

Indiana University  
Cognitive & Information Sciences

Psychology Bldg., Bloomington, IN 47405  
(812) 855-4658; fax: (812) 855-1086

# Q496 Internship in Professional Practice Learning Contract

*Please print or type*

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Student ID# \_\_\_\_\_

Class: \_\_\_FR \_\_\_SO \_\_\_JR \_\_\_SR \_\_\_Grad Semester: \_\_\_Fall \_\_\_Spring \_\_\_Summer Year \_\_\_\_\_

Internship Job Title \_\_\_\_\_

Company or Organization Name \_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_

End Date: \_\_\_/\_\_\_/\_\_\_

Hours per week \_\_\_\_\_

Compensation: \_\_\_\_\_

Wage or Stipend \$ \_\_\_\_\_

Unpaid \_\_\_\_\_

**IMPORTANT:**

1. This learning contract **must be completed and submitted** to the Indiana University Cognitive Science Program **no later than two weeks into the internship assignment** and becomes effective when the completed form has been signed by all parties.
2. The **ORIGINAL** of this contract should be sent to the Cognitive Science Program Internship Coordinator at the address listed above. A copy (complete with signatures) will be sent to the student and the site supervisor.
3. **Revisions and Additions** to the original learning contract may be made by mutual consent of all parties; such revisions shall be documented and filed with the original contract.

**LEARNING CONTRACT: INTERNSHIP WORK COMPONENT/JOB DESCRIPTION**

The work component is to be determined by the Site Supervisor and the Student Intern

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Type or print clearly or attach a separate sheet with the following information:

**Internship Job Responsibilities, Tasks and Learning Opportunities for Student:** (be as specific as possible when listing duties, projects, meetings, training, etc.)

**Evaluation:** How will the intern be evaluated by the organization (formally or informally) during the internship assignment (in addition to the evaluation methods required by the Cognitive Science Internship Program).

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**SITE SUPERVISOR:** I have discussed this internship with the student and have negotiated and assigned the work components which appear on this contract. I agree to provide assistance and necessary training and consultation to help the intern make progress toward their learning goals and objectives. I further agree to provide the intern with an orientation concerning relevant organizational policies, procedures and functions, to meet with the intern regularly, and to be available for counsel and advice for the duration of the internship. I agree to conduct an evaluation of the student and to participate in a site visitation if requested. (A supervisor's evaluation form will be sent to you at the mid-point and end of the internship assignment.)

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Name of Site Supervisor and Title

Name or Company or Organization

Signature of Site Supervisor

Date

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Site Supervisor's Address

Telephone/Fax/E-mail

**LEARNING CONTRACT: INTERNSHIP ACADEMIC COMPONENT**

The academic component is to be determined by the student with assistance from the Internship Coordinator and Site Supervisor. It is recommended that two or more learning objectives be identified in each of the following categories, with specific strategies for each objective, plus at least one method of evaluation for each objective.

1. **Academic Learning and Application** (i.e. related to the ideas, concepts, or theories of your major or minor field(s) of study and ideas or concepts related to the Liberal Arts and Sciences perspective.)
2. **Skill Development** (i.e. skills specific to your academic major/minor or an occupation; and/or general skills such as oral and written communication, critical thinking, problem solving, leadership, technical, etc.)
3. **Personal Development** (e.g. , self-confidence, career awareness, clarification of work and personal values, etc.)

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Learning Objectives	Learning Tasks & Strategies	Evaluation
What I want to learn or be able to do	How I am going to learn it & what resources I will use	How I am going to show I learned it

*Type or print clearly or attach a separate sheet*

*Learning Objectives Continued*

<b>Learning Objectives</b> What I want to learn or be able to do	<b>Learning Tasks &amp; Strategies</b> How I am going to learn it & what resources I will use	<b>Evaluation</b> How I am going to show I learned it
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**STUDENT INTERN:** I concur with and accept the academic work assignments indicated in this Learning Contract. I agree to complete all work and academic related assignments to the best of my ability. I accept the obligation of confidentiality in my work and agree to familiarize myself with and to adhere to the organization's relevant policies and procedures, and to the appropriate standards of ethical conduct. Further, I understand there are ordinary risks inherent in the workplace and I will become aware of and consent to undertake such risks. I also understand that neither the Cognitive Science Program nor Indiana University has control over any hazards to which I may be exposed during the internship and do not hold either liable for any incidents that may occur.

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Name of Student Intern

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Signature of Student Intern

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\_\_\_\_\_

Date

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\_\_\_\_\_

Student's residence/ mailing address during the internship

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Telephone Number

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Work Phone Number

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**COGNITIVE SCIENCE PROGRAM REPRESENTATIVE:** I have reviewed and discussed with the student, the academic component and work component outlined in this Learning Contract. I concur with the stipulations of this contract as of the date of my signature. I further agree to maintain contact with the student to discuss the internship experience, to coordinate assessment/evaluation, and to conduct an on-site visit if possible.

Cognitive Science Program Representative

Title

Signature

Date