

**Psychology Program
Southwest Minnesota State University**

PSYCHOLOGY PROGRAM INTERNSHIP CONTRACT

1. _____ (Student) on this date _____, agree to an internship with _____ (Agency/Community Site/Coalition) for _____ total contract hours, to begin on ___ (Date) and completed by ____ (Date).

Based on contract hours designated, the internship will carry _____ semester hours of academic credit.

2. Site Supervisor: _____

Telephone: _____ Email: _____

Address: _____

3. Intern Telephone: _____ Email: _____

Address: _____

4. Internship Schedule: In the space below, designate the scheduled days of the week and approximate times the intern normally would be expected to be on the job. Please not if varies week to week.

Monday _____ Thursday _____

Tuesday _____ Friday _____

Wednesday _____ Sat/Sun _____

The intern and the organization agree on the attached job description or statement of goals/objectives. As specifically as possible, this statement should indicate what the intern will be expected to do or accomplish during the internship in order to meet both organizational and academic goals. **Please be sure to attach the description to this application.**

(Intern signature)

(Print name)

(Site Supervisor signature)

(Print name)

Christine M. Olson, Ph.D.
Faculty Supervisor of Psychology Interns –
Southwest Minnesota State University
Christine.olson@smsu.edu 507-530-0928

IMPORTANT: This contract needs to be signed by Site Supervisor, Faculty Supervisor and Intern, PRIOR to beginning internship.

SAMPLE JOB DESCRIPTION OR STATEMENT OF GOALS/OBJECTIVES

Name of Site: *ABC Organization*

General Description of Intern Role:

Intern's role may include direct casework with clients, assist in pre-school children's education and socialization; community agency resource referral; assisting families gain self-sufficiency through job training; grant preparation; advise on public relations; editing, translating, accounting; completing health screenings, nutrition assessments and education.

Responsibilities of student interns (please be specific):

- *Will work on and maintain Resource Book utilized by social workers in making referrals*
- *Under supervision, will provide assistance in handling incoming calls*
- *Will accompany managers on home visits to do assessments*
- *Will assist in implementing non-clinical services as indicated on care plan under the direction of the manager.*
- *Develop interviewing and assessment skills*
- *File adequate, accurate progress notes on each participant contact*

Brief description of orientation and training provided by agency:

One-hour orientation sessions are held on the first Thursday of every month. Training sessions are 2-3 hours on the third Thursday of every month. Policies and procedures will be covered as well as skills and techniques required to work for the organization. Monthly brainstorming sessions and any additional workshops are held on Saturday mornings. These sessions provide further training opportunities for Interns.

Please attach any supplemental materials that would be helpful in describing this internship.

**SMSU PSYCHOLOGY PROGRAM STUDENT TRAINING EXPERIENCE/INTERNSHIP AGREEMENT:
STUDENT RESPONSIBILITIES AND GENERAL UNDERSTANDINGS**

Name of College/University: SOUTHWEST MINNESOTA STATE UNIVERSITY (SMSU)
Name of College/University Program (“the Program”): PSYCHOLOGY PROGRAM
Type of Training Experience/Internship: PSYCHOLOGY and/or COMMUNITY PSYCHOLOGY AND HEALTH PROMOTION
Dates of Training/Internship: _____
Student’s Name: _____ Phone #: _____
Facility Name and Address: _____
Facility Representative’s Name: _____ Phone #: _____
Activities/Job tasks and skills the Student will learn: ___(See SMSU Psychology Program Internship Contract.)___

STUDENT RESPONSIBILITIES

In exchange for the opportunity to participate in the training experience/ internship at the Facility and gain graded academic credit through SMSU, the Student agrees to:

1. Keep regular attendance and be on time, both at school and at the Facility’s training site. The Student will promptly notify the Facility’s training site if unable to report. The Student’s placement will automatically terminate if the Student terminates his/her enrollment in the Program or is no longer enrolled as a student at SMSU; and
2. Demonstrate honesty, punctuality, courtesy, a cooperative attitude, desirable health and grooming habits, desirable/required dress and a willingness to learn; and
3. Furnish the coordinating College/University instructor, Dr. Christine Olson, with all necessary information and complete all necessary reports requested by the instructor. Submitting falsified reports is cause for immediate expulsion from the Program; and
4. Conform to all rules, regulations, and policies including health, safety, and work environment of the Facility, follow all instructions given by the Facility and always conduct myself in a safe manner
5. Consult with the College/University instructor, Dr. Christine Olson, about any difficulties arising at the Facility’s training site; and
6. Be present at the Facility’s training site on the dates and for the number of hours agreed upon; and
7. Not terminate his/her participation in the training experience at the Facility without first consulting with the College/University’s instructor.

The Student also understands and agrees that:

- a. placement and participation in this training experience is *not* employment with SMSU or Facility;
- b. the Student is not covered by the College/University worker’s compensation coverage; and
- c. the Student will not receive any money or compensation or benefits of any kind from SMSU in exchange for his/her participation in the training experience (with the exception of students already receiving compensation through the SMSU Work Study Program). The Student also understands that the Facility does not promise or guarantee any future employment for the student. The Student understands that he/she is responsible for providing his or her own health insurance and for any and all medical expenses incurred by him/her related to any injury, loss or illness sustained by him/her while participating in the training experience at the Facility.

Student’s Signature: _____
Student’s Name (please print): _____
Date: _____

(Students must sign this agreement, along with the Internship Contract, prior to beginning one’s internship experience.