANAGEMENT
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 JUNE 30th to:
Dr. Scott Ebdon
415 Paige Laboratory
161 Holdsworth Way
UMass Amherst
Amherst, MA 01003
Office: 413-545-2506; Fax: 413-577-0242
sebdon@umass.edu
TURFGRASS MANAGEMENT
30-DAY EVALUATION OF EMPLOYER
(For your information only – Employer 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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161 Holdsworth Way
UMass Amherst
Amherst, MA 01003
Office: 413-545-2506; Fax: 413-577-0242
sebdon@umass.edu
TURFGRASS MANAGEMENT
30-DAY EVALUATION OF STUDENT

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

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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 JUNE 30th to:
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161 Holdsworth Way
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Amherst, MA 01003
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sebdon@umass.edu
TURFGRASS MANAGEMENT
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.

<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</td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Company name</td>
<td></td>
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<td>Company address</td>
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<tr>
<td>Street</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Employer name</td>
<td>Phone ( )</td>
</tr>
<tr>
<td>Approximate number of absences</td>
<td></td>
</tr>
<tr>
<td>Number of employer/student conferences</td>
<td></td>
</tr>
<tr>
<td>First day of work</td>
<td>Last day of work</td>
</tr>
</tbody>
</table>

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 end of the student’s internship, return form by SEPTEMBER 8th to:

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