

**INTERNSHIP LEARNING PLAN**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Class Level: First Year Sophomore Junior Senior  
 Internship Conducted: Fall J-term Spring Summer Year: 20\_\_\_\_ Hours/week \_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
 Faculty Internship Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_  
 Internship Site/Agency \_\_\_\_\_ Phone \_\_\_\_\_  
 Site Supervisor \_\_\_\_\_ Title \_\_\_\_\_

It is recommended that two or more learning objectives be identified in each of the following categories with specific strategies for each objective. **Attach a separate sheet if you need additional space.**

- I. Academic Learning and Application (i.e. related to the ideas, concepts, or theories of your major or minor field(s) of study and ideas or concepts related to the liberal arts.)
- II. Skill Development (i.e. skills specific to your academic/major or an occupation, and/or general skills such as oral and written communication, critical thinking, organization, problem solving, decision making, leadership, interpersonal relationships, technical, computer, etc.)
- III. Personal Development (e.g. self-confidence, self-awareness, self-management, sensitivity and appreciation for diversity, clarification of work and personal values, career awareness and professional development, etc.)

<p><b>Learning Objectives</b> <i>(What I intend to learn)</i></p>	<p><b>Strategies</b> <i>(Specific processes for achieving my objectives)</i></p>	<p><b>Evaluation Methods</b> <i>(How my progress will be measured)</i></p>

**Faculty Internship Supervisor:** In my judgment, the learning objectives above constitute a valid learning experience worthy of academic recognition.  
 Faculty Internship Coordinator signature \_\_\_\_\_ Date \_\_\_\_\_

**Career Center Internship Coordinator:** In my judgment, the learning objectives described above constitute a valid experience and introduction to the world of work. I agree to work with the student and site supervisor to ensure that objectives, strategies, and methods of the internship are carried out.  
 Career Center Internship Coordinator signature \_\_\_\_\_ Date \_\_\_\_\_

**Site Supervisor:** I have read this learning plan and attest that its components meet the standards and expectations for an internship with my organization/company. I agree to conduct an evaluation of the student and to participate in a site visit by Luther College if requested.  
 Site Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

**Student:** I agree to carry out the objectives, strategies, and methods of the learning plan promptly and, to the best of my ability, fulfill my internship obligations.  
 Student signature \_\_\_\_\_ Date \_\_\_\_\_