STOCKBRIDGE SCHOOL OF AGRICULTURE
UMass Amherst

TURFGRASS MANAGEMENT INTERNSHIP
STUDENT HANDBOOK

The internship program at the Stockbridge School of Agriculture is an integral part of your academic career. The program provides you with industry-related work experience to supplement your classroom studies. Please review the following instructions:

INSTRUCTIONS:

- All students are required to have their internship placement approved by Dr. Ebdon. Failure to do so will result in a grade of F.
- Meet with your employer weekly; establish a clear understanding of the work assignments, expectations, and concerns.
- Give your employer the **Internship Employer Handbook.**
- Sign the **Internship Agreement** with your employer. Submit the form to Dr. Ebdon **by June 30th.**
- Complete & return the **30-Day Evaluation of Employer** to Dr. Ebdon by **June 30th.**
- The internship report is due **September 8th by 5 p.m.** to Dr. Ebdon, 415 Paige Lab. Late reports will receive a full grade reduction for each day late**.**

To fulfill the requirements for your internship, you must complete the additional assignments as outlined in the **Turf Report Instructions** and submit them by the deadlines. These requirements are to be completed on your own time, not during work hours.

Best wishes for a productive experience.

If you have any questions, please contact:

Dr. Scott Ebdon
415 Paige Laboratory
161 Holdsworth Way
UMass Amherst
Amherst, MA 01003
Office: 413-545-2506; Fax: 413-577-0242
sebdon@.umass.edu

INTERNSHIP REQUIREMENTS

STUDENTS MUST:

- Pre-register for internship during registration for spring semester courses beginning in November. Students should access their SPIRE account for their enrollment appointment date and time.

- Work full time (40 hours/week) for the duration of the internship. One credit equals four (4) weeks/160 hours. Students can expect a reduction in credits when the required weeks are not completed as outlined by major.
  - Turfgrass Management students are required to complete three (3) months/13 weeks for three (3) credits.

- Submit all required forms by the designated deadlines, otherwise there will be reduction to your final grade.
  Submit the **Internship Agreement** and the **30-Day Evaluation of Employer** forms by **June 30th**.
  Students will incur a 5% reduction to their final grade for each form submitted past the due date.

- It is the student's responsibility to make sure the employer submits the **Final Evaluation of Student** form by **September 8th**.

- Complete and submit the internship report as outlined in the **INSTRUCTIONS** by **September 8th at 5:00 p.m.** to Dr. Ebdon in 415 Paige Lab. *There will be a full grade reduction to the final grade for each day the report is received after the deadline.*

- Earn a grade of "C" (2.0) or better, and complete the required credits specified by major for graduation.

- Meet the work quality standards of the employer and the minimum standards as outlined in the **Final Evaluation of Student** form.

- Students who change positions, for whatever reason, must notify Dr. Ebdon in writing.

- Students should coordinate any vacation plans with their employer.

TURFGRASS MANAGEMENT
INTERNSHIP AGREEMENT

Student name _____ Phone ( ) _____

Student summer address _____
Street City State Zip Code

Company name _____

Company address _____
Street City State Zip Code

Employer name _____ Phone ( ) _____

Employer **Workman's Compensation #** _____

Send verification of Workman's Comp. Insurance to Dr. Ebdon by June 30th

Period of employment from: _____ to: _____

Daily work hours: from: _____ a.m. to: _____ p.m.

Days per week that student will work: _____

Remuneration that the employer will pay student $ _____ per hour

What is the overtime agreement for work beyond 40 hours per week? $ _____

Educational objectives and activities in which the student will participate:

_____

_____

_____

_____

Two weeks notice must be given to all parties before this agreement is terminated.

We, the undersigned, agree to conform to this agreement.

Employer signature _____ Date _____

Student signature _____ Date _____

Return form by JUNE 30th to:

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161 Holdsworth Way
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TURFGRASS MANAGEMENT
30-DAY EVALUATION OF EMPLOYER

Student name _____ Phone ( ) _____

Student summer address _____
Street City State Zip Code

Company name _____

Company address _____
Street City State Zip Code

Employer name _____ Title _____

1. Did you discuss the internship program and your educational objectives with:
   a. your supervisor? _____ YES _____ NO (explain on reverse side)
   b. other? _____ YES _____ NO Whom?

2. Are you satisfied with the conditions of your employment:
   _____ YES _____ NO (explain on reverse side)

3. Are relations with your employer and co-workers satisfactory:
   _____ YES _____ NO (explain on reverse side

4. Date you began your internship: _____

5. If provided, are room and board arrangements satisfactory:
   _____ YES _____ NO (explain on reverse side)

6. On the reverse side, list the type of work you have performed since your internship began.

Student signature _____ Date _____

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TURFGRASS MANAGEMENT
30-DAY EVALUATION OF STUDENT

(For your information only – Employer has own copy)

Student name _____ Phone ( ) _____

Student summer address _____
Street City State Zip Code

Company name _____

Company address _____
Street City State Zip Code

Employer name _____ Title _____

1. Is the student performing to your satisfaction:

   _____ YES _____ NO

2. Does the student follow instructions:

   _____ YES _____ NO

3. Is the student arriving to work at the specified hour:

   _____ YES _____ NO

REMARKS

_____

_____

_____

_____

_____

Employer/Supervisor signature _____ Date _____

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TURFGRASS MANAGEMENT
FINAL EVALUATION OF STUDENT

(For your information only – Employer has own copy)

We thank you for providing this Stockbridge School of Agriculture student with a positive learning experience, which will complement his/her classroom education. Please complete this confidential form that will be used along with the student's report to assess the student's internship grade.

Student name _____ Phone ( ) _____

Student summer address _____
Street City State Zip Code

Company name _____

Company address _____
Street City State Zip Code

Employer name _____ Phone ( ) _____

Approximate number of absences _____ Number of employer/student conferences _____

First day of work _____ Last day of work _____

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1. Is the student honest? _____ YES _____ NO
2. Does the student keep a good personal appearance? _____ YES _____ NO
3. Is the student arriving to work on time? _____ YES _____ NO
4. Is the student completing assigned projects in a timely fashion? _____ YES _____ NO
5. Does the student follow instructions? _____ YES _____ NO
6. Does the student get along well with other employees? _____ YES _____ NO
7. Does the student show enthusiasm? _____ YES _____ NO
8. Does the student accept constructive criticism? _____ YES _____ NO
9. Do you think the student displays leadership potential? _____ YES _____ NO
10. Quality and thoroughness of student's work:

    _____ Excellent _____ Good _____ Average _____ Fair _____ Poor
11. How would you rate the student's technical competence?

    _____ Excellent _____ Good _____ Average _____ Fair _____ Poor
12. Provide examples where you feel we could improve the student's technical rating.

_____

_____

_____

_____

_____

THIS EVALUATION IS CONFIDENTIAL

At the end of the student's internship, return form by SEPTEMBER 8th to:

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