



# 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:

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Intern

Date

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Supervisor

Date