INTRODUCTION

This Handbook is considered to be the syllabus for HORT 2010. It differs from a conventional syllabus because HORT 2010 is an independent study class. As such, considerable responsibility is placed upon the Student Intern for timely and proper completion of assignments.

INTERNETION PROGRAM POLICIES

The policies outlined herein are designed to enhance the quality of the Internship Program and provide a basic framework from which the Student, the Academic Advisor, and the Cooperator can work effectively.

1. To participate, the Student must have successfully completed at least 24 credit hours with a minimum overall grade point average of 2.00, and have at least one semester remaining toward completion of a degree.

2. The Student is responsible for obtaining a Cooperator. One objective of HORT 2010 is to give the Student practice in seeking out employment opportunities in Horticulture. The Department maintains a list of internship opportunities on its website. Advisors often provide assistance, including referrals and letters of reference. However, it is NOT the responsibility of the Student's Advisor to find the Student a Cooperator or an Internship position.

3. The Student must complete an application for the Internship Program and have it approved by his/her Academic Advisor before beginning the Internship. One copy of the completed, approved application should be given to the Department Undergraduate Advising Coordinator. Following approval of the application, academic credit for the Internship is obtained through enrollment in HORT 2010. Due to grade reporting deadlines and the requirement for an oral report, most Students enroll in HORT 2010 for the semester immediately following completion of the Internship work experience.

4. Students will receive one credit hour for each 160 hours of approved work experience. A maximum of six credit hours may be earned. The grade will be assigned on a Pass-Fail basis. Credit in HORT 2010 will not substitute for required courses.

5. Another objective of HORT 2010 is to enhance the educational experience of the Student by broadening his/her horizons beyond familiar surroundings. No credit will be granted to a Student working for one of his/her family's businesses.

6. The Student is responsible for arranging transportation, housing and board, health and accident insurance, worker's compensation, and liability insurance.

7. The stipend to be received by the Student Intern is a matter to be decided by mutual agreement of the Student and Cooperator.
REQUIREMENTS FOR HORT 2010

A Student must earn a minimum of three (3) credits in HORT 2010 as part of the requirements for the B.S. degree in all options under the Horticulture major. Any exceptions to this policy must be approved in advance by the Student's Advisor and the Department Head.

1. A minimum of one report is required from the Student Intern for each 160 hours worked. These are called “Monthly Reports”, but the work period covered may include parts of two months. However, if more than four weeks are required to accumulate 160 hours (for example, if the student is working part-time over several months), then the minimum standard will be one report per month for the duration of the internship. These reports will be dated and bear the signature of approval of both the Intern and Cooperator. The Student Intern commits to submit the monthly reports by the dates agreed to with his/her Advisor as listed on the Application for Internship Program form. The last monthly report should be submitted as soon as practical after the completion of the internship work experience.

2. It is recommended that the Student summarize his/her experiences every week rather than attempting to complete a monthly report from memory. A personal journal may be helpful.

3. The Student's Advisor will contact the Student and the Cooperator during the Internship program. This contact normally will be by letter or telephone, but may also include an on-site visit.

4. The Student will present a 15-minute oral report (seminar) of his/her experiences to interested students and faculty during the Department's seminar series. This seminar must be presented no later than the semester immediately following completion of the Internship work experience.

5. A final written report covering the total Internship experience will be prepared by the Student (in the form outlined). The Student also must complete a Student's Final Evaluation Form. The final report and Evaluation Form must be turned in no later than the date of the Student's oral report, with earlier submission strongly encouraged.

6. The Cooperator will complete and submit a Cooperator's Final Evaluation Form and mail it directly to the Student's Advisor.

7. The Student's Advisor assigns the final grade for HORT 2010, considering the monthly reports, the final oral and written reports, and the Cooperator's Final Evaluation. A Student who completes all the requirements for HORT 2010 in a timely manner, including submission of an acceptable final written report, will be awarded a grade of "Pass". A Student who misses any two due dates for completing requirements for HORT 2010, or who does not produce an acceptable final written report after one opportunity for revision, will be awarded a grade of "Fail."
COOPERATOR RESPONSIBILITIES

The Cooperator's role is both that of employer and teacher. The Cooperator has knowledge, experience, and equipment that cannot be found in a classroom, and which when shared with the Student can add a new dimension to the Intern's education. The Cooperator's responsibilities include:

1. Providing the Student with a broad range of learning experiences through a work and counseling association.

2. Encouraging the Student to serve as a productive, thinking employee during the Internship Program experience.

3. Reviewing with the Student the goals and purposes set for the work experience and furnishing appropriate counseling and guidance during the Student's work experience.

4. Approving and signing each monthly report which will be sent to the Student's Advisor, including confirmation of hours worked.

5. Completing a Cooperator's Final Evaluation Form and mailing it directly to the Student's Advisor.

Any Student or Cooperator interested in additional information on how to participate in the Horticulture Internship Program may contact:

Lou Anella  
Dept. of Hort. and L. A.  
360 Ag. Hall  
Oklahoma State University  
Stillwater, OK  74078-6027  
Phone: (405) 744-5414

Note: The student is asked to furnish a copy of this page to the Cooperator at the beginning of the internship.
COOPERATOR’S FINAL EVALUATION OF STUDENT

HORT 2010 Internship in Horticulture
Department of Horticulture and Landscape Architecture
Oklahoma State University, Stillwater, OK 74078-6027

Student’s Name _______________________________________ Date ________________

A. RATING OF STUDENT CHARACTERISTICS

Please use the spreadsheet (rubric) we have supplied.

B. GENERAL QUESTIONS

Please provide 4-5 lines each to answer the following questions. You may attach a continuation page if desired.

1. Beginning wage or salary: ____________   Final wage or salary: ____________

2. In terms of subject matter knowledge, how prepared was the student in regards to the following subject categories:

a. in regards to understanding plant growth and development?

   Unsatisfactory – Minimally Acceptable – Average – Above Average – Excellent

b. in regards to understanding plant identification, management, and use?

   Unsatisfactory – Minimally Acceptable – Average – Above Average – Excellent

c. in regards to understanding pest and disease management?

   Unsatisfactory – Minimally Acceptable – Average – Above Average – Excellent

d. in regards to the overall understanding of horticultural/business operations?

   Unsatisfactory – Minimally Acceptable – Average – Above Average – Excellent

3. What characteristics did you like most about this student?
4. In what ways can this student improve?

5. Suggestions for improving the Internship Program (selection of student, specification of tasks to be performed, etc.).

6. Would you be willing to participate in the Internship Program next year?
   □ Yes  □ No  Why, or Why Not?

C. CONSENT FORM

Please check whether you “do” or “do not” provide your consent for release of the Cooperator’s Final Evaluation of Student form directly to the student. Also please sign this form. If you choose to provide consent for release of the form to the student, the student will be able to access the form directly. If you do not provide consent, only the major strengths and weaknesses of the student will be relayed to them verbally, and they will not be able to access your evaluation form directly.

I □ do □ do not provide my consent for release of the Cooperator’s Final Evaluation of Student Form to the student.

PLEASE MAIL ALL PAGES DIRECTLY TO THE STUDENT’S ADVISOR

In care of:
Department of Horticulture and Landscape Architecture
358 Agricultural Hall
Oklahoma State University
Stillwater, OK 74078-6027
Phone: (405) 744-5414

Cooperator’s Signature

Position

Agency or Company Name

Date
<table>
<thead>
<tr>
<th>A. COOPERATOR'S RATING OF STUDENT CHARACTERISTICS</th>
<th>1 - Unsatisfactory</th>
<th>2 - Exhibits some characteristics of “1” and some characteristics of “3”; Minimally Acceptable</th>
<th>3 - Basic Competency</th>
<th>4 - Exhibits some characteristics of “3” and some characteristics of “5”; Above Average</th>
<th>5 - Excellent</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest in learning</td>
<td>No interest or “knows it all”</td>
<td>Has some desire for new knowledge</td>
<td>Intellectually curious and eager to learn</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judgment</td>
<td>Makes poor decisions</td>
<td>Has common sense</td>
<td>Tactful and consistently makes good decisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enthusiasm</td>
<td>Disinterested</td>
<td>Even-tempered</td>
<td>Positive and enthusiastic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courtesy</td>
<td>Rude</td>
<td>Usually shows basic courtesy and respect</td>
<td>Always courteous and respectful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal appearance</td>
<td>Sloppy and unprofessional</td>
<td>Acceptable</td>
<td>Neat and professional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employee Traits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speed of completing responsibilities</td>
<td>Too slow; holds up the project</td>
<td>Average; maintains the pace</td>
<td>Sets an up-tempo but appropriate pace</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to perform without supervision</td>
<td>Requires constant supervision</td>
<td>Trustworthy but may need task-specific supervision</td>
<td>Highly skilled; can supervise others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willingness to receive guidance</td>
<td>Defensive</td>
<td>Accepts guidance</td>
<td>Asks questions; seeks guidance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationships with other employees</td>
<td>Aloof; not a team player</td>
<td>Usually gets along with co-workers</td>
<td>Respected and well-liked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability and reliability</td>
<td>Not trustworthy</td>
<td>Reliable for most tasks</td>
<td>Unquestioned reliability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoroughness in completing tasks</td>
<td>Careless or incomplete work</td>
<td>Performs to the standard most times</td>
<td>Consistently thorough; may exceed expectations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please give one score per row using the 1 to 5 scale. Add an asterisk (*) if noticeable improvement since the beginning of the program.
(PLEASE TYPE)

STUDENT'S FINAL EVALUATION OF COOPERATOR

Internship Program
Department of Horticulture and Landscape Architecture
Oklahoma State University, Stillwater, OK  74078-6027

Students Name  Date

Name of Cooperator

Address

Name of Business Firm or Agency

A. EVALUATION OF COOPERATOR'S PERSONAL CHARACTERISTICS

Rating Scale:
1 = Excellent  4 = Minimally Acceptable
2 = Very Good  5 = Unsatisfactory
3 = Average

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to teach</td>
<td>______</td>
</tr>
<tr>
<td>Interest in teaching</td>
<td>______</td>
</tr>
<tr>
<td>Willingness to provide guidance</td>
<td>______</td>
</tr>
<tr>
<td>Relationships with other employees</td>
<td>______</td>
</tr>
<tr>
<td>Enthusiasm</td>
<td>______</td>
</tr>
<tr>
<td>Courtesy</td>
<td>______</td>
</tr>
<tr>
<td>Fairness in dealing with employees</td>
<td>______</td>
</tr>
<tr>
<td>Willingness to discuss management factors and decisions</td>
<td>______</td>
</tr>
<tr>
<td>Overall performance</td>
<td>______</td>
</tr>
</tbody>
</table>
B. GENERAL QUESTIONS (Attach a continuation page if desired)

1. When considering the entire business or operation where you worked, what were the:

   **Strong points:**

   **Weak points:**

2. What changes would you recommend for this business or operation? Consider areas such as efficiency, profitability, and employee relations.

3. Would you recommend a similar experience for other students who might follow you?
   
   □ YES  □ NO  Why or why not?
4. Do you feel that you were justified in receiving university credit for this experience?

☐ YES    ☐ NO

Why or why not?

5. Other comments:

C. CONSENT FORM

Please check whether you "do" or "do not" provide your consent for release of the Student's Final Evaluation of Cooperator Form directly to the cooperator. Also, please sign this form. If you choose to provide consent for release of the form to the cooperator, cooperators will be able to access the form directly. If you do not provide consent, only the major strengths and weaknesses of the cooperator will be relayed to them, and they will not be able to access your evaluation form directly.

I ☐ do ☐ do not provide my consent for release of the Student's Final Evaluation of Cooperator Form to the cooperator.

PLEASE RETURN TO YOUR ADVISOR

In care of:
Department of Horticulture and Landscape Architecture
358 AG Hall
Oklahoma State University
Stillwater, OK 74078-6027
Phone: (405) 744-5414

_________________________________________
Student's Signature

_________________________________________
Date mailed or turned in
MONTHLY REPORT
Internship Program
Department of Horticulture and Landscape Architecture
Oklahoma State University, Stillwater, OK 74078-6027

Student's Name ________________________________________________

Summer Mailing Address _________________________________________

Cooperator's Name and Title _____________________________________

Cooperating Firm or Agency: ______________________________________

Cooperator's Address: ___________________________________________

Period From: ___________________________ To: _______________________

Total hours worked during this period: If less than 160 hours, fill in hours here __________

If 160 hours or more, check here __________

BRIEF DESCRIPTION OF YOUR ACTIVITIES

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
(PLEASE TYPE)

SUMMARIZE WHAT NEW KNOWLEDGE AND EXPERIENCES YOU HAVE GAINED

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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PLEASE RETURN TO YOUR ADVISOR

In care of:
Department of Horticulture and Landscape Architecture
358 Ag. Hall
Oklahoma State University
Stillwater, OK  74078-6027
Phone:  (405) 744-5415

__________________________________________
Student's Signature

__________________________________________
Cooperator's Signature

__________________________________________
Date mailed or turned in
APPLICATION FOR INTERNSHIP PROGRAM
Department of Horticulture and Landscape Architecture
Oklahoma State University, Stillwater, OK 74078-6027

Name

Date

Stillwater Address

Home Address

Stillwater Phone

Home Phone

Horticulture Option

Academic Advisor

Credit Hours Completed  Overall GPA

1. List and describe the jobs you have held. List the most recent job first.

2. Briefly state why you want to be involved in this program and what you expect to gain from it. Be specific.

3. I will enroll in HORT 2010 for _______ credit hours during ________ semester/year.
4. **Cooperator's Name:**

   **Title:**

   **Agency or Firm:**

   **Address:**

   **Office Phone Number:**

   **Cooperator’s E-Mail Address:**

   **Date of involvement in the internship:**

   **From:**

   **To:**

   **Indicate arrangements for days and hours to be involved and expected time off:**

   **Immediate Supervisor:**

   **Title:**

   **Phone:**

5. I agree to submit a total of ______ monthly reports. Reports will be due: (list dates)

(Questions 6, 7 and 8 will be filled in by Student's Advisor.)

6. **Number of hours approved by Advisor:**

7. **Approved dates of Internship, From:**

   **To:**

8. **Advisors Approval:**

   **Date:**

(Question 9 must be signed after approval and before leaving OSU for Internship position.)

9. **STUDENT CERTIFICATE**

   I agree to abide by all of the conditions and requirements in this application and as outlined by the Internship Requirements and Policies, and to contact my Advisor by phone should any problem arise. I have been briefed on my responsibilities by my Advisor.

   ___________________________     ___________________________
   Student's Signature          Date

Note: The original of the completed, approved application should remain with the student’s Advisor. A second copy should remain with the student. A third copy should be given to the Undergraduate Advising Coordinator.
GUIDELINES FOR FINAL REPORT

1. The report must be typed.

2. Proper grammar, punctuation, and spelling will be considered when evaluating the final report.

3. The report must specifically address each of the following areas:
   
   A. A summary of your primary duties and activities, based on your monthly reports.
   
   B. The most important experiences which you had and the major areas of new knowledge you have gained.
   
   C. A summary on how the internship has helped prepare you for your profession. Include details of areas where you felt well prepared and areas where you discovered that additional courses and/or training would have been helpful.
   
   D. A brief evaluation of the total Internship Program. What were the strong points and weak points? What changes would you recommend regarding the Internship Program?

4. The report should be sufficiently complete and detailed to allow proper evaluation. As a general guide, a minimum of 5 double-spaced pages is expected.