Dr. La Fleur Small  
263 Millett Hall  
(937) 775-2152  
Email: Lafleur.small@wright.edu  
Office hours: By appointment

Description  
Supervised field experience in corrections and social agencies (probation, parole, jail, juvenile, adult, and aging).

**THE STUDENT MUST COMPLETE 10 HOURS PER WEEK OF WORK (150 hours per semester) FOR 3 CREDIT HOURS!**

Requirements  
1) Submit a minimum of a 10 page paper about the internship experience. The paper must accompany a bibliography of 20 scholarly articles from scholarly journals pertaining to your internship. (Please use APA format) (Check out the OWL at Purdue University for examples of APA format).  
2) Submit a weekly activities log (signed by the supervisor).  
3) Submit a performance evaluation (from the agency) to the internship coordinator.  
4) Meet with the internship coordinator twice during the semester.  
5) Successfully complete clock/work hours during the term without tardiness of an absentee record.

Grading  
Your grade will be determined by your performance on assignments.

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Percentage of Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper</td>
<td>25% of grade</td>
</tr>
<tr>
<td>Activities log</td>
<td>25% of grade</td>
</tr>
<tr>
<td>Performance evaluation</td>
<td>25% of grade</td>
</tr>
<tr>
<td>Meeting(s)</td>
<td>25% of grade</td>
</tr>
</tbody>
</table>

Grading Scale: Course Grade

<table>
<thead>
<tr>
<th>Score</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100</td>
<td>A</td>
</tr>
<tr>
<td>80-89</td>
<td>B</td>
</tr>
<tr>
<td>70-79</td>
<td>C</td>
</tr>
<tr>
<td>60-69</td>
<td>D</td>
</tr>
<tr>
<td>0-59</td>
<td>F</td>
</tr>
</tbody>
</table>
Weekly Internship Log

Complete this form at the end of each work week.

Intern’s Name (print): ________________________________________________________

Agency: _________________________________________________________________

Duties performed throughout the week (please explain below):

New skills learned (please explain below):

Total hours this week: ___________________

Supervisor’s Signature: ___________________ Date: ______________

Intern’s Signature: ___________________ Date: ______________

Please return to:
Dr. La Fleur F. Small
Applied Behavioral Sciences Program
270 Millett Hall
Dayton, OH 45435-0001
Fax: (937) 775-4228 (Attention: Dr. La Fleur Small)
# Student Evaluation by Agency

Name of Student _____________________________________________________  
Agency ____________________________________________________________  
Supervisor __________________________________________________________

Rating System:  
1=Excellent  2=Good  3=Satisfactory  4=Unsatisfactory  5=Not applicable

<table>
<thead>
<tr>
<th>Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reports punctually for scheduled hours</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Attends promptly to assigned tasks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Performs tasks with a positive attitude</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Is capable of working independently</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Demonstrates a sense of responsibility</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Handles problems appropriately</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Responds creatively to criticism</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Demonstrates a sense of empathy for feeling of others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Made strides in preparing to enter this professional area</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. *Overall rating of student’s performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Additional comments:

I understand my evaluation and comments will be used to aid in grading the student’s performance.

Signature: ________________________________  
Date: __________________

Send form to:  
Dr. La Fleur F. Small  
Applied Behavioral Sciences  
270 Millett Hall  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435
Applied Behavioral Science
Criminal Justice and Social Problems
Internship Form

Student/intern’s name (print or type) _____________________________

Semester(s) of service ________________________________

Number of credit hours _______

Agency name ___________________________

Agency address____________________________________________________________

Provide a brief description of work/service to be completed:

_________________________________________________

Student’s signature Date

Supervisor’s signature Date

Internship coordinator’s signature Date