



American Horticultural Therapy Association®

Horticulture Therapy Internship Performance Report

Name of Intern _____		
Name of Facility _____		
Address _____		
City _____	State _____	Zip _____
Home Phone _____	Business Phone _____	
Name of Supervisor _____		
Business Phone _____	E-mail _____	

Please respond to the following questions

1. Goals

Did the intern successfully master the goals as outlined in the Guide for Internships?

Yes No Needs Improvement (*Indicated areas for improvement*)

2. Projects

a. Did the intern successfully complete the short-term project?

Yes No (*Indicated reasons for failure to complete*)

b. Did the intern successfully complete the long-term project?

Yes No (*Indicated reasons for failure to complete*)

Describe the long-term project:

3. Assessment

Please provide an overall student assessment:

Signature _____ Date _____