

Meghan Sacks, Ph.D.

Criminology Program Director

Dept. of Social Sciences & History

285 Madison Avenue, M-MS3-02

Madison, NJ 07940

Tel: 973.443.8745

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**Supervisor Internship Instructions**

**Internship Requirements**

Interns are expected to work a full semester comprised of 135 hours. There is no weekly hour requirement. The hours can be determined by the supervisor according to the agency’s needs.

**Evaluation and Time Sheet Instructions**

Supervisors are required to complete a mid-semester and final evaluation. These evaluations are a percentage of the student’s final grade. Students are also required to complete a weekly time sheet to submit weekly or bi-weekly to their supervisor. Supervisors are required to sign off on the time sheets. The mid-semester evaluation and final evaluation will both ask how many hours have been completed by the student at the time of evaluation.

Mid-semester evaluations are due as follows:

Fall semester: End of third week in October

Spring semester: End of third week in March

Summer semester: End of second week in July

Final evaluations are due upon completion of the student’s internship. In the fall, this would be no later than December 15th. In the spring, this would be no later than May 15th and in the summer this would be no later than August 25th.



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**Mid-Semester Internship Evaluation**

Intern Name:

Supervisor Name/Telephone Number:

Agency:

Semester and Year:

Number of Hours Completed by Student to date:

Please rate the student’s performance in the following areas by placing an **X** under the appropriate response.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Outstanding | Good | Average | Below Average |
| Attendance/Punctuality |  |  |  |  |
| Time Management Skills |  |  |  |  |
| Attitude |  |  |  |  |
| Professional Demeanor |  |  |  |  |
| Communication Skills |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Outstanding | Good | Average | Poor |
| Ability to Work Independently |  |  |  |  |
| Productivity |  |  |  |  |
| Overall Quality of Work |  |  |  |  |

**COMMENTS:**

Please discuss some of the tasks the student intern performs.

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Please provide any suggestions for how the student can improve on his/her performance in any of the aforementioned areas or any other areas. Feel free to make additional comments.

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Supervisor Signature Date



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**Final Evaluation for Student Intern**

Intern Name:

Supervisor Name/Telephone Number:

Agency:

Semester and Year:

Total Number of Hours Completed by Student:

Please rate the student’s performance in the following areas by placing an **X** under the appropriate response.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Outstanding | Good | Average | Below Average |
| Attendance/Punctuality |  |  |  |  |
| Time Management Skills |  |  |  |  |
| Attitude |  |  |  |  |
| Professional Demeanor |  |  |  |  |
| Communication Skills |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Outstanding | Good | Average | Poor |
| Ability to Work Independently |  |  |  |  |
| Productivity |  |  |  |  |
| Overall Quality of Work |  |  |  |  |

**Additional Questions:**

What are the student’s strengths?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What areas would you suggest the student needs to work on and/or improve?

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Has the student made any contributions to your organization that you’d like to note?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is this student well-suited to work in the field of criminal justice? If so, what skills or attributes does the student possess that make him/her suited for a position in this field in particular?

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Would you consider hiring this student upon graduation, assuming a position was open with your organization?

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Supervisor Signature Date

Thank you for allowing our student to intern with your organization. We are very grateful that you provide our students with such valuable opportunities.



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**Weekly Time Sheet for Student Internship**

|  |  |
| --- | --- |
| **WEEK** | **HOURS** |
| Week 1 |  |
| Week 2 |  |
| Week 3 |  |
| Week 4 |  |
| Week 5 |  |
| Week 6 |  |
| Week 7 |  |
| Week 8 |  |
| Week 9 |  |
| Week 10 |  |
| Week 11 |  |
| Week 12 |  |
| Week 13 |  |
| Week 14 |  |
| Week 15 |  |
| Week 16 |  |
| **TOTAL HOURS WORKED** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Interns are expected to work a full semester comprised of 135 hours. There is no weekly hour requirement. The hours can be determined by the supervisor according to the agency’s needs.

Prior to commencement of the internship, the student must fill out the Experiential Learning Plan, provided below, and return this document to the Criminology department.

Students must also register in person for the online accompanying internship course once the internship has been finalized. Students are expected to complete all components online via Web Campus. The final grade is determined by student evaluations from supervisors and student completion of online coursework.

**EXPERIENTIAL LEARNING PLAN**

|  |  |  |  |
| --- | --- | --- | --- |
| INTERNSHIP COORDINATOR | | | |
|  | | | |
| Name | Meghan Sacks | Title | Criminology Program Director |
| Mail Code | M-MS3-02 | Email | [megsacks@fdu.edu](mailto:megsacks@fdu.edu) |
| Work Phone | 973-443-8745 | Fax | 973-443-8799 |

|  |  |  |  |
| --- | --- | --- | --- |
| FACULTY ADVISOR | | | |
|  | | | |
| Faculty Advisor | Meghan Sacks | Department | Social Sciences & History |
| Mail Code | Same | Email | Same |
| Work Phone | Same | Fax | Same |
| Cell Phone |  | Other |  |

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT | | | |
|  | | | |
| Name |  | ID |  |
| Address |  | City, State, Zip |  |
| Home Phone |  | Cell Phone |  |
| Email |  | Grad Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT ELIGIBILITY CHECK | | | |
| Student must have 30 credits completed (transfers must complete 1 semester at FDU) and have a 2.0 cumulative GPA and a 2.33 Major GPA to be eligible for the internship program. **Criteria must be checked and signed by faculty advisor.** | | | |
| C. GPA |  | Semester Credits |  |
| Major GPA |  | Academic Level |  |
| Overall Credits |  | Current Term |  |
| Course Number |  | Faculty Signature | X |

|  |  |  |  |
| --- | --- | --- | --- |
| COMPANY/ORGANIZATION | | | |
|  | | | |
| Company Name |  | | |
| Address |  | City, State, Zip |  |
| Site Supervisor |  | Title |  |
| Work Phone |  | Email |  |
| Website |  | Fax |  |
| Hours Required |  | Salary | Not required |

**\* The following sections are to be completed by the faculty advisor. \***

|  |  |
| --- | --- |
| INTERNSHIP DUTIES AND RESPONSIBILITIES | |
| Internship duties and responsibilities should be listed here or included as an attachment. | |
| 1) | Duties and responsibilities of the internship are specified by field placement supervisor. Additionally, the student must complete the required assignments as assigned on the syllabus for this class. |
| 2) |  |
| 3) |  |

|  |  |  |
| --- | --- | --- |
| STUDENT ASSIGNMENTS | | |
| Please give a description of the assignment in as much detail as possible concerning the academic project (daily journal, research paper or special project). Be precise and accurate in discussing the topics to be covered, their relation to the job assignment and major area of study, length of paper or project etc. Special attention should be paid as to how the assignment impacts on the student’s career goals. Include due dates and final grade percentage. | | |
| **Assignment:** | **Due Date:** | **Grade percentage:** |
| Employer Mid and Final Evaluation |  | 30% |
| Other Written Assignments |  | 40% |
| Discussion Board |  | 20% |
| Mock Interview |  | 10% |

|  |  |
| --- | --- |
| LEARNING OBJECTIVES | |
| Please indicate at least 3 learning objectives the student will expect to accomplish during this experience. Include how the student will prove attainment of these objectives. | |
| 1) | Gain field experience |
| 2) | Gain practical professional skills |
| 3) | Transition from internship to job opportunities |

I understand that:

The Internship Coordinator reserves the right to terminate my internship for cause. Cause shall include, but shall not be limited to, unprofessional behavior, excessive absence or lateness, violation of the University’s or internship agency’s confidentiality policy, and failure to carry out agreed duties and responsibilities. Students who have an internship terminated for cause are required to drop the internship course and will not be permitted to take another internship for credit;

Student initials

Participation in this internship is entirely voluntary and that any such internship program involves some element of risk. I agree that I will indemnity, defend and hold harmless Fairleigh Dickinson University, its trustees, officers, agents, employees, successors and assigns from liability for any and all claims, demands, rights or causes of action, present or future, resulting from or arising out of internship program, including any travel or other activity conducted by or under the auspices of the program;

Student initials

The University requires that all students be covered by appropriate accident and medical insurance and that the internship agency may require me to purchase liability insurance. My signature below acknowledges I shall be financially responsible for such expenses and verifies that I am covered by the required insurances;

Student initials

The hours and duties listed on the job description are subject to change based on mutual agreement of the internship agency and the student in consultation with the faculty Advisor.

Student initials

This Learning Plan is designed to protect all participants in Fairleigh Dickinson's internship program(s), including students, faculty members, Fairleigh Dickinson and individuals cooperating with the University. I HAVE READ AND UNDERSTAND THIS LEARNING PLAN AND AGREE THAT BY MY SIGNATURE BELOW I AM AGREEING TO BE BOUND BY THEM.

Student and Faculty Advisor should sign three (3) copies of this Learning Plan, retaining one fully executed copy each, with the third fully executed copy to be delivered to the Internship Coordinator before beginning the internship.

Student: Date: \_

Faculty Advisor: Date: