Instructions for Internship Packet
Spring 2020

Page 1: These instructions.

Page 2: Review the requirements for ENVS 195 Internship. Note any questions and discuss those at the initial appointment.

Page 3: Internship Petition: Be sure to print legibly. Note: The organization indicated on the form may be contacted by the ENVS Department. Faculty Instructor signature will be obtained at the initial appointment. Do not enter any information in the "For Office Use Only" area.

Page 4: Review and retain for future reference for completing your Mid-term report.

Page 5: Review and retain for future reference for completing your Final report.

Page 6: To be completed at initial appointment. Retained by student for future reference for due dates.

Page 7: Review, complete, sign the “Informed Consent...Assumption of Risk” form and bring with you to the initial appointment.

Page 8: Review, check the box, and sign the “Code of Conduct....” form and bring with you initial appointment.

Page 9: Review, check box, and sign the Student Consent for Release of Record (FERPA) form and bring with you to the initial appointment.

Page 10: Complete, sign the Emergency Contact form and bring with you to the initial appointment.

Page 11: Review the Sacramento Site Assessment form Part I and be prepared to discuss. It will be completed with Faculty Instructor at the initial appointment.

Page 12: Risk Matrix is completed with Faculty Instructor at initial appointment, then obtain Site Supervisor’s signature and turn-in to ENVS dropbox outside of AMD 554A.

Page 13/14: Sample Risk Matrix and L x C Table

Page 15: Complete #1 and # 5 of the Learning Agreement form, #2-4 are completed with Faculty Instructor at initial appointment, then obtain Site Supervisors signature. Turn-in to ENVS dropbox outside of AMD 554A.

Page 16: Complete the Assessment form at the end or your Internship. Turn-in to ENVS dropbox outside of AMD 554A along with your final employer letter.
ENVIRONMENTAL STUDIES
INTERNSHIP PROGRAM REQUIREMENTS
ENVS 195

This course requires the student provide the following materials. Due dates are discussed and determined at the initial appointment.

1. Email the ENVS Dept. Chair, Dr. Wayne Linklater, at wayne.linklater@csus.edu, your interest in enrolling in ENVS 195 Internship. You will be enrolled by the ENVS office. Internships must be approved by ENVS Dept. by Census Date, Feb. 17, 2020 or you will be dropped from ENVS 195

2. Students must seek their own Internship. Some options for finding Internship opportunities:
   - Check the Internship opportunities board in the hallway near the ENVS office.
   - Check the ENVS website at: (available soon)
   - Check the CEC website (login required)
     
     All internships are subject to ENVS Dept. approval.

3. To receive three (3) units of credit, a student must complete 150 hours of internship during the semester. This course is graded CR/NC.

4. Make an initial appointment with the Faculty Instructor (ENVS Dept. Chair, Dr. Wayne Linklater) to submit the Internship Petition (and other required forms detailed on page 1 of this packet) and get approval for your Internship. Directions for making an initial appointment will be sent via SacSend.

5. Within two weeks after approval of the Internship by the Faculty Instructor students must obtain a letter (on official letterhead) from their Site Supervisor stating that the student is an Intern and a description of the duties the student is expected to perform. Also, obtain Site Supervisor signatures on Risk Matrix and Learning Agreement forms. Turn-in to the ENVS dropbox outside of AMD 554A.

6. The student must keep a daily journal. The student is required to write a summary for each workday. Record what you learned, whom you met, and experiences in the work force. The Faculty Instructor reviews the journal during the midterm appointment.

7. A Mid-term report is required. See Mid-term guidelines included in this packet. Schedule a midterm appointment with ENVS Dept. Chair, Dr. Wayne Linklater using EAB at:
   https://csus.campus.eab.com/student/appointments/new

8. A Final report is required. See Final report guidelines below. Submit the final report via email to the Faculty Instructor (ENVS Dept. Chair, Dr. Wayne Linklater). If an appointment is required, Dr. Linklater will contact you.

9. When 150 internship hours have been completed, the student must obtain a letter (on official letterhead) from the employer confirming that the student satisfactorily completed 150 hours and all duties assigned. Student are to complete the Assessment of Academic Internship form.
   
   Both are to be turned-in to the dropbox outside of AMD 554A
ENVIRONMENTAL STUDIES INTERNSHIP PETITION (195)

SEMESTER: _______________________

STUDENT NAME: ____________________________________________

Sac State ID: ______________________ PHONE: ______________________

EMAIL: ____________________________________________________

PROPOSED INTERNSHIP SITE

ORGANIZATION NAME: ________________________________________

ORGANIZATION WEBSITE ________________________________________
(If Available)

SITE SUPERVISOR NAME ______________________

SITE SUPERVISOR EMAIL: ________________________________________

SITE SUPERVISOR PHONE: ________________________________________

INTERNSHIP POSITION TITLE ______________________

FACULTY INSTRUCTOR (ENVS DEPT. CHAIR)

Dr. Wayne Linklater, Dept. Chair ______________________ Date __________

For office use only:

Internship Petition, Informed Consent, Code of Conduct,
FERMA, Emergency Contact

Sac State Site Assessment Form Part I, Risk Matrix
(Completed by Faculty Instructor and Student)

Employer Letter #1, Learning Agreement, Risk Matrix
with Site Supervisor’s signatures (dropbox)

Mid-term report and Journal (by EAB appt.)

Final report (by email to Faculty Instructor)

Employer Letter #2 & Assessment of Academic Internship (dropbox)

Enrollment Requirements verified by ENVS Office on ______________________________ Date ______________________  Initials ______________________
ENVISORNMENTA STUDIES
MID-TERM REQUIREMENT

Note: The submission of this report by the date specified is a requirement of the internship course and no passing grade will be assigned without it. Students must make a midterm appointment with the Faculty Instructor to discuss the Mid-term report.

FORMAT:
Student Intern Name
Internship Position Title
Organization Name
Organization Address
Site Supervisor Name
Site Supervisor Phone Number
Site Supervisor email

MID-TERM REPORT REQUIREMENT: For the following questions, typewritten responses are required. Please answer the following questions in three to five doubled-spaced pages.

1. Is the organization a federal, state, municipal, or county agency? Is it a profit-making firm? A non-profit organization?

2. What is the jurisdiction of the organization? Its responsibilities? Its purpose?

3. Is the organization part of a larger one? If so, describe the purposes, responsibilities, and jurisdiction of the larger organization. Draw an organizational chart, locating your own internship position on the chart.

4. What other organizations work closely with or in competition with yours?

5. What are the professional specialties of the professional level staff working in your office?

6. What are the major tasks now being performed by your office?

7. What is at stake (economic, social, environmental costs and benefits) in the project you are working on? Please answer with a 150 word summary.

8. If your organization is a governmental one, who is its highest civil service appointee and what is his or her title? Who are the political, non-civil service officials, elected or appointed, who supervise your agency? If the organization is responsible to a board or commission, give the names of the members, their professions, and the person or body who appointed them.

9. What is the current annual budget of:
   a. Your office
   b. The larger organization for which you work
   c. If a governmental agency, the current annual budget of the state, county, city, or federal government, as appropriate. (The point of this question is to give you some sense of the size of your office in the larger scheme of things.)

10. What tasks have you been assigned?

11. What skills or techniques have you learned?

12. What new bodies of information (data bases, archival sources, libraries, reference works of major importance to your work, etc.) have you learned about?

DUE DATE: ____________________________________________ (Schedule an appointment with Faculty Instructor)
ENVIRONMENTAL STUDIES
FINAL REQUIREMENT

Note: The submission of this report by the date specified is a requirement of the internship course and no passing grade will be assigned without it. Submit the final report via email to the Faculty Instructor (ENVS Dept. Chair, Dr. Wayne Linklater). If an appointment is required, Dr. Linklater will contact you.

**FORMAT:**

<table>
<thead>
<tr>
<th>Student Intern Name</th>
<th>Organization Name</th>
<th>Site Supervisor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internship Position Title</td>
<td>Organization Address</td>
<td>Site Supervisor Phone Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Site Supervisor email</td>
</tr>
</tbody>
</table>

On the final report, revise any information from the midterm that needs revision and write five to six double-spaced typewritten pages in answer to the following questions:

a. What would you want to tell a new potential intern about your experience in this position?

b. What are the most important things you gathered from the experience?

c. What disappointments did you experience?

d. What suggestions do you have for this specific internship assignment and for the intern program in general?

**DUE DATE: ____________________________ (Via Email to Faculty Instructor)**
ENVIRONMENTAL STUDIES
INTERNSHIP DUE DATES
SCHEDULE

Students should be prepared to complete work according to the schedule below which will be discussed with the Faculty Instructor at the initial appointment.

REQUIREMENT

Internship Petition, Informed Consent,
Code of Conduct, FERMA,
Emergency Contact forms,
Sac State Site Assessment Form Part I, Risk Matrix
Completed by Faculty Instructor

DUE DATE

_____ Initial Appointment _________

Employer Letter #1, Learning Agreement, Risk Matrix
(with Site Supervisor’s signatures).

__________________________
ENVS dropbox

Mid-term Report and Journal

__________________________
By appointment with Faculty Instructor

Final Report

__________________________
Via Email to Faculty Instructor

Employer Letter #2 and Assessment of Academic Internship

__________________________
ENVS Drop box

Rev Dec 9, 2019
Informed Consent, Agreement, Release, Waiver of Liability, and Assumption of Risk

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of the California State University, California State University, Sacramento and their employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, including claims of the University’s negligence, resulting in any physical or psychological injury (including paralysis or death), illness, damages, or economic or emotional loss that I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to and from the Activity.

I agree to hold the University harmless from any and all claims, including attorney’s fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I will be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, and (c) assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Name: ____________________________________________

Phone #: ____________________________________________

Student Sac Link ID: ________________________________

Sac Link Email Address ______________________________

Risk and Liability Confirmation:

☐ I have read and agree to this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.
Code of Conduct Guidelines and Limitations

GUIDELINES:

Ask for help when in doubt: Your site supervisor understands the issues at your site and you are encouraged to approach him/her with problems or questions as they arise. He/she can assist in your determining the best way to respond to difficult or uncomfortable situations. Feel free to contact your instructor with questions concerning your placement.

Be punctual and responsible: You are participating in the organization as a reliable, trustworthy and contributing member of the team. Both the administrators and the persons whom you serve rely on your punctuality and commitment to completing your hours/project throughout your partnership.

Call if you anticipate lateness or absence: Call the site supervisor, or the designated contact person, if you are unable to come in or if you anticipate being late. Be mindful of your commitment; people are counting on you.

Respect the privacy of all clients: If you are privy to confidential information with regard to the persons with whom you are providing service (i.e. organizational files, diagnostics, personal stories, etc.), it is vital that you treat it as privileged information. Ask for directions from your instructor as to the appropriate method of referring to "clients," or the people you work with at the sites, in providing presentations or written materials.

Show respect for the organization which sponsors your Academic Internship: Placement for an Academic Internship is an educational opportunity and a privilege. Keep in mind, not only are you serving the community, but the community is serving you by investing valuable resources in your learning.

Be appropriate:

- Treat supervisor(s) and others with courtesy and kindness.
- Dress neatly, comfortably, and appropriately. Many of the placement sites will have dress codes.
- Use formal names unless instructed otherwise.
- Set a positive standard for other students to follow.

Be flexible: The level of intensity of activity at a site is not always predictable. Your flexibility to changing situations can assist the partnership in working smoothly and producing positive outcomes for everyone involved. Notify your supervisor if you require special accommodation in order to participate in an activity.

LIMITATIONS:

Do Not:

1. Report to your site under the influence of drugs or alcohol.
2. Give or loan a client money or other personal belongings.
3. Make promises or commitments that you cannot keep.
4. Give a client or agency representative a ride in your personal vehicle.
5. Tolerate verbal exchange of a sexual nature or engage in behavior that might be perceived as sexual with a client or community organization representative.
6. Tolerate verbal exchange or engage in behavior that might be perceived as discriminating against an individual on the basis of his/her age, race, gender, sexual or gender identity, ability or ethnicity.
7. Engage in any type of business with clients during the term of your Academic Internship.
8. Enter into personal relationships with a client or community partner representative during the term of your Academic Internship.

If you feel that your rights have been violated, or that any of the above stated limitations have been violated, please contact your instructor immediately.

Name: ________________________________

Code of Conduct Confirmation:

☐ I have read, understood and agree to all terms of this Student Code of Conduct Guidelines and Limitations Form.
Student Consent for Release of Records for Student Placement (FERPA)

The federal *Family Educational Rights and Privacy Act of 1974*, as amended, seeks to guarantee both a student's right of access to education records, financial aid records and financial records, and the confidentiality of student information. Institutions may not disclose information contained in an education record without the students' written consent except under certain conditions. A student's record may be released to parents, guardians or other parties by providing a written authorization or consent.

In order to enable Sacramento State and my Academic Internship and/or Service Learning placement (Placement) to monitor my performance in my Placement, I hereby authorize Sacramento State and the Placement identified herein to release only those education records (as defined by FERPA) relating to the University's expectations concerning my performance and/or my actual performance in the Placement identified herein, to each other through their authorized representatives.

Such disclosure may include any conditions placed by the University on my placement as well as information relating to any reasonable accommodation I am requesting as a result of any disability at my placement. I also waive any rights to privacy I may have in such records under any applicable state and federal law. The purpose of this consent to release information is to enable Sacramento State and the Placement to establish the conditions and/or expectations of and monitor my performance in the Placement.

I understand this Release, and the authorization given above, is effective immediately and expires at the completion of my placement and in no event will it remain in effect for more than one year after the date of its execution and I may revoke this Release, in writing, at any time, but if I revoke, I may no longer be eligible for a placement, and my placement could be terminated. I understand I may receive a copy of all records released pursuant to this Release, upon my request. This Release does not apply to any other third party requestor of my education records and neither Sacramento State nor Placement may release my education records to any third party without my expressed written consent.

☐ By clicking this box, I understand and agree to all terms of this Student Consent for Release of Records for Student Placement.

Name of Student
Academic Internship STUDENT EMERGENCY CONTACT and INFORMATION FORM

An Emergency Contact and Information Form must be on file at the Academic Internship placement site prior to the student starting service hours. You may use either this form or one provided to you by the placement site. Please complete and submit directly to the placement site; this form is not submitted to your supervising faculty member.

Students are responsible for notifying the placement site of any medical information or emergency contact changes. All information provided is kept confidential and will only be used should you need medical assistance in the case of an emergency.

STUDENT INFORMATION:

Student Name: __________________________
Address: _________________________ City: __________________ Zip: __________________
Phone Number: (_______) __________________________ Email: __________________

INSTRUCTOR INFORMATION:

Course Instructor Name: Dr. Wayne Linklater, Dept. Chair
Phone Number: (916) 278-6620 Email: envs-sc@csus.edu

MEDICAL INFORMATION:

Name of Insurance: __________________________
Name of Subscriber: __________________________
Policy Number: __________________________

Are you currently taking any prescribed medications? □ Yes □ No
If yes, please identify: __________________________
Please identify any medical information the community partner agency should be aware of: __________________________

Are you allergic to any medications? □ Yes □ No
If yes, please identify: __________________________

EMERGENCY CONTACT INFORMATION:

Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Name of Primary Contact: __________________________ Relation: __________________________
Address: _________________________ City: __________________ Zip: __________________
Phone: (_______) __________________________ Alternate Phone: (_______) __________________________

Name of Alternate Contact: __________________________ Relation: __________________________
Address: _________________________ City: __________________ Zip: __________________
Phone: (_______) __________________________ Alternate Phone: (_______) __________________________

To the best of my knowledge, the information provided on this form is true, complete, and accurate.

Signature: __________________________ Date: __________________________

| ACADEMIC INTERNSHIP TOOLKIT COMMUNITY ENGAGEMENT CENTER | 10 |
Sacramento State Site Assessment Form  Part I

To be completed by a faculty member or the Academic Internship Coordinator. This form can be found by clicking Request Academic Internship Agreement on the CEC home page. To be submitted to the Community Engagement Center when requesting an Academic internship/Service Learning Agreement (Use this form with in-person site visits and site visits done virtually, electronically, or by phone).

Site Visit Date: __________________________ Facility/Site Name: __________________________

<table>
<thead>
<tr>
<th>PART I – Please respond to all questions below:</th>
<th>Notes (Provide as much detail as possible to respond to the questions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discuss the potential for the site to provide an educationally appropriate experience and its relationship to the student’s academic area of study.</td>
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<tr>
<td>a. What would the students be doing? Responsibilities?</td>
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<tr>
<td>b. Assess educational value (Check one box below):</td>
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<td>☐ Direct service – Working directly with clients at an agency for a set number of hours per week during the semester (e.g., tutoring/mentoring students in an after-school program, helping in a homeless shelter, etc.)</td>
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<td>☐ Project based – Project for the agency (e.g., walking tour guide, creating a website, writing a grant proposal, developing design plans, a research project, etc.)</td>
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<tr>
<td>☐ Both direct service and project based</td>
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<tr>
<td>2. Determine selection criteria and basic skills required of the student.</td>
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<tr>
<td>a. How many students can the site accommodate per semester?</td>
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<tr>
<td>b. How and who will select the students?</td>
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<td>c. What skills would students need for the Service Learning or for the Academic Internship?</td>
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<td>3. Identify an appropriate individual from the host organization to supervise the student at the site.</td>
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<td>a. Include contact information</td>
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<td>4. Evaluate the willingness of site to meet the following campus expectations</td>
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<tr>
<td>a. Enter into an Academic Internship/Service Learning Site Agreement with the CSU, and</td>
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<tr>
<td>b. Follow a Student Learning Agreement developed between the CSU and student, which will outline the respective roles of the campus, site and student</td>
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<td>5. Identify potential risks of site (e.g., risks related to physical location and/or access) through observation and questioning of the organization.</td>
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<tr>
<td>a. Ask for a tour of the site and assess work environment. Please note if work at the agency also involves off-site work (e.g., working at the river, at parks, walking around in neighborhoods, etc.) and where it would occur/level of supervision when off-site.</td>
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<tr>
<td>b. Is there any potential risk to student based on location of sites and/or population with whom the student will work/engage?</td>
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<tr>
<td>c. Confirm direct supervisors on site will conduct orientation for the students that will include safety procedures and confirm who will be responsible for doing so.</td>
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<td>d. If the individual conducting the assessment has any concerns regarding potential risks, he or she should contact Risk Management: (916) 278-7233.</td>
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<tr>
<td>e. Ask for a tour of the site*</td>
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See attached Risk Matrix with sample page and description page

*While the site inspection may be conducted in advance, when and if a student with physical disabilities may be at the site, the student should be given the opportunity to take a tour with the site evaluator to identify any physical barriers and at that point engage in an interactive process with Sacramento State’s Office of Services for Students with Disabilities (SSWD) to determine an appropriate accommodation. In addition, SSWD should also be consulted/involved for any other accommodations that may be required by students that do not relate to physical accessibility.
# Risk Matrix

- Review with Site Supervisor & obtain signature
- Return to ENVS Dropbox outside AMD 554A

**Student Name:**

**Site Supervisor Signature:**

**Internship Site:**

<table>
<thead>
<tr>
<th>Risk # and category</th>
<th>Description of risk</th>
<th>Description of consequences</th>
<th>Raw risk (Uncontrolled risk)</th>
<th>Mitigation/controls</th>
<th>Sources of assurance</th>
<th>Residual risk (After mitigation actions and controls)</th>
<th>Date</th>
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Rev 12/9/19
<table>
<thead>
<tr>
<th>Department/Service/Source</th>
<th>Risk number &amp; category</th>
<th>Description of risk</th>
<th>Description of consequences</th>
<th>Raw risk. (Uncontrolled risk)</th>
<th>Mitigation/Control</th>
<th>Sources of assurance</th>
<th>Residual risk. (After mitigation actions)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Hazardous Chemicals</td>
<td>Exposure to hazardous chemicals</td>
<td>depends on chemical, potential for e.g. chemical burns, poisoning, etc. details can be found in each chemical's MSDS</td>
<td>3 5 15 PPE, correct handling, correct storage, use of fume hood where indicated.</td>
<td>MSDS available for all chemicals, Lab manager safety briefing.</td>
<td>1 3 3</td>
<td>Lab manager safety briefing.</td>
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<tr>
<td>Likelihood</td>
<td>Consequence</td>
<td>Risk</td>
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<tr>
<td><strong>Very low</strong></td>
<td>1 - Insignificant.&lt;br&gt;Consequences are very low, minor disruption.</td>
<td>1 - 5 Very low</td>
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<tr>
<td><strong>Extremely unlikely</strong></td>
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<td>Manage within existing controls.</td>
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<tr>
<td>Less than 5% chance of occurring</td>
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<td>Monitor annually</td>
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<td><strong>2 - Low</strong></td>
<td>2 - Minor&lt;br&gt;Losses may disrupt services for a short period. Financial losses may be in the region of $10,000</td>
<td>6 - 10 Low</td>
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<tr>
<td><strong>Unlikely</strong></td>
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<td>Manage within existing controls.</td>
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<tr>
<td>5% - 25% chance of occurring</td>
<td>Disruption to a single area of the business.</td>
<td>Monitor 6 monthly</td>
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<tr>
<td><strong>3 - Medium</strong></td>
<td>3 - Moderate&lt;br&gt;Service lost for period 1 - 5 days.</td>
<td>11 - 15 Medium</td>
<td></td>
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<tr>
<td><strong>Possible</strong></td>
<td></td>
<td>Evaluate efficiency of existing controls.</td>
<td></td>
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</tr>
<tr>
<td>25%-60% chance of occurring</td>
<td>Financial loss $10,000 - $100,000. Internal event review required. Moderate injury equivalent to staff requiring time &lt; 5 days away from work. Adverse media coverage for 1 day.</td>
<td>Develop and implement additional control mechanisms</td>
<td></td>
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<tr>
<td><strong>4 - High.</strong></td>
<td>4 - Serious&lt;br&gt;Service lost for period exceeding 1 week. Financial loss $100,000 - $1M.</td>
<td>16 - 20 High</td>
<td></td>
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<tr>
<td><strong>Likely.</strong></td>
<td></td>
<td>Implement mitigation plan</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>60% - 80% chance of occurring</td>
<td>Adverse media coverage for 1 week. Internal investigation or by an external source/regulator. Staff contractor or visitor suffers serious injury.</td>
<td>Escalate/report to senior management</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>5 - Very high.</strong></td>
<td>Impact to multiple and diverse areas of the business. Significant senior management intervention required including external assistance.</td>
<td>Monitor monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Almost certain.</strong></td>
<td>5 - Very serious&lt;br&gt;Significant resources required to recover from impact. Legal consequences resulting in prosecution. Financial loss &gt;$10M.</td>
<td>Over 20 Very high</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>80%-100% chance of occurring</strong></td>
<td>Staff, contractor or visitor involved in a fatal event. Adverse media coverage for an extended period.</td>
<td>Implement mitigation immediately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete loss of service delivery affecting all VUW critical functions. Immediate SMT and Council intervention required.</td>
<td>Escalate to senior management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monitor weekly</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Student Learning Agreement Template -
Academic Internship

Course number (e.g., RPTA 195E) ________________________________

Faculty name: ________________________________

1. Student information:

   Student Name: ________________________________

   Cell phone: ________________________________ SacLink E-mail: ________________________________

   In case of Emergency, please notify:

   Name: ________________________________ Relationship: ________________________________

   Cell phone: ________________________________ Home phone: ________________________________

2. Estimated number of Academic Internship hours required during the semester (determined in consultation with faculty member): 150

3. Scope of Work to be completed by student during Academic Internship placement* (completed in consultation with faculty member and site supervisor) -- Please provide an overview of the type of work you (the student) will be doing at the site and be as specific as possible (e.g., working directly with clients; working with the public; program planning, implementation and evaluation; project development; database and website development; marketing plans, etc.) ________________________________

4. Identify 2-3 anticipated learning outcomes – be as specific as possible: (e.g., by the end of this semester, I will be familiar with the process of planning, implementing and evaluating a program for seniors/children/youth; by the end of this semester, I will understand how to create a marketing plan for an agency; by the end of the semester, I will better understand what it’s like to work with children in an after-school program). ________________________________

5. Academic Internship Agency Name: ________________________________

   Site Supervisor & Title: ________________________________

   Site supervisor’s email: ________________________________ Phone number: ________________________________

   Site supervisor’s signature: ________________________________ Date: ________________________________

By signing below, I acknowledge that I have read and agree with the above described information, as well as agree to authorize the University to share any information directly related to my performance in Academic Internship with the Site that would otherwise be protected from disclosure by the federal Family Educational Rights and Privacy Act (FERPA).

Student Signature ________________________________ Date: ________________________________

Faculty Signature ________________________________ Date: ________________________________

* If needed, the student and faculty member, in consultation with the office of Services for Students with Disabilities (SSWD), will create and attach an accommodation plan to this Student Learning Agreement.
### Assessment of Academic Internships

**TO BE COMPLETED BY STUDENTS AND RETURNED TO THEIR DEPARTMENT CHAIR**

**Name of Academic Internship Site**

Please circle the number that corresponds most closely to your thoughts on the following questions:

<table>
<thead>
<tr>
<th>At my internship:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My supervisor cared about my opinions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My supervisor really cared about my well-being.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My supervisor strongly considered my goals and values.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My supervisor showed very little concern for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Please circle the number that corresponds most closely to your thoughts on this second set of questions:

<table>
<thead>
<tr>
<th>The work I did for my internship:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was related to the information I learned for my major.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Was related to a job I hope to get following graduation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Met my expectations regarding what I was told would be my tasks and responsibilities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Met my expectations regarding what I hoped to learn.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Again, please circle the number that corresponds most closely to your thoughts on the following questions:**

<table>
<thead>
<tr>
<th>At my internship:</th>
<th>Very False</th>
<th>Moderately False</th>
<th>Slightly False</th>
<th>Neutral</th>
<th>Slightly True</th>
<th>Moderately True</th>
<th>Very True</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt certain about how much authority I had.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>I had clear, planned goals and objectives for my work activities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>I knew that I divided my time properly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>I knew what my responsibilities were.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>I knew exactly what was expected of me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Explanations were clear of what had to be done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Finally, please respond to the following questions with a few sentences describing your thoughts.

1. What was the most important thing you learned from your internship experience?

   

2. Would you recommend this internship site to future students? Why or why not?

   

3. Is there anything else you'd like to add, that your department should know about your internship experience?

   

**Complete at end of Internship**

Turn-in to ENV's Dropbox along with employee letter #2.