



Department of Intellectual and Developmental Disabilities

STUDENT INTERN SERVICE AGREEMENT

Section I - Assignment Data

1. Student's Name: _____

2. Academic Discipline: _____

3. Educational Institution: _____

4. Academic Level: _____

5. Assignment Location and Hours: _____

6. Internship Start and Stop Dates: _____

7. Intern Responsibilities and Expectations: _____

Section II - Educational Institution Representations (To Be Completed by Faculty Sponsor)

I certify that _____ is enrolled as a student with no less than half time status as defined by the Educational Institution and is in good standing. An internship with the Department of Intellectual and Developmental Disabilities is approved as appropriate for the course of study or training that he/she is pursuing.

The student ____will ____will not receive academic credit for the internship.

I understand that, upon request, a record of the student's attendance and an evaluation of his/her performance will be provided to this institution when the internship is completed.

Signature of Faculty Sponsor

Title

Educational Institution

Date

Section III – Student Intern Representations

I understand that:

1. I will NOT receive pay or other compensation for services rendered.
2. I will NOT be considered a State employee nor will I be entitled to receive benefits.
3. I am to conduct myself with honesty and integrity in the performance of my duties.
4. I will conscientiously maintain the confidentiality of protected health information and other knowledge I may acquire during my internship concerning service recipients and Departmental business.
5. This agreement may be terminated at any time by my educational institution or the Department of Intellectual and Developmental Disabilities.
6. A record of my attendance and an evaluation of my performance will be provided, upon request, to me and to my educational institution when my work assignment is completed.
7. I have no expectation or entitlement to an offer of a job at the conclusion of this internship.
8. I shall abide by all policies that pertain to employees of the Department.

Signature of Student Intern

Date