

DS-7002 Intake Form: Required Information for the Student Intern Training Plan

Student Information

Given Name: _____ Family Name: _____

Home Institution: _____ Degree Level: _____

The student will be participating in a work-based learning program for a minimum of 32 hours a week with no more than 20% of clerical work:

Host Department Information

Department: _____ Tufts University School: _____

Department Address: _____

Department Website: _____ Hours per week (minimum 32 h/w) _____

Will the intern receive monetary compensation from the Department? _____

If yes, how much? _____ Frequency _____

Will the intern receive worker's compensation in case of accident? _____

Main Internship supervisor: _____ Title: _____

Phone: _____ Email: _____ Fax: _____

Internship Information: If the internship program is comprised of more than one phase, please include information for additional phases on the last page of this form.

Phase 1 site name (i.e. name of Lab): _____

Site address for Phase 1: _____

Phase name: _____ Training internship field: _____

Start date of the internship: _____ End date of the internship: _____

Primary phase supervisor if different from main internship supervisor: _____

Supervisor Title: _____ Email: _____ Phone number: _____

Description of Trainee/Intern's role for this program or phase

Specific goals and objectives for this program or phase

Please list the names and titles of those who will provide continuous (for example, daily) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?

What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

What specific knowledge, skills, or techniques will be learned?

How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities and/ or methodology of training and chronology/syllabus.

How will the Trainee/Intern's acquisition of new skills and competencies be measured?

Additional Phase Remarks (optional)

Name of Person Completing this Form: _____

Date: _____

Provide information of additional internship phases as applicable

Phase 2 site name (i.e. name of Lab): _____

Site address for Phase 2: _____

Phase name: _____ Training internship field: _____

Start date of the internship: _____ End date of the internship: _____

Primary phase supervisor if different from main internship supervisor: _____

Supervisor title: _____ Email: _____ Phone number: _____

Phase 3 site name (i.e. name of Lab): _____

Site address for Phase 3: _____

Phase name: _____ Training internship field: _____

Start date of the internship: _____ End date of the internship: _____

Primary phase supervisor if different from main internship supervisor: _____

Supervisor title: _____ Email: _____ Phone number: _____