EDUC 391
Employer/Intern Agreement

I, ________________, agree to work with ________________ Intern company/agency
in the position of ____________________ beginning on ________________ and
ending on ________________, or at such times as suit the student and the employer.

The employer-supervisor or their designee agrees to:

1. Submit evaluation(s) of the student’s performance.

2. Notify the student’s FSU Internship Supervisor of any conflicts or conditions that could result in early termination of the work experience, and agrees to discuss reasons for the termination with the student’s FSU Internship Supervisor. The employer reserves the right to terminate the work experience at any time the student violates the terms and conditions of this agreement, and the student and the University reserve the right to terminate the work experience agreement at any time the employer may violate the terms of this agreement.

3. Provide a work setting and location in which the student may achieve the following learning objectives:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

The student agrees to:

1. Work toward achievement of agreed upon learning objectives.

2. Provide FSU Internship Supervisor with a work schedule of experience hours.

3. Periodically, as determined by the FSU Internship Supervisor, submit work logs that describe learning objectives/activities and document work hours.

(over)
4. Provide the employer supervisor or designee with Work Experience Evaluation form(s), as determined by the FSU Internship Supervisor, and return completed evaluation(s) to the FSU Internship Supervisor.

5. Create and maintain a portfolio throughout the work experience. The portfolio should include:
   a. A daily/weekly journal of observations and reflections about your experience.
   b. Work logs.
   c. Cooperative Work Experience evaluations.
   d. Documents, manuals, papers, projects, etc., when appropriate, that reflect achievement of learning objectives.
   e. A final paper summarizing your observations, reflections, and achievements during your internship experience.

Please provide the following information regarding the internship site:

Employer:_____________________________ Employer Supervisor_____________________

Agency/Company Name       Or Designee

Employer Address:______________________________________________________________

Street City  State  Zip

Phone Number: (______)____________________ E-Mail Address:_______________________

WE THE UNDERSIGNED hereby agree to the terms and conditions of this agreement:

Student:___________________________________________________

Date:________________

Employer Supervisor/Designee:_______________________________ Date:________________

Vocational Authorization Officer:______________________________ Date:________________

Approved for ________(#) credits for _____________________________________________ Semester / Year

Return this form to:

Vocational Authorization Officer
Ferris State University
School of Education – Bishop 409
1349 Cramer Circle
Big Rapids, MI 49307

Phone: 231/591-2830
Fax: 231/591-2041