

**DEPARTMENT OF PSYCHOLOGY
PSYCHOLOGY FIELDWORK COURSE 830:369
CONTRACT**

To be completed by the student:

Student Name: _____ Student I.D.: _____

Major(s): _____ Minor: _____

Address (residence and mailing address) during the internship:

Phone: (____) _____ Email: _____

Name of organization: _____

Name of supervisor: _____

Supervisor's position: _____

Address: _____

City, State, and Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Web site: _____

Title and brief description of proposed internship experience: _____

Beginning date: ___/___/___ Ending date: ___/___/___ Hours: _____ (Per week or semester)
(Note: 6 to 10 hours are required)

To be completed by the employer (internship sponsor):

1. What are the nature and extent of the internship responsibilities?
2. What are the approximate dates and hours during which the work will be performed?
3. What specific results are expected of the intern?
4. What professional and other skills do you expect the intern to develop?
5. Briefly describe the supervision which the student will receive (e.g. from whom? How frequently? For what purposes?)
6. Briefly describe the opportunities the student will have to enrich their learning experience (e.g. opportunities to observe professional or clinical activities)

APPROVALS

The signatures below indicate that these individuals have read the contract and are in agreement with regard to the main elements of the proposed internship experience and accept the conditions listed in the internship guidelines.

Fieldwork Supervisor

____/____/____
Date

Student

____/____/____
Date

The signatures below indicate that the internship has been approved, and are required before the student will be permitted to register for the relevant internship course.

Cheryl Egan, Career Counselor

____/____/____
Date

Dr. Kenneth Kressel, Psychology Fieldwork Professor

____/____/____
Date

Notes:

INTERNSHIP EVALUATION FORM

TO BE COMPLETED BY THE INTERNSHIP SPONSOR / SUPERVISOR

Student's Name: _____

Department Assignment: _____

Time Period: _____

Please check the response that best reflects the individual's performance. Please use the General Comments section on the second page of this form to provide suggestions for the individual's career development and any other explanations you believe useful for an overall performance evaluation. To ensure candid evaluations, the student intern will not be shown the comments on this form.

Relations with others

- Works exceptionally well with others
- Works well with others
- Gets along satisfactorily with others
- Has some difficulty working with others
- Works poorly with others

Quality of work

- Excellent
- Above average
- Below Average
- Poor

Judgement

- Excellent in making decisions
- Above average in making decisions
- Usually makes the right decision
- Often uses poor judgment
- Consistently uses poor judgement

Dependability

- Excellent
- Above average
- Below average
- Poor

Ability to learn

- Learns very quickly
- Learns quickly
- Average in learning
- Slow to learn
- Very slow to learn

Attendance

- Regular
- Irregular

Punctuality

- Regular
- Irregular

Attitude

- Extremely interested and independent
- Very interested and independent
- Average interest and independence
- Below average interest and independence
- Definitely not interested and independent

Technical Skills

- Excellent
- Above average
- Average
- Below average
- Poor

Professional appearance and behavior

- ____ Excellent
- ____ Above average
- ____ Average
- ____ Below average
- ____ Poor

Overall performance

- ____ Excellent
- ____ Above average
- ____ Average
- ____ Below average
- ____ Poor

General Comments: (Explanations and "feedback" for the student's career development).

Comment on the student's performance. Would this individual be considered for a permanent position?

If you were to assign the student a grade, what letter grade would it be? Please circle one:

A B C D F

Supervisor's Name and Title: _____

Signature and Date: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Please mail or fax this evaluation to:

Dr. Kenneth Kressel, Professor
Department of Psychology
101 Warren Street, Smith Hall Room 301
Newark, New Jersey 07102-1801
Fax: (973) 353-1171

CAMPUS INTERNSHIP LEARNING AGREEMENT FOR SPONSORING EMPLOYERS

Name of Sponsoring Company/Organization: _____

Address: _____

Area Code + Telephone _____

Organization URL: _____

Name and Title of Supervisor for this Internship:

Name of Student Intern:

Contact information for Supervisor:

Direct Telephone _____ Business e-mail: _____

Internship Site Address [- if different than address of the employer -]:

Compliance with anti-discrimination and workplace safety statutes by Internship Sponsor/Site:

In accepting students for internships _____ understands that Rutgers Newark expects that internship sites will fully comply with applicable federal, state and local laws relating to workplace safety and to discrimination in the workplace. _____ is committed to equal employment opportunity, affirmative action, and nondiscrimination on the basis of race, color, national origin, gender, marital status, religion, age, disability, and veteran status. This commitment includes equal opportunity and non discrimination on the basis of sexual orientation and compliance with the Americans with Disabilities Act, which prohibits discrimination on the basis of disability in the workplace.

Employer Signature / Date

Career Development Center / Date

Faculty Supervisor / Date {- if applicable -}