

NEW YORK CITY COLLEGE OF TECHNOLOGY
HUMAN SERVICES ACADEMIC INTERNSHIP COORDINATOR'S OFFICE (718) 260-5415
ASSOCIATE DEGREE / HUS 2305 AND HUS 2405 PROFESSIONAL LEARNING CONTRACT

Note: This form is to be completed and signed by the student and the agency supervisor or his/her designee, prior to beginning Internship. The completed form should be submitted, by the first day of the semester to the Professional Development Center/Atrium Bld., @ the Student Center. Please print or type all information. Student and Agency should keep a copy for their records.

1. Student Information – This Section To Be Completed By Student

Student's Name _____ SS# _____
 _____ Last _____ First _____
 Address _____ Boro _____ Zip _____
 Day Telephone (_____) _____ Eve Telephone (_____) _____
 Emergency Name _____ Telephone _____
 Semester _____ Course: HUS 2305 _____ HUS 2405 _____

Student Must Sign At Bottom Of Form

2. Agency Information – Field Supervisor Must Complete All Sections Before The College Will Approve Internship Site.

Name of Agency _____
 Mailing Address _____
 Boro _____ State _____ Zip Code _____
 Telephone: Day (_____) _____ Cell # (_____) _____
 Fax # (_____) _____ Email _____
 Supervisor: _____ Telephone: (_____) _____
 Coordinator of Interns _____ Telephone: (_____) _____
 Has this student ever or they currently working at this agency? Yes _____ No _____

A. This student: () has been accepted as an intern. The student's schedule will be as follows: **NOTE: The student must intern for 2 semesters at this site (10 hours per week for at least 2 days per week, for a total of 125 hours per 15-week semester).**
 () has not been accepted as an intern. Reason for rejection: _____

B. The student:
 1. is scheduled to start on: (Date) _____
 2. will be supervised by a staff member credentialed in their field (a minimum of a Bachelors degree in Human Services or related discipline). The supervisor will meet with the student **weekly for 1 hour** to discuss their progress, learning needs, and other issues related to performance as a human services intern.

C. The agency will provide the student with:
 1. an agency orientation on: _____, at _____
 2. opportunities and guidance in the completion of the following assignments:
 a. Recordings (progress notes, intake summaries, assessment and planning, group summaries, etc.)
 c. Attendance at meetings - case conferences, staff meetings, community meetings, etc (where appropriate)
 d. Basic research project to address client need(s) at the agency.

D. Please Complete If The Student Has Been Placed As An Intern At A Site Other Than The One Above.

Name of Agency _____
 Mailing Address _____
 Borough _____ State _____ Zip Code _____
 Primary Contact Person _____ Title _____
 Telephone: Day (_____) _____ Eve (_____) _____

Supervisor Must Sign At Bottom Of Form

Human Service professionals provide services without discrimination or preference based on age, ethnicity, culture, race, disability, gender, religion, sexual orientation or socioeconomic status in accordance with Human Services Ethical Standards of Human Service Professional. (2000).

Signature of Student: _____ Date _____
 Supervisor Signature: _____ Date _____
 Coordinator of Field Placement: _____ Date _____

