The internship program at the Stockbridge School of Agriculture 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 Dr. Ebdon. 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 Dr. Ebdon by June 30th.

• Complete & return the 30-Day Evaluation of Employer to Dr. Ebdon by June 30th.

• The internship report is due September 8th by 5 p.m. to Dr. Ebdon, 415 Paige Lab. Late reports will receive a full grade reduction 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, not during work hours.

Best wishes for a productive experience.

If you have any questions, please 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

STUDENTS MUST:

• 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 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 INSTRUCTIONS by September 8th at 5:00 p.m. to Dr. Ebdon in 415 Paige Lab. 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 # ____________________________

Send verification of Workman’s Comp. Insurance to Dr. Ebdon by June 30th

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

Student name ___________________________ Phone ( ) ___________________________

Student summer address

Company name ___________________________

Company address ___________________________

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 ___________________________

Return form by JUNE 30th to:
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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 STUDENT

(For your information only – Employer has own copy)

Student name ____________________________ Phone (   ) ____________________________

Student summer address

Company name ____________________________

Company address

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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415 Paige Laboratory
161 Holdsworth Way
UMass Amherst
Amherst, MA 01003

Office: 413-545-2506; Fax: 413-577-0242
sebdon@umass.edu
TURFGRASS MANAGEMENT
FINAL EVALUATION OF STUDENT

(For your information only – Employer has own copy)

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
Street City State Zip Code
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.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   __________________________________________________________________

THIS EVALUATION IS CONFIDENTIAL
At the end of the student’s internship, return form by SEPTEMBER 8th to:

Dr. Scott Ebdon
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161 Holdsworth Way
UMass Amherst
Amherst, MA 01003
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