DEAR STUDENT:

The Memorandum of Agreement, the bi-weekly report form, and the student and cooperator evaluation forms are enclosed in this internship packet.

Return **ALL** completed forms to:

Todd Gaines, Program Coordinator
1177 Campus Delivery
Fort Collins, CO 80523-1170
Todd.gaines@ColoState.edu

Dr. Gaines can be reached by phone at 970-491-6824 if you have any questions.

A completed and signed Memorandum of Agreement must be returned prior the start of internship.

BSPM 587/594 INTERNSHIP PROGRAM
Department of Bioagricultural Sciences and Pest Management

Purpose: The internship program is intended to provide functional experience for students enrolled in the Sequential Degree Program (i.e. 4+1 Program) in the BSPM Department. Faculty and staff of the Department, in cooperation with a wide variety of private companies, growers, and federal and state agencies, conduct the program.

Objective: The overall purpose of the internship program is to enhance a student's educational growth by providing practical work experience.

Requirements of the program: A guideline of no more than one credit per week of learning experience is authorized. The internship may only be undertaken with the approval of a departmental representative. Prior to the start date of the internship, all necessary forms must be filled out, discussed with a departmental academic advisor and the potential cooperator, and returned to the BSPM main office.

A stipend may be paid to the student by the cooperator. Students are responsible for their own transportation to and from employment, room and board, and health and accident insurance. Workmen's Compensation is the responsibility of the cooperator.

Evaluation: The student's academic advisor has primary responsibility for evaluating the program.

- Memorandum of Agreement – facilitates a discussion about what the internship will entail. This form must be completed, signed by all parties (the student, the cooperator, and the academic advisor) prior to the start of the internship.
- Bi-weekly reports from the student must be submitted to the on-campus supervisor. The reports may be emailed, mailed, or faxed to Addy every two weeks throughout the internship or relinquished upon return from the internship experience.
- Student and Cooperator evaluations are required for all internships. Both completed and signed evaluations are due at least two weeks prior to the end of the semester in which the student is registered for the Internship credit(s) (BSPM 587/594).
- Grading will be based on the following: Student evaluation=20%, Cooperator evaluation=20%, Bi-weekly reports=20%, Oral presentation=20%, Written report=20%. All students will receive a 'pass' or 'fail' grade.

Student Fee Reduction: Students who are off-campus for this internship program and registered for credits during the same semester will be assessed a reduced student fee. (Ask Janet in Main Office for this form)

Cooperator: The BSPM department will serve as an intermediary with potential cooperators. The student generally (as is the objective) contributes enough effort to the operation to warrant the time spent by the cooperator.

Internship – Memorandum of Agreement
College of Agricultural Sciences
Colorado State University

Name _____ CSU ID # _____

# of Credits _____ Semester and year registered for credit F___S___SS___

Phone _____ Academic advisor _____

Dates of Internship _____ to _____

Responsibilities – Intern (brief description of program)

Cooperator Name _____ Address _____

Phone _____ _____

Responsibilities – Cooperator (benefits, salary, etc.)

Workman's Compensation is the responsibility of the (check one)

Cooperator (if intern is paid) _____
Individual (if intern is unpaid) _____

_____	_____
Student	Date
_____	_____
Cooperator	Date
_____	_____
On-campus Supervisor	Date
_____	_____
Program Coordinator	Date
_____	_____
Department Head	Date

This contract is bound by the laws of Colorado

GUIDELINES FOR THE FINAL REPORT OF INTERNSHIP EXPERIENCE

BI-WEEKLY REPORT

(Due Every Two Weeks)

Internship Program

Department of Bioagricultural Sciences and Pest Management

Colorado State University

Student's Name _____

Mailing Address _____

Cooperator's Name _____

Cooperator's Address _____

Week _____ 20_____

Brief Outline of the week's activities (Feel free to use bullets)

Summarize briefly what new knowledge and experiences have been gained

Problems, concerns, or suggestions

Internship Program

Department of Bioagricultural Sciences and Pest Management

Colorado State University

Student's Final Evaluation

Student's Name _____ Date _____

A. Evaluation of your personal characteristics.

Using the rating scale, evaluate your performance while involved in the program. If you felt you made noticeable improvement in any of the characteristics since the beginning of the program, please check Column 2 and make your comments at the bottom of this page.

Evaluation Scale: 1 (poor) – 5 (excellent)

	Score (Circle one)	Check if Improved
1. Displays knowledge and understanding of integrated pest management principles as they relate to the ecosystem of study.	1 2 3 4 5	_____
2. Applies integrated pest management principles to issues specific to the ecosystem of study.	1 2 3 4 5	_____
3. Shows ability to synthesize information to meet identified needs.	1 2 3 4 5	_____
4. Effectively collects, synthesizes, and uses information in the development of problem-solving strategies.	1 2 3 4 5	_____
5. Demonstrates a positive working relationship with other employees.	1 2 3 4 5	_____
6. Demonstrates dependability and reliability in performing tasks.	1 2 3 4 5	_____
7. Uses good judgment while performing tasks.	1 2 3 4 5	_____
8. Communicates effectively with other employees and with clientele.	1 2 3 4 5	_____
9. Effectively performs tasks without supervision.	1 2 3 4 5	_____
10. I would rate my overall performance as	1 2 3 4 5	_____

COMMENTS:

B. General Questions

1. What aspects of the internship experience were most useful to you? The least useful?

2. Would you recommend a similar experience for other students who might follow you?

3. Has this experience influenced your future plans in any way? Would you work for the company/entity as a regular employee, if they offered you a position?

4. Other comments:

_____
Signed

_____
Date

Internship Program

Department of Bioagricultural Sciences and Pest Management

Colorado State University

Cooperator's Final Evaluation

Student's Name _____ Date _____

A. Rating of Student's Characteristics.

Using the rating scale, evaluate the following characteristics for the above named student. If the student made noticeable improvement in any of the characteristics during his/her program, please check Column 2 and make your comments at the bottom of this page.

Evaluation Scale: 1 (poor) – 5 (excellent)

	Score (Circle one)	Check if Improved
1. Displays knowledge and understanding of integrated pest management principles as they relate to the ecosystem of study.	1 2 3 4 5	_____
2. Applies integrated pest management principles to issues specific to the ecosystem of study.	1 2 3 4 5	_____
3. Shows ability to synthesize information to meet identified needs.	1 2 3 4 5	_____
4. Effectively collects, synthesizes, and uses information in the development of problem-solving strategies.	1 2 3 4 5	_____
5. Demonstrates a positive working relationship with other employees.	1 2 3 4 5	_____
6. Demonstrates dependability and reliability in performing tasks.	1 2 3 4 5	_____
7. Uses good judgment while performing tasks.	1 2 3 4 5	_____
8. Communicates effectively with other employees and with clientele.	1 2 3 4 5	_____
9. Effectively performs tasks without supervision.	1 2 3 4 5	_____
10. I would rate the student's overall performance as	1 2 3 4 5	_____

COMMENTS:

B. General Questions

1. Beginning Wage _____ Final Wage _____
   Did this student earn the wages received?

2. Based upon his/her internship performance, what are the student's greatest strengths?

3. In what ways can this student improve him/herself?

4. After working with this student, would you recommend him/her to colleagues? If the student applied for a position with your organization, would you consider hiring him/her?

5. Other Comments:

This course is offered on a satisfactory or unsatisfactory basis, but the department would appreciate you indicating a letter grade for the purpose of advising the student and writing recommendations. Please Circle one:

A B C D or F

_____
Signed

_____
Position

_____
Date