RESPONSIBILITIES OF PROGRAM PARTICIPANTS

The practicum/internship experience shall conform to all federal, state, and local laws and regulations.

STUDENT'S RESPONSIBILITIES TO THE ORGANIZATION

1. Student will abide by regulations and policies of the organization including meeting organization requirements for fingerprinting, background check, medical release or physical, and necessary immunizations/diagnostic procedures (tb test).

2. The Practicum/Internship is considered a professional placement. If days are missed, it is expected that they will be made up. Student agrees to report to the organization supervisor requests for absences from work as would be expected of a regular employee, as well as notifying the supervisor, as soon as possible of any absences due to an emergency or illness. Vacation or holidays will be taken in accordance with the organization calendar rather than the University calendar.

3. Student will follow the normal working day hours of the organization or variations as necessitated by the nature of the practicum/internship. Since evening, weekend or emergency hours may need to be worked, student will notify the organization supervisor prior to beginning the Practicum/Internship of any particular restrictions or limitations in hours regarding when student can work.

4. Student is responsible for carrying his/her own health insurance and professional liability insurance. Proof of liability insurance will be provided to the University and organization supervisors.

5. Student is responsible for providing personal transportation to and from the work site.

6. If a privately owned automobile is needed for official organization business, minimum liability insurance, as designated by the State of Ohio, will be provided individually by student or the owner of the automobile. Student will present proof of insurance and driver’s license with no outstanding citations to organization supervisor.

7. Student agrees to maintain client’s confidentiality in accordance with the policies of the organization.
LEARNING GOALS/COMPETENCY AREAS/RESPONSIBILITIES
State the primary areas for which the intern will be responsible in as thorough a manner as possible. It is understood that the responsibilities of the intern may change throughout the course of the semester.

1. ____________________________________________________________________________________
2. ____________________________________________________________________________________
3. ____________________________________________________________________________________

STUDENT’S RESPONSIBILITIES TO THE UNIVERSITY
Student agrees to familiarize him/herself with the HDFS, Gerontology, and Nonprofit Management Practicum/Internship booklet prior to beginning the Practicum/Internship, to attend all on campus classes, to submit paperwork requirements to the Faculty supervisor as instructed, to submit concluding evaluation forms, and to complete other designated assignments. I realize that my completion of all of the above will be considered in the final grade of satisfactory/unsatisfactory.

___________________________________________  _________________________________________
Student’s Signature  Date

ORGANIZATION SUPERVISOR RESPONSIBILITIES

1. Give student an opportunity to gain an understanding of overall structure, functions, and operations of a human service/nonprofit organization; including programs, clients, funding, and relationships to other organizations.

2. Provide students with an opportunity to gain an understanding of the role of an employee, including methods of change, intervention, responsibilities, and the satisfactions and dissatisfactions of a career.

3. Allow the student to test and develop employable techniques and skills common in the child and family services/nonprofit/gerontology fields, such as observation, interviewing, reporting and evaluating both in written and oral form, so they could be employed in the organization or a similar one.

4. Provide student with the opportunity, when appropriate, for in-depth relationships with some clients.

5. Notify the Faculty representative of any violations committed by the practicum/internship student prior to removing the practicum/internship student from the practicum/internship position.

Name of Supervisor _________________________________

_______________________________  ____________________________
Signature of Organization Supervisor  Date

Highest Educational Level Achieved by Supervisor (List degree attained, awarding institution & date)

List additional Credentials/Licensure of Supervisor

UNIVERSITY SUPERVISOR’S RESPONSIBILITIES

Arrange for consultation and advisory service to participants concerned with the Practicum/Internship program.

_______________________________  ____________________________
Instructor, Practicum in Human Development and Family Studies  Date