

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.)

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

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 _____