



**BRIGHAM AND
WOMEN'S HOSPITAL**

Office for Sponsored Staff and Volunteer Services
Student Intern Curriculum

Student Intern Name:

College/University/High School Attending:

Department Name:

Location:

Supervisor Name:

Contact Information:

Internship Start Date:

Internship End Date:

Training Goals

Please detail the specific skills or knowledge base to be developed as a part of this internship. What should the student intern have learned at the conclusion of this experience? Please be as specific as possible:

Daily Activity

Please detail the specific activities the student intern will be involved in on a daily basis to ensure the training goals are met:

Daily schedule (hours worked)?

Training Supervision

Please provide details on who will provide appropriate training and supervision in support of each of the training goals/activities):

Weekly meetings

The department supervisor should meet at least once a week with the student intern to solicit feedback, discuss training progress and provide mentoring.

Weekly meeting time:

Department/Staff meetings

Student interns should participate in regular department meetings to gain a better understanding of the overall department activity and meet others working in department. Department meeting time:

Name: _____

Student Intern Signature

Signature: _____

Department Head/Administrator