



**Eliot-Pearson  
Department of Child Development**

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**CD 199 INTERNSHIP PROPOSAL**

**STUDENT NAME:** \_\_\_\_\_

**PLACEMENT SITE:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE NO:** \_\_\_\_\_

**SITE SUPERVISOR:**

<b>NAME</b>	<b>TITLE</b>	<b>PHONE NO.</b>
_____	_____	_____

**DIRECTIONS TO PLACEMENT FROM TUFTS UNIVERSITY:**

**SITE DESCRIPTION (Function, mandate, objectives, clientele served, etc.);**

**YOUR PLACEMENT SCHEDULE (Days and Hours):**

YOUR UNDERSTANDING OF THE NATURE OF THE WORK YOU WILL BE DOING:

GOALS AND OBJECTIVES FOR THE INTERNSHIP:

Identify at least **three** specific goals/objectives that you hope to accomplish during the first semester of this internship. Attach additional pages, if needed. How do you expect this internship to prepare you for your professional work?

RELATED COURSES TAKEN IN PREPARATION FOR THIS INTERNSHIP  
(Course numbers and titles):

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Signatures of Approval of Proposed Internship

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Student

Date

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Faculty Internship Advisor

Date

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Site Supervisor

Date

*(Copy of this document must be given to the Coordinator of Field Placements.)*