



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:



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Goal 3:	
Objectives:	Date met:

Intern

Date

Supervisor

Date

Note: This form documents the intern's progress and completion of the individual goals and is to be completed by the supervisor and intern. This form is not part of the AHTA Professional Registration application and should not be submitted with the application.