The Internship program at the Stockbridge School of Agriculture is an integral part of our students’ academic careers. The program provides students with industry-related work experience, which will supplement their classroom studies. To the employer, we thank you for being part of this student’s academic career by integrating the student into the many facets of your business. Both the student and the employer should review the following instructions.

**INSTRUCTIONS:**

- Student and employer should meet weekly; establish a clear understanding of the work assignments, expectations, and concerns.
- Student and employer need to sign the Internship Agreement; the student will submit the form to the program coordinator before starting the first day of work. The insurance form must be attached.
- Complete & return the 30-Day Evaluation of Student and Employer forms to the program coordinator by June 30.
- Complete & return the Final Evaluation of Student to the Dr. Autio by second Friday of the Fall Semester.

The student is required to complete a report to receive a grade for his/her Internship. Sustainable Horticulture Report instructions 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. Wesley Autio, 205 Paige Laboratory, UMass Amherst, Amherst, MA 01003-9286, 413-545-2963, autio@umass.edu.
INTERNSHIP REQUIREMENTS

- Pre-register for Internship during registration for spring semester courses beginning in November. Students should access the SPIRE system for their 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 required weeks are not completed as outlined by major.
  - Students in Sustainable Horticulture are required to complete three months/12 weeks for three credits.

- Submit all required forms by the designated deadlines or there will be a reduction to your final grade. Submit the Internship Agreement before starting the first day of work and the 30-Day Evaluation of Employer and Student by June 30.

- It is the student’s responsibility to see that the employer submits the Final Evaluation of Student form by the second Friday of the Fall Semester.

- Complete and submit the internship report as outlined in the Sustainable Horticulture Report Instructions by the second Friday of the Fall Semester to Dr. Autio.

- Earn a grade of ‘C’ (2.00) 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. Autio in writing.

- Students should coordinate any vacation plans with their employer.
SUSTAINABLE HORTICULTURE
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 #.
Please attach verification of Workman’s Comp. Insurance

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 before starting the first day of work to:

Dr. Wesley Autio
205 Paige Laboratory
UMass Amherst
Amherst, MA 01003-9286
413-545-2963
autio@umass.edu
SUSTAINABLE HORTICULTURE
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 ____________________________

Return form by June 30 to:

Dr. Wesley Autio
205 Paige Laboratory
UMass Amherst
Amherst, MA 01003-9286
413-545-2963
autio@umass.edu
SUSTAINABLE HORTICULTURE
30-DAY EVALUATION OF STUDENT

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 form by June 30 to:

Dr. Wesley Autio
205 Paige Laboratory
UMass Amherst
Amherst, MA 01003-9286
413-545-2963
autio@umass.edu
SUSTAINABLE HORTICULTURE
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 his/her report to assess the student’s Internship grade.

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 (____)________________________

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 conclusion of the student’s Internship, return form by the second
Friday of the Fall Semester to:

Dr. Wesley Autio
205 Paige Laboratory
UMass Amherst
Amherst, MA 01003-9286
413-545-2963
autio@umass.edu