Between _____________________________________________________________ (student)
and The Department of Recreation, Park and Tourism Administration, Western Illinois University, Macomb, IL. 

This agreement confirms arrangements for an undergraduate level internship placement for ____________________________________________ (student) at ________________________________________________ (agency) during the _____________ semester of ______________ (year).

The internship begins ___________________________________________ and concludes ___________________________________________.

Students must complete a minimum of 480 hours (typically three months minimum at an average of 40 hours per week) and remain in the Agency throughout the duration of the semester.

The University agrees to:
• provide the Agency with appropriate information about the student placement, the Undergraduate Internship Program, and the expectations for the internship experience
• place students only in agency sites that meet the selection criteria
• assign to the Agency only students who will have successfully completed the internship prerequisites of the undergraduate Internship Program
• provide a faculty internship supervisor who will monitor the internship and consult regarding any problems the student or the Agency is having with the internship
• comply with all applicable state, federal, and local laws regarding the confidentiality of participant/patient information and medical records
• provide liability insurance coverage of $1,000,000 for the student during performance of professional services in the internship
• solicit performance evaluation input from the Agency field instructor and assign the final grade

The Student agrees to:
• work the scheduled hours at the Agency and comply with the Agency’s policies and procedures
• comply with the University’s policies and procedures
• participate in planning the internship and submit bi-weekly reports to the Faculty Internship Supervisor
• engage in midterm and final evaluation with the Faculty Internship Supervisor
• keep the Agency Supervisor and the Faculty Internship Supervisor fully informed about the internship experience and the student’s supervision needs
• register for minimum of twelve semester hours of credit in RPTA 499
• maintain health insurance coverage during the course of the internship
• comply with all applicable federal, state, and local laws regarding the confidentiality of participant/patient information and medical records

The Agency agrees to:
• designate an Agency Supervisor with the proper credentials and experience to supervise the student
• allocate appropriate time for student supervision, including scheduled weekly supervisory sessions and oversight of any activities in which the student is assigned to work with other professional staff
• allocate appropriate time for Agency Supervisor orientation, consultation, and education provided by the University, including visits by the Faculty Internship Supervisor
• provide adequate work support for the student, including office space, computer and telephone access, clerical support, and expenses for business travel
• provide appropriate orientation, work assignments, and learning experiences for the student, including direct service to clients and participation in Agency and community meetings
• assess the learning and skill needs of the student and submit midterm and final performance evaluation forms
• assist the student in self-assessment and in integrating theoretical knowledge with applied experience
• keep the faculty Internship Supervisor informed about the student’s performance
• keep the faculty Internship Supervisor informed about Agency/University relationship issues
• If applicable – NCTRC Certification #________________________ Date: __________________

This agreement will remain in effect until the student completes the internship in the Agency. The agreement may be terminated by either the Agency or the University, following consultation involving the Agency, the student, and the University, when the successful completion of the undergraduate internship is rendered impossible by a given situation.

Signed: _________________________________________ ________________________  Date:  ___________________________
(Student)

Signed: _________________________________________________________________  Date:  ___________________________
(Agency Representative)

Signed: _________________________________________________________________  Date:  ___________________________
(RPTA Internship Coordinator)

Signed: _________________________________________________________________  Date:  ___________________________
(RPTA Department Chair)