

# Internship Learning Agreement

## Student Information

Student name:	Email:	Name of internship site:
---------------	--------	--------------------------

## Internship Site Supervisor Information

Supervisor name:	E-mail:	Phone:
------------------	---------	--------

## Guidelines for Using the Learning Agreement

The Internship Learning Agreement serves to structure and guide interns' experiences, reflections, and professional development. It is a living document that should be revisited, refined, and adjusted throughout the internship to adapt to the needs of both the intern and the organization.

## The Learning Agreement Consists of Four Parts

1. SMART Professional Development Goals
2. Intern Duties, Responsibilities, & Schedule
3. Intern Assumption of Risk
4. Signatures

## Part One: SMART Professional Development Goals

Interns should review the Career & Internship Center's [Level Up: Skills Employers Want](https://careers.uw.edu/level-up-build-skills-employers-want/) webpage to learn about the 9 core skills that are critical to the success of new college graduates. Brief definitions can be found here: <https://careers.uw.edu/level-up-build-skills-employers-want/>.

Interns should then develop **Specific, Measurable, Actionable, Relevant, and Timely** goals that aim to develop the **skills** and **knowledge** relevant to their field of interest. This process enables interns to work collaboratively with site supervisors to identify gaps in skills and knowledge and to structure the internship so they have the opportunity to grow in those areas.

<b>First Goal:</b>	
To which of the <b>'Level Up' skills</b> does your goal relate?	
What do you <b>specifically</b> hope to accomplish?	
What <b>measure</b> will you use to know if you've made progress towards this goal?	
What <b>actions</b> will you take to achieve this goal?	
How is this goal <b>relevant</b> to your internship, academic interests, and/or career aspirations?	
What is your <b>timeline</b> for progressing towards this goal?	

<b>Second Goal:</b>	
To which of the <b>'Level Up' skills</b> does your goal relate?	
What do you <b>specifically</b> hope to accomplish?	
What <b>measure</b> will you use to know if you've made progress towards this goal?	
What <b>actions</b> will you take to achieve this goal?	
How is this goal <b>relevant</b> to your internship, academic interests, and/or career aspirations?	
What is your <b>timeline</b> for progressing towards this goal?	

Third Goal	
To which of the <b>'Level Up' skills</b> does your goal relate?	
What do you <b>specifically</b> hope to accomplish?	
What <b>measure</b> will you use to know if you've made progress towards this goal?	
What <b>actions</b> will you take to achieve this goal?	
How is this goal <b>relevant</b> to your internship, academic interests, and/or career aspirations?	
What is your <b>timeline</b> for progressing towards this goal?	

Fourth Goal	
To which of the <b>'Level Up' skills</b> does your goal relate?	
What do you <b>specifically</b> hope to accomplish?	
What <b>measure</b> will you use to know if you've made progress towards this goal?	
What <b>actions</b> will you take to achieve this goal?	
How is this goal <b>relevant</b> to your internship, academic interests, and/or career aspirations?	
What is your <b>timeline</b> for progressing towards this goal?	

## Part Two: Intern Duties, Responsibilities, & Schedule

### Intern Duties and Responsibilities:

Please describe your internship. What are your anticipated day to day responsibilities, projects, and deliverables?

### Intern Schedule:

What is your approximate weekly schedule? What days/times do you expect to be interning? If necessary, please distinguish between hours at your internship site and hours working remotely.

## Part Three: Intern Assumption of Risk

I acknowledge that there are certain risks inherent in internships, including but not limited to physical injury or death. I acknowledge that not all risks can be prevented and I assume those risks beyond the knowledge and control of the University staff. I represent that I am able, with or without accommodation, to participate in the Internship, to use the equipment and/or supplies required, and have obtained any required immunizations and health examinations.

Should I require emergency medical treatment as a result of accident or illness arising from work on the Internship, I consent to such treatment. I acknowledge that the University of Washington does not purchase health and accident insurance for students. I agree to be financially responsible for any medical bills incurred as a result of working on the Internship, unless the Internship Employer has purchased workers compensation coverage on my behalf. I acknowledge that I have been advised to purchase medical insurance, and have been provided with information about the insurance options available to me ([www.uw.edu/ship/affordable-care/](http://www.uw.edu/ship/affordable-care/)). I will provide the Internship Employer with written information regarding medical conditions about which emergency medical personnel should be informed.

Intern Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Intern Printed Name: \_\_\_\_\_

## Part Four: Signatures

### Student:

By signing below, I acknowledge that I:

- Read the Learning Agreement in its entirety
- Collaborated with my supervisor to develop learning goals, responsibilities, and a schedule that meets my needs and those of the internship site
- Will be professional – punctual; polite; and respectful of my supervisor and the policies, regulations, and rules of both the employer and the UW
- Will fulfill the terms of this agreement to the best of my ability

Intern Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

### Supervisor:

By signing below, I acknowledge that I:

- Read the Learning Agreement in its entirety
- Collaborated with my intern to develop their learning goals, responsibilities, and a schedule that meets their needs and those of the internship site
- Will be intentional in creating a welcoming learning environment for my intern
- Agree to meet on a regular basis (preferably weekly) with my intern
- Will complete a mid-quarter and end-of-quarter intern evaluation form (provided by my intern) and will meet with my intern to discuss both forms
- Will fulfill the terms of this agreement to the best of my ability

Supervisor Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_