

Learning Contract: Family Services Internship
Washburn University, 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 him/herself as an *intern*.
7. Be evaluated on his/her 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 Learning Contract and the WU 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 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 if I hold a relevant license/credential.

Student Signature: _____ Date: _____

Site Supervisor: _____ Date: _____

Washburn Faculty Advisor: _____ Date: _____

(Student and Site Supervisor: Please make a copy of this contract for your records)