Toronto Metropolitan University

School of Child and Youth Care
Faculty of Community Services

Recently renamed: torontomu.ca/next-chapter

MASTER OF ARTS IN CHILD AND YOUTH CARE
INTERNSHIP CONFIRMATION FORM

General Information

Student Name	
Student Email	
Student Phone	
Agency / Department	
Agency Contact	
Internship Start and End Dates	
Anticipated Schedule	
General Internship Roles	

Supervision

Supervisor Name	
Supervisor Email	
Supervisor Phone	
Supervision Plan (e.g., type, frequency)	

Learning Goals

Learning goals must be articulated in the tables set out below, however the number of goals may vary depending on context. It should be noted that this should be considered a 'living document' - that is students and supervisors are encouraged to use this document as a part of regular supervision - updating and refining goals and activities as learning associated with these activities informs student learning and leads to more refined, or focused opportunities.

Goals – Goals are broad statements that capture learning aspirations within a particular context. For example, a goal might say "understand the dynamics of interdisciplinary work in clinical treatment contexts".

Objectives – Objectives break down the goals into more specific areas of learning. In relation to the example above, the objectives might be stated as: O1 – develop a thorough understanding of the roles of different disciplines; O2 – explore the intersections of child and youth care practice and other disciplines; O3 – learn how to articulate a treatment plan that reflects the interdisciplinarity of the treatment team.

Activities – Activities are the specific things the student will do while in internship that support the overall goal and the more specific objectives. For example, with respect to the clinical internship, the activities supporting O1 might be "explore formal and practice roles of psychiatry, social work and nursing" and "participate in interdisciplinary case conferences".

Goal 1

Learning Objective	
Activities	

Goal 2

Learning Objective	
Activities	

Goal 3

Learning Objective	
Activities	

Goal 4

Learning Objective	
Activities	

Goal 5

Learning Objective	
Activities	

Student Name	**Student Signature**	**Date**
Field Supervisor Name	**Field Supervisor Signature**	**Date**
CYC Graduate Internship Coordinator Name	**CYC Graduate Internship Coordinator Signature**	**Date**
CYC Graduate Program Director Name	**CYC Graduate Program Director Signature**	**Date**