Agreement Regarding Placement of a Student in an Internship

Agency

I have agreed to the placement of ___________________________(student’s name) in __________________________(Name of Agency)

Agency Name:____________________________________________
Agency Address:__________________________________________
__________________________________________
Agency Telephone Number:_________________________________
Agency FAX Number:_____________________________________
Intern Supervisor:_________________________________________
Supervisor e-mail address:__________________________________

As the student intern supervisor, I have discussed the duties, responsibilities and nature of the work the intern is expected to perform. I also agree to work with the internship coordinator in discussing the intern’s progress and agree to complete the required evaluation forms. I understand that the Internship Coordinator can and may make on-site visits to see how the intern is progressing and observe the intern when working with the agency.

Supervisor Signature:_______________________________   Date:_______________