

**NEW YORK CITY COLLEGE OF TECHNOLOGY**  
**HUMAN SERVICES ACADEMIC INTERNSHIP COORDINATOR'S OFFICE (718) 260-5415**  
**BACHELOR DEGREE / HUS 4701 AND HUS 4801 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 4701 \_\_\_\_\_ HUS 4801 \_\_\_\_\_

**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 (15 hours per week for at least 2 days per week, for a total of 150 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 Masters degree in Human Services or related discipline). The supervisor will meet with the student **weekly for 1½ hours** 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 \_\_\_\_\_