STUDENT/AGENCY CONTRACT
LTCM 4001

______________________________ (Student’s Name) HAS BEEN ACCEPTED TO COMPLETE AN

INTERNERSHIP 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: ___________________________