**STOCKBRIDGE SCHOOL OF AGRICULTURE**

**UMass Amherst**



**SUSTAINABLE FOOD & FARMING**

**AS DEGREE**

**INTERNSHIP HANDBOOK**

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. To the employer, we thank you for being part of our student’s academic career by integrating the student into the many facets of your business.

Both the student and employer should review the following information:

**INSTRUCTIONS:**

* Student & employer should meet weekly to establish a clear understanding of the work assignments, expectations, and concerns.
* Student & employer must sign the **Internship Agreement**. The student will submit the form to Dr. Pinero **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 Employer** and **30-Day Evaluation of Student** to Dr. Pinero by **June 30th.**
* Complete & return the employer’s **Final Evaluation of Student** to Dr. Pinero by **September 21st.**

The student is required to complete a report to receive a grade for his/her internship. Sustainable Food & Farming Report requirements and student/employer pages are 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. Jaime C. Pinero

207 Fernald Hall

270 Stockbridge Road

UMass Amherst

Amherst, MA 01003

Office: 413-545-1031; Cell: 808-756-2019

**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.
* Sustainable Food & Farming students are required to complete three (3) months/12 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** before starting the first day of work, and the **30-Day Evaluation of Employer** and **30-Day Evaluation of Student** 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 21st**.
* Complete and submit the internship report as outlined in the internship **INSTRUCTIONS** by **September 21st at** **1:00 p.m.** to Dr. Pinero. *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 Dr. Pinero in writing.
* Students should coordinate any vacation plans with their employer.

**SUSTAINABLE FOOD & FARMING**

**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: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | |
| 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 before starting first day of work to:**

Dr. Jaime C. Pinero

207 Fernald Hall

270 Stockbridge Road

UMass Amherst

Amherst, MA 01003

Office: 413-545-1031; Cell: 808-756-2019

[jpinero@umass.edu](mailto:jpinero@umass.edu)

**SUSTAINABLE FOOD & FARMING**

**30-DAY EVALUATION OF EMPLOYER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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? | |  | |
|  | | | | | | | | | | | | | | | | | |
| 1. Are you satisfied with the conditions of your employment: | | | | | | | | | | | | | | | | | |
|  | |  | | | |  | | YES |  | |  | | | NO (explain on reverse side) | | | |
|  | | | | | | | | | | | | | | | | | |
| 1. Are relations with your employer and co-workers satisfactory: | | | | | | | | | | | | | | | | | |
|  | |  | | | |  | | YES |  | |  | | | NO (explain on reverse side | | | |
|  | | | | | | |  | | | | | | | | | | |
| 1. Date you began your internship: | | | | | | | |  | | | | | |  | | | |
|  | |  | | | |  | |  |  | |  | | |  | |  | |
| 1. If provided, are room and board arrangements satisfactory: | | | | | | | | | | | | | | | | | |
|  | |  | | | |  | | YES |  | |  | | | NO (explain on reverse side) | | | |
|  | | | | | | | | | | | | | | | | | |
| 1. On the reverse side, list the type of work you have performed since your internship began. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | Student signature | | | |  | | | | | | | | | | Date | |  |

**Return form by JUNE 30th:**

Dr. Jaime C. Pinero

207 Fernald Hall

270 Stockbridge Road

UMass Amherst

Amherst, MA 01003

Office: 413-545-1031; Cell: 808-756-2019

[jpinero@umass.edu](mailto:jpinero@umass.edu)

**SUSTAINABLE FOOD & FARMING**

**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 | | | |
|  | | | | | | | | | | | | | | | |
| 1. Does the student follow instructions: | | | | | | | | | | | | | | | |
|  | | | | |  | | YES |  | |  | | NO | | | |
|  | | | | | | | | | | | | | | | |
| 1. Is the student arriving to work at the specified hour: | | | | | | | | | | | | | | | |
|  | |  | | |  | | YES |  | |  | | NO | | | |
|  | | | | | |  | | | | | | | | | |
| REMARKS | | | | | |  | | | | | | | | | |
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|  | |  | | |  | |  |  | |  | |  | |  | |
| Employer/Supervisor signature | | | | |  | | | | | | | | Date | |  |

**Return form by JUNE 30th to:**

Dr. Jaime C. Pinero

207 Fernald Hall

270 Stockbridge Road

UMass Amherst

Amherst, MA 01003

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**SUSTAINABLE FOOD & FARMING**

**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 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | 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 | | | |
| 1. Does the student keep a good personal appearance? | | | | | | | | | | | | | | | | |  | | | YES | |  | | | NO | | | |
| 1. Is the student arriving to work on time? | | | | | | | | | | | | | | | | |  | | | YES | |  | | | NO | | | |
| 1. Is the student completing assigned projects in a timely fashion? | | | | | | | | | | | | | | | | |  | | | YES | |  | | | NO | | | |
| 1. Does the student follow instructions? | | | | | | | | | | | | | | | | |  | | | YES | |  | | | NO | | | |
| 1. Does the student get along well with other employees? | | | | | | | | | | | | | | | | |  | | | YES | |  | | | NO | | | |
| 1. Does the student show enthusiasm? | | | | | | | | | | | | | | | | |  | | | YES | |  | | | NO | | | |
| 1. Does the student accept constructive criticism? | | | | | | | | | | | | | | | | |  | | | YES | |  | | | NO | | | |
| 1. Do you think the student displays leadership potential? | | | | | | | | | | | | | | | | |  | | | YES | |  | | | NO | | | |
| 1. Quality and thoroughness of student’s work: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | Excellent | | |  |  | Good | |  | |  | | Average | |  | |  | Fair | |  | |  | Poor | | | |
| 1. How would you rate the student’s technical competence? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | Excellent | | |  |  | Good | |  | |  | | Average | |  | |  | Fair | |  | |  | Poor | | | |
| 1. 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 by SEPTEMBER 21st to:**

Dr. Jaime C. Pinero

207 Fernald Hall

270 Stockbridge Road

UMass Amherst

Amherst, MA 01003

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