

Learning Contract: Family Services Internship
 Washburn University, Family & Human Services Department

Semester _____ Year _____ Check one: ___HS381 ___HS480 ___HS481 Other _____

Student: _____ WIN: _____

Mailing Address: _____ City, State, Zip: _____

WU Email: _____ Phone: _____

Faculty advisor: _____

Internship Agency Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Site Supervisor's Name: _____ Phone: _____

Site Supervisor Email: _____

The Student Intern will:

1. Complete a minimum of 150 on-site clock hours at _____ (agency)
2. Regularly attend and actively participate in the weekly academic Internship Seminar.
3. Regularly attend/actively participate in on-site internship activities, as arranged with supervisor.
4. Log clock hours of field work.
5. Develop professional skills based on the following learning outcomes:
 - Explore the scope of Human Services work
 - Promote strengths, diversity, social justice, and integrative (holistic) wellness
 - Demonstrate prevention, intervention, and/or evaluation skills
 - Display effective interpersonal and professional skills
 - Adhere to relevant ethical codes of conduct
 - Practice the competencies listed in the internship manual
6. Identify self as an *intern*.
7. Be evaluated on performance in the above areas at the end of this semester.

Student	Site Supervisor	<i>(Please initial below)</i>
_____	_____	We have discussed and agree to this Contract and the Internship Manual.
_____	_____	We have discussed any background information that is required by the agency and we understand that it is the responsibility of the student (not the Family & Human Services Department) to submit required information.
_____	_____	We understand that supervisors and interns may not be related through familial, romantic or other relationships that may pose a conflict of interest.
_____	_____	I have reviewed and agree to abide by the Ethical Standards for Human Service Professionals (see http://www.nationalhumanservices.org/ethical-standards-for-hs-professionals).
_____	_____	I understand that if I engage in misconduct during this internship, this information (along with information about performance on a remediation plan) may be disclosed to future internship agencies and/or licensing/credentialing boards.

Student Signature: _____ Date: _____

Site Supervisor: _____ Date: _____
 (Signed by person providing supervision; any change requires site & WU permission and new contract)

Washburn Faculty Signature: _____ Date: _____
(Student and Site Supervisor: Please make a copy of this contract for your records)