*Department of Psychological and Brain Sciences rev. 02.16*

*University of Massachusetts Amherst*

PSYCHOLOGY STUDENT

INTERNSHIP CONTRACT

Instructions. Fill out the first two pages of this form in consultation with your on – site Internship Supervisor. Attach a signed copy of the ***Professionalism, Confidentiality, and Respect Policies*** and a copy of the face sheet for Malpractice Insurance, purchased at this site: <http://locktonmedicalliabilityinsurance.com/coverage/counselors-and-therapists-liability-insurance/>. **BRING THIS COMPLETED CONTRACT WITH BOTH ATTACHMENTS** to Prof. Marian MacDonald (Tobin 614), who will serve as your Faculty Sponsor for this Internship, for her approval. If you are taking this Internship as **PSY 398**, Prof. MacDonald will register you; if you are taking this Internship as **UMASS 298**, you must register yourself using CAREER CONNECT (<https://www.umass.edu/careers/log-umass-amherst-careerconnect>).

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| **ABOUT YOU:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPIRE No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Standing During Semester of Internship: □ Junior □ Senior Current GPA: \_\_\_\_\_\_ (3.0 Required)    A maximum of 18 credits from courses ending with the numbers 98 can be applied toward the  120 credit graduation requirement; this includes all TAships, RAships, and Internships.  How many credits have you already earned for courses ending with the numbers 98? \_\_\_\_\_\_  To be approved for an Internship, you must secure a ***character reference*** from a UMass Faculty Member or Graduate Student. Ask that person to sign this statement:  ***I am able to serve as a character reference for the student named above to do an Internship.***  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **ABOUT YOUR INTERNSHIP SITE AND SUPERVISOR:**  Internship Agency/Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Service Site Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Direct Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **ABOUT THE DETAILS OF YOUR INTERNSHIP:**  This Internship is to be taken as (check one):  **□ PSY 398 for 3 credits □ UMass 298 for \_\_\_\_\_ credits**  Start Date: \_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_ for a total of \_\_\_\_\_\_\_\_ on – site hours.  Weekly On – Site Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Note. Scheduled hours missed for any reason, including illnesses or UMass holidays or vacations, must be made up, since to receive academic credit you must complete the required number of on – site hours**. Arrangements for making up missed hours must be made in consultation with your on – site Direct Supervisor.**  Primary Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nature of Supervision (check all that apply): □ Individual □ Group □ In – service Trainings  Frequency of Supervisory Sessions: \_\_\_\_\_\_\_\_\_\_ Length of Supervisory Sessions: \_\_\_\_\_\_\_ |

**Memorandum of Understanding**

I understand that this Practicum will be graded pass – fail, and that to receive credit for this practicum I must:

1. Receive a satisfactory ***End – of – Term Evaluation*** from my on – site Direct Supervisor;
2. Complete 40 hours of work on – site for each credit I receive for this course;
3. Pass a CORI check prior to the start of my Internship;
4. Purchase Malpractice Insurance prior to the start of my Internship;
5. Submit an electronic ***Internship Activities and Reflections*** Report weekly (using the template attached) to Prof. Marian L. MacDonald at macdonal@psych.umass.edu;
6. Submit an 8 – 10 page paper copy final paper on “What I Learned from My Internship,” along with a completed ***End – of – Term Internship Site Assessment*** form, to Prof. Marian L. MacDonald by the last day of exams, and;
7. Adhere to the ***Professionalism, Confidentiality, and Respect Policies*** understood as governing my conduct in connection with this Internship.

**I have read, and agree to**

**meet, these conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Intern’s Signature Date**

**I approve, and agree to sponsor,**

**the Internship described above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Sponsor’s Signature Date**

***Psychological and Brain Sciences revised 02.16 UMass Amherst***

**Internship Activities and Reflections Report**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Internship Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates on site: \_\_\_\_\_\_\_\_\_\_\_\_ Total Hours on site this week: \_\_\_\_ Cumulative Hours on site for the semester: \_\_\_\_

Provide a detailed description of your activities this week:

Describe two events you observed this week that made a strong impression (positive or negative) on you.

Provide a brief summary of the content of the supervision you received or the training activities in which you participated this week.

Make a bullet list of the lessons you learned in your Internship this week (including lessons you learned about yourself).

Note two questions raised for you by your Internship experience this week.

Provide the APA – format citation for, and a brief summary of, one empirical or review article from an APA journal you read this week that is relevant to your Internship work or site. Include a one - sentence statement of the article’s “take home message” in your own words, written as if you were going to give it to the staff at your site.

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**Statement of**

**Professionalism, Confidentiality, and Respect Policies**

**Governing the Conduct of UMass Amherst**

**Psychology Student Interns**

**Taking PSY 398 and UMass 298**

I agree to abide by these Professionalism, Confidentiality, and Respect policies for this Internship. I understand that I am to conduct myself as a professional at all times, especially when in my Internship setting. I understand that I am to take great care to protect the confidentiality and anonymity of patients/consumers/clients/students when discussing my Internship activities in any setting, and that I am not to engage in any such discussions unless those discussions can reasonably be expected to directly benefit the patients/consumers/clients/students I discuss. Furthermore, I understand that acting professionally means (1) treating supervisors, co – workers, and especially patients/consumers/clients/students with respect, (2) following the policies and procedures of my Internship setting, (3) completing necessary documentation completely, accurately, and in a timely fashion, (4) remaining accountable for my actions, (5) honoring the confidentiality of all clinical and professional material, (6) valuing diverse cultures and opinions, (7) consulting with my Internship site supervisor and my University sponsor appropriately, and most certainly whenever in doubt about how to handle a practical situation, and (8) behaving in accord with the ethical principles of the American Psychological Association.

***I understand these policies concerning professionalism, confidentiality, and respect and, on my honor, I agree to abide by them.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Intern’s Signature Date**



Field Experience Program

University of Massachusetts – 511 Goodell Building, Amherst, MA 01003 Tel. 413-545-6265 Fax 413-545-4426

**Final Evaluation from Supervisor**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address/phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for working with the above student. Please take a few moments to fill out this evaluation. It will be kept in the student’s file and may be accessed by the student at any time.*

**Student Information**

1. Please describe specific projects performed by the student:
2. Please rate the student’s abilities in the following areas:

***(1=Outstanding, 2=Very Good, 3=Average, 4=Marginal, 5=Unsatisfactory, NB=No basis for evaluation)***

**Outstanding VG Average Marg. Unsat*.***

***Overall evaluation of student's performance*** 1 2 3 4 5 NB

***Ability to apply classroom knowledge to actual practice*** 1 2 3 4 5 NB

***Works as part of a team*** 1 2 3 4 5 NB

***Communicates well through speaking*** 1 2 3 4 5 NB

***Communicates well in writing*** 1 2 3 4 5 NB

***Demonstrates initiative*** 1 2 3 4 5 NB

***Demonstrates follow-through on projects*** 1 2 3 4 5 NB

***Demonstrates an ability to think critically*** 1 2 3 4 5 NB

***Seeks creative solutions to work challenges*** 1 2 3 4 5 NB

***Demonstrates effective organizational skills*** 1 2 3 4 5 NB

***Demonstrates effective time management skills*** 1 2 3 4 5 NB

***Demonstrates an ability to work well with diverse populations*** 1 2 3 4 5 NB

***Demonstrates ability to solve problems*** 1 2 3 4 5 NB

***Demonstrates computer skills***  1 2 3 4 5 NB

***Demonstrates a mastery of technical and electronic systems*** 1 2 3 4 5 NB

Comments

Please list any other competencies you have observed.

1. Are there specific areas of improvement that you feel the student should be aware of? Please describe.
2. If giving a grade, what would you give this student based on his/her performance during the internship?

***(A=Superior, B=Very Good, C=Average, D=Minimal Effort, F=Failure)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Yes,\_\_\_\_\_\_\_I have discussed this evaluation with the student intern. No,\_\_\_\_\_\_\_\_I have not.**

**Program Information**

1. How would you rate your satisfaction with the UMASS Amherst Field Experience Program?

***(1=Outstanding, 2=Very Good, 3=Average, 4=Marginal, 5=Unsatisfactory, NB=No Basis)***

1 2 3 4 5 NB

Comments:

1. Would you like to add/maintain a position listing with our office? yes no
2. Are there specific needs for student interns that your organization is anticipating for the upcoming year?

CERTIFICATION OF PARTICIPATION:

Upon successful completion of their Field Experience placements and submission of all required reports, University students receive official recognition of the experience on their academic transcripts. It is very important to the student, therefore, that we receive the following information:

Exact employment dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(month/day/year) (month/day/year)

Total number of hours worked \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s signature Date

(Form Revised8/2014)