



American Horticultural Therapy Association.

Internship Goals and Objectives

Intern name: _____

Internship facility: _____

Internship supervisor: _____

Internship start Date: _____

Goal 1:	
Objectives:	Date met:
Goal 2:	
Objectives:	Date met:



American Horticultural Therapy Association.

Goal 3:	
Objectives:	Date met:

Intern

Date

Supervisor

Date