



SAINT LOUIS
UNIVERSITY

Form A

SAINT LOUIS UNIVERSITY
HIGHER EDUCATION ADMINISTRATION

INTERNSHIP LEARNING OBJECTIVES

Student Name: _____

Internship Site: _____

Internship Supervisor: _____

Please identify two competency areas (related to your internship placement) from the ACPA/NASPA Professional Competencies document in which you hope to advance:

COMPETENCIES:

1. _____

2. _____

Based on the criteria provided in the ACPA/NASPA Professional Competency manual, please rate your skill-level for each of your chosen competency areas (circle one level):

Competency #1: Beginner Intermediate Advanced

Competency #2: Beginner Intermediate Advanced

Please identify two learning objectives (specific ways in which you plan to work on these goals) for each of your chosen competency areas:

COMPETENCY #1 LEARNING OBJECTIVES:

1.

2

COMPETENCY #2 LEARNING OBJECTIVES:

1.

2.



**SAINT LOUIS UNIVERSITY
HIGHER EDUCATION ADMINISTRATION**

INTERNSHIP AGREEMENT FORM

EMPLOYER

STUDENT

Internship Site: _____
Supervisor's Name: _____
Supervisor's Title: _____
Dept. Address: _____

Supervisor's Phone: _____
Supervisor's Email: _____

Student Intern: _____
Student Address: _____

Student Phone: _____
Student Email: _____
Faculty Advisor: _____
Advisor's Phone: _____

A. CONDITIONS OF INTERNSHIP

1. The internship will be _____ weeks in duration with an average of _____ hours per week.
2. The internship will begin on _____ (day/month/year) and will end on or about _____ (day/month/year).
3. The student will intern at the site on the following days and times (please note your schedule):

4. The student intern and site supervisor will decide on work assignments and projects that meet the following student's learning objectives: (based on chosen competency areas):
A. _____
B. _____
C. _____

B. RESPONSIBILITIES OF STUDENT INTERN

1. The student intern is to be present at the internship site on the days and times specified above.
2. If the student intern is ill or for other reasons cannot be present at the site, he or she should inform the site supervisor of the absence as soon as possible.
3. The student intern is expected to behave and dress professionally.
4. The student intern is expected to complete work assignments and projects in a professional and timely fashion.

C. RESPONSIBILITIES OF THE SITE SUPERVISOR

1. The site supervisor should provide adequate training or informal assistance when necessary.
2. The site supervisor should provide adequate feedback on the student intern's performance.
3. The site supervisor is should help the student intern gain professional skills and knowledge.

The Student Intern and Site Supervisor agree to the above conditions and responsibilities of the Internship.

Signature of Student Intern: _____

Date: _____

Signature of Site Supervisor: _____

Date: _____

Return form to:

Dr. Karen Myers
Saint Louis University
3500 Lindell Boulevard
Fitzgerald Hall
St. Louis, MO 63103

Office use only: Reviewed: / /

- | | | | | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. Adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Overall attendance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Progress towards learning goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ORGANIZATIONAL SKILLS

- | | | | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 5 | 4 | 3 | 2 | 1 | NA |
| 7. Time management skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Planning skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RELATIONSHIPS WITH OTHERS

- | | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9. Willingness to cooperate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ability to work with supervisor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Accepts constructive comments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ability to take direction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMUNICATIONS SKILLS

- | | | | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. Oral communication skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Written communication skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Listening skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OVERALL RATING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART TWO: ACCOMPLISHMENTS

Please provide the following information about your internship experience. If additional space is needed, please attach an additional page to this evaluation.

1) Identify the most important learning goals, in relation to your chosen professional competency areas, you had set for yourself when beginning the internship.

2) How well do you feel you accomplished these goals in this internship?

3) List the activities that allowed you to accomplish your goals.

4) Identify any specific knowledge or skills gained during this internship that have enhanced your chosen professional competency areas.

5) Describe any noteworthy accomplishments you achieved during this internship.

Student Signature: _____

Date: ___/___/___

Return form to: Dr. Karen Myers
Saint Louis University
3500 Lindell Boulevard
Fitzgerald Hall
St. Louis, MO 63103

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SAINT LOUIS
UNIVERSITY

Form D

SAINT LOUIS UNIVERSITY
HIGHER EDUCATION ADMINISTRATION

STUDENT EVALUATION OF INTERNSHIP

Student Name: _____ Dates of Internship: _____
Student Phone: _____ Internship Site: _____
Student Email: _____ Supervisor Name: _____

Please take a few minutes to evaluate your internship experience. This evaluation will not be shared with your site supervisor. The purpose of this evaluation is to assist in the coordination of future Higher Education Administration internships. If additional space is needed, please attach an additional page to this evaluation

1) How would you rate this internship experience in terms of helping you gain professional skills and knowledge?

Excellent Very Good Good Requires Improvement

2) How well did the work assignments/projects meet your professional competency learning goals?

3) Did your supervisor provide adequate training or informal assistance?

4) Did your supervisor provide adequate feedback on your performance?

5) Did your co-workers help you get acclimated to the site?

6) Did your co-workers display a willingness to work with you?

7) List any positive aspects of interning at this site.

8) List any negative aspects of interning at this site.

9) Would you recommend this internship site to another student?

Yes No

-Why or why not?

10) Overall, my internship experience was:

Extremely Valuable Very Valuable Valuable
 Not Very Valuable Of No Value

Student Signature: _____

Date: ___/___/___

Please Return form to: Dr. Karen Myers
Saint Louis University
3500 Lindell Boulevard
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St. Louis, MO 63103

Office use only: Reviewed: ___/___/___

PART TWO: ACCOMPLISHMENTS

Please describe any noteworthy projects or accomplishments the student intern has completed during the internship. (If additional space is needed, please attach additional page to evaluation.)

OVERALL EVALUATION

Please describe your overall evaluation of the student intern. (If additional space is needed, please attach additional page to evaluation.)

Site Supervisor's Signature: _____ Date: ___/___/___

Please return form to: Dr. Karen Myers

Saint Louis University
3500 Lindell Boulevard
Fitzgerald Hall
St. Louis, MO 63013

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Reviewed: ___/___/___