

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services



DDS LEARNING WORK EXPERIENCE AGREEMENT

Student's Name: _____ Date: _____

1. **Type of Learning Work Experience:** (check one)

____ Internship _____ Professional Practicum _____ Volunteer

2. **Administration:** (circle one) DDS RSA DDA

3. **Division:** _____

4. **Assigned Supervisor's Name:** _____ **Title:** _____

Phone: _____ **Email:** _____

If Learning Work Experience is Associated with an Academic Program:

5. **SEMESTER:** (circle one) Fall Spring Summer Year:20__

6. **Degree Program/Major:** _____ **Current GPA:** _____

7. **Does the student receive academic credit for the internship?**

_____ yes _____ no

8. **Is the internship a requirement of the degree program?** ____ yes ____ no

9. **Number of work hours required for learning work experience:** _____

10. **Number of credit hours needed for academic program:** _____

11. **University/College name and address:** _____

12. **Academic advisor name and contact info:** _____

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LEARNING GOALS: - - - - -

1. **Learning Goal #1:** _____

Actions to Achieve Goal: _____

Measurement: _____

2. **Learning Goal #2:** _____

Actions to Achieve Goal: _____

Measurement: _____

3. **Learning Goal #3:** _____

Actions to Achieve Goal: _____

Measurement: _____



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----- **SPECIFIC RESPONSIBILITIES:** -----

Volunteer/Student: As the volunteer/student enters DDS his/her responsibilities include:

1. Adhering to company work hours, policies, procedures and rules governing professional staff behavior as outlined in the DC government Personnel Manual.
2. Adhering to company policies governing the observation of confidentiality and the handling of confidential information. Must complete and sign the DDS Confidentiality Statement.
3. Assuming personal and professional responsibilities for his/her actions and activities.
4. Maintaining professional relationships with company employees, customers and so forth.
5. Utilizing a courteous, enthusiastic, open-minded, critical approach to policies and procedures within the profession.
6. Relating and applying knowledge acquired in the academic setting to the company setting.
7. Developing a self-awareness in regard to attitudes, values, behavior patterns, and so forth that influence work.
8. Being consistent and punctual in the submission of all work assignments to the supervisor and faculty coordinator (if applicable).
9. Providing the faculty coordinator with periodic progress reports (if applicable)

Student Name: _____

Date: _____

Student Signature: _____

Date: _____

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The Department on Disability Services: It is the responsibility of DDS to provide direct, on-the-job supervision of the volunteer/student which includes the following:

1. Orienting the volunteer/student to DDS' structure and operations.
2. Orienting the volunteer/student to DDS' policies and procedures regarding appropriate dress, office hours, and applicable leave policies.
3. Introducing the volunteer/student to the appropriate professional and clerical staff.
4. Providing the volunteer/student with adequate resources necessary to accomplish job objectives.
5. Affording the volunteer/student the opportunity to identify with the supervisor as a professional staff person by jointly participating in office interviews, meetings, conferences, projects, and other personnel and management functions.
6. Assigning and supervising the completion of tasks and responsibilities that are consistent with the volunteer/student's role in the company.
7. Consulting the faculty coordinator (if applicable) in the event that the supervisor becomes aware of personal, communication or other problems that are disrupting the volunteer/student's learning and performance.
8. Providing regularly scheduled supervisory conferences with the volunteer/student.
9. Participating in joint and individual conferences with the volunteer/student and faculty coordinator regarding the student intern's performance (if applicable).
10. Submitting an evaluation on the volunteer/student's job performance.

DDS Supervisor Name: _____

Date: _____

DDS Supervisor Signature: _____

Date: _____

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I, the undersigned volunteer/student, fully understand that this is a learning work experience and a commitment on my part and that it is my responsibility to fulfill and complete all the necessary requirements and tasks as specified by myself, my assigned Department on Disability Service (DDS) supervisor, the DDS Internship Coordinator and if applicable, my college or university.

I accept my learning work experience with full understanding of the time that I must dedicate to the position as stipulated by myself, my DDS supervisor, and the DDS Internship Coordinator. I fully understand and will follow all DDS policies and procedures including the DDS Learning Work Experience Policy as well as the learning work experience responsibilities outlined above.

I will give my full cooperation to DDS, my supervisor, the Internship Coordinator and if applicable, my faculty advisor. It will be my responsibility to communicate with them during my learning work experience and will immediately notify them of any changes or problems that occur in my program.

I fully understand that DDS can terminate this learning work experience at anytime without cause.

Student Name: _____

Date: _____

Student Signature: _____

Date: _____

DDS Supervisor Name: _____

Date: _____

DDS Supervisor Signature: _____

Date: _____

DDS Internship Coordinator Name: _____

Date: _____

DDS Internship Coordinator Signature: _____

Date: _____