Institute for Public Engagement
Summer Nonprofit Immersion Program
Learning Agreement
Summer 2015

The purpose of this learning agreement is for you, in conjunction with your supervisor and the Institute for Public Engagement, to outline the goals, activities, and learning objectives for your internship. Please be as explicit as possible when completing this form.

CONTACT INFORMATION

Student Intern _______________________________________________________
Address ____________________________________________________________
E-mail __________________________ Phone _____________________________

Host Organization __________________________________________________
Supervisor __________________________ Position _______________________
Address ____________________________________________________________
E-mail __________________________ Phone _____________________________

Wake Forest University Coordinators: ________________________________
Campus Address __ Wake Forest University PO Box 7213 Winston-Salem, NC 27109
E-mail ipe@wfu.edu __________________________ Phone _____________

INTERNSHIP DESCRIPTION

1. What is the mission of the host organization?

2. Describe your role and responsibilities at the host organization.
LEARNING OBJECTIVES AND ACTIVITIES

Learning Objectives

3. Describe in detail what you hope to learn through this experience. Please set specific and tangible goals.

Learning Activities

4. Describe how your planned activities will enable you to meet your learning objectives.

SUPERVISION

By answering each question below, describe in detail the supervision that you will receive at the organization:

5. How frequently will you and your supervisor meet?

6. What kinds of interaction will you have between scheduled supervision meetings?

7. What kinds of training experiences will your supervisor provide?

8. To whom else will you report? What role will you play as a member of the office team?

EVALUATION

9. What criteria will be used to evaluate your performance?

10. How will this evaluation be conducted?

11. Who will complete the evaluation?

12. When will the evaluation take place?

AGREEMENT

By signing this form, you (the intern, the site supervisor and WFU) agree to the conditions stated above. The parties recognize that circumstances may arise that require a change in the Learning Agreement and that such changes may include removing the Student Intern or relocating the Student Intern to another Host Organization. Should such circumstances arise, then the parties agree to work collaboratively to resolve any conflicts or disagreement.

Intern signature ____________________________  Date ____________

Supervisor signature _________________________  Date ____________

WFU Coordinator signature ____________________  Date ____________