

## STUDENT/AGENCY CONTRACT

### LTCM 4001

\_\_\_\_\_ (Student's Name) HAS BEEN ACCEPTED TO COMPLETE AN

INTERNSHIP AT \_\_\_\_\_ (Agency's Name). The students will begin the internship on \_\_\_\_\_ (Start Date) and finish on \_\_\_\_\_ (End date)

The student will work \_\_\_\_\_ (number) hours each week.

\_\_\_\_\_ (Agency Supervisor's Name) will supervise and guide the student in this internship experience. The student will be provided the opportunity to learn through observing and actively participating in the following activities: (list as many as needed)

1. Budgeting and Finance
2. Care Planning
3. Assessment and Evaluation
4. Family Counseling and Discussions
5. Staff Meetings
- 6.
- 7.

\_\_\_\_\_  
Signature of Agency Supervisor/Date

\_\_\_\_\_  
Signature of Student Intern/Date

Agency Supervisor phone contact: \_\_\_\_\_

Agency Supervisor email contact: \_\_\_\_\_