City University of New York
New York City College of Technology New Academic Complex
285 Jay Street Brooklyn, NY 11201
718-260-5135

Associate/Bachelor Degrees Accredited by the Council for Standards in Human Services Education

To: Director of Student Interns (Human Services/Social Work)

Cc: Prospective Intern candidate

From: NYC College of Technology Human Services Academic Internship Coordinator, Dr. Andres Rosado

This is to refer a New York City College of Technology (NYCCT) Human Services student, a prospective intern candidate, to your agency/institution for the spring and fall semesters. The student, majoring in human services, has completed foundation courses at in counseling, assessment, professional ethics, community organization, vulnerable populations, and treatment services. Please note that CUNY maintains malpractice insurance for all student interns.

Guidelines:

- 1. Upon an interview and acceptance of the intern, the student and supervisor complete a one page Learning Contract each semester. (Attached is the Learning Contract-please use the correct one and indicate the course code where asked)
- 2. Student will submit the Learning Contract to the HUS Academic Internship Coordinator, Andres Rosado. Email submission is fine: <u>ARosado@citytech.cuny.edu</u>, or student can drop off the form New Academic Complex Room 805. (Please call the office to ensure it is open at (718) 260-5415)
- 3. All students must complete, **Sexual Harassment**, **Gender-Based Harassment and Sexual Violence Curriculum Workshop**, online at the following website www.citytech.cuny.edu/title-ix
- 4. Once students are placed, a professor affiliated with the student's field/internship course becomes the contact person for the agency supervisor. Students will provide the professor's contact information to the agency supervisor.
- 5. Students registered for a NYCCT field/internship course and they are expected to complete assignments that coincide with their internship work in the agency. The student will provide a supervisor with a copy of assignments for the specific course syllabus (Ex: Individual, family, group work; biopsychosocial; process recordings; change projects, advocacy, case management, logs, etc.)

Field/Internship Information/Requirements

Program	Start/End	Hours	Average	Supervisor	Supervision	Paperwork (Student provides
			Hours			forms)
ASSOCIATE	~1st day of class to 14th class session. ~No extensions or early start	125 per semester	10 hrs. per week, aligns with program needs and student schedule	Bachelor in human services; social work; psychology, guidance, mental health, related field	~1 hour (private) supervision per week ~ Follow student syllabus assignments	~New Agency Contract (only for new agencies) ~Learning Contract ~Time Sheet (on-going) ~Monthly Supervisor Form (1pg, due monthly) ~Midterm Evaluation (1pg, 7 th week d ~Final Evaluation (Due 14 th week)
BACHELOR	Same as Associate	100 per semester	8 hrs. per week, aligns with program needs and student schedule	Masters in human services; social work; psychology, guidance, mental health, related field	Same as Associate	Same as Associate

Additional Information: http://www.citytech.cuny.edu/human-services/human-services-bs.aspx
http://www.citytech.cuny.edu/human-services/human-services-bs.aspx
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Thank you for considering mentoring our students!

NEW YORK CITY COLLEGE OF TECHNOLOGY HUMAN SERVICES ACADEMIC INTERNSHIP COORDINATOR'S OFFICE (718) 260-5415 BACHELOR DEGREE / HUS 4701 AND HUS 4801 PROFESSIONAL LEARNING CONTRACT

Note: This form is to be completed and signed by the student and the agency supervisor or his/her designee, prior to beginning Internship. The completed form should be submitted, by the first day of the semester to the Professional Development Center/Atrium Bld., @ the Student Center. Please print or type all information. Student and Agency should keep a copy for their records.

1. Student Information – This Section To Be Co	ompleted By Student	
Student's Name		Emplid ID:
Last	First	
Address	Borough	Zip
Address	Eve Telephone ()
Emergency Name	Telephone	
Emergency Name Co	ourse: HUS 4701 HUS 480	01
Stude	nt Must Sign At Bottom Of Form	
2. Agency Information – Field Supervisor Must		
Name of Agency		
Mailing Address	04-4-	7:- 0-1-
Boro	State	ZIP Code
Telephone: Day ()		
Fax # ()	Email	
Supervisor:	i elephone: (
Coordinator of Interns	l elephone: ()
Has this student ever or they currently working at the	nis agency? Yes No	
hours per 15-week semest	his site (8 hours per week for at lea ter).	as follows: NOTE: The student must ast 2 days per week, for a total of 100
B. The student: 1. is scheduled to start on: (Date) 2. will be supervised by a staff member crede	entialed in their field (a minimum of a	
related discipline). The supervisor will me needs and other issues related to perform C. The agency will provide the student with:	nance as a human services intern.	, -
The agency will provide the student with: an agency orientation on:	, at	
2. opportunities and guidance in the complet	ion of the following assignments:	
a. Recordings (progress notes, intake su		group summaries, etc.)
c. Attendance at meetings - case confere		etings, etc (where appropriate)
d. Basic research project to address clier		
D. Please Complete If The Student Has Been Pl		Than The One Above.
Name of Agency		
Mailing Address		
Borough		Zip Code
Primary Contact Person		Title
Telephone: Day ()	Eve ()	
Supervi	isor Must Sign At Bottom Of Form	
Human Service professionals provide services gender, religion, sexual orientation or socioeco Professional. (2000).		
Signature of Student:		Date
Supervisor Signature:		
Academic Internship Coordinator of		
Field Placement:		Date