

**INTERNSHIP PROGRAM LEARNING OBJECTIVES**

**STUDENT NAME:** \_\_\_\_\_

**SEMESTER / YEAR:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

**INTERNSHIP FACULTY ADVISOR:** \_\_\_\_\_

**ORGANIZATION/SITE:** \_\_\_\_\_

**INTERNSHIP SUPERVISOR:** \_\_\_\_\_

**PURPOSE:**

The Learning Objectives/Activities listed here describe the tasks the student is assigned to learn during this semester's internship experience. Additional sheets may be attached if needed.

**OBJECTIVE 1: WHAT are you going to accomplish?**

\_\_\_\_\_

**HOW are you going to accomplish it? (List the steps/activities to achieve the objective below.)**

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

**HOW can you measure the results?**

\_\_\_\_\_

\_\_\_\_\_

**OBJECTIVE 2: WHAT are you going to accomplish?**

\_\_\_\_\_

**HOW are you going to accomplish it? (List the steps/activities to achieve the objective below.)**

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

**HOW can you measure the results?**

\_\_\_\_\_

\_\_\_\_\_

**OBJECTIVE 3: WHAT are you going to accomplish?**

\_\_\_\_\_

**HOW are you going to accomplish it? (List the steps/activities to achieve the objective below.)**

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

**HOW can you measure the results?**

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**Evaluation Scale:**

At the end of the semester, the student will be evaluated using the following scale:

**4 = Exceptional, 3 = Above Average, 2 = Average, 1 = Needs Improving, 0 = N/A**

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internship Site Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internship Faculty Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_