



**Paint Branch High School  
Signature Internship Program  
Student Learning Contract**



**Section I – Student Identification**

Name: \_\_\_\_\_ SID#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone # \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Section II – Internship Description**

Position Title: \_\_\_\_\_  
 Supervisor’s Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Supervisor’s Signature: \_\_\_\_\_  
 Agency name: \_\_\_\_\_  
 Agency Phone # \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Dates of Assignment \_\_\_\_\_ to \_\_\_\_\_ Hours per week: \_\_\_\_\_

Brief Description of Intern Responsibilities:

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**Section III –Goal Statement**

Describe primary goals and objectives to be accomplished by your field experience:

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**Section IV – Approval Signatures**

Student \_\_\_\_\_ Date: \_\_\_\_\_  
 Coordinator, Ms. Candia \_\_\_\_\_ Date: \_\_\_\_\_