

**STUDENT'S FINAL INTERN REPORT**

**KINE 515 Internship**

Kinesiology

P.O. Box 3176, Louisiana Tech University

Ruston, Louisiana 71272

Fax: (318) 257-4432

NAME \_\_\_\_\_

INTERNSHIP NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME OF SITE SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

INTERNSHIP DATES \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ THROUGH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

A SITE DESCRIPTION:

I. Mission \_\_\_\_\_

II. Goals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III. Objectives \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. Facilities \_\_\_\_\_

V. Equipment

a. General \_\_\_\_\_

\_\_\_\_\_

b. Specialized \_\_\_\_\_

\_\_\_\_\_

IV. Personnel

a. Management \_\_\_\_\_

\_\_\_\_\_

b. Sales/marketing \_\_\_\_\_

\_\_\_\_\_

c. Supervision \_\_\_\_\_

\_\_\_\_\_

d. Staff (PT & FT) \_\_\_\_\_

\_\_\_\_\_

V. Budget \_\_\_\_\_

IV. Agency Clientele (brief description of)

- a. Number served \_\_\_\_\_
- b. Economic background \_\_\_\_\_
- c. Gender predominating \_\_\_\_\_
- d. Ethnic background \_\_\_\_\_
- e. Educational background \_\_\_\_\_
- f. Religious background \_\_\_\_\_

B. PERSONAL EVALUATION

I. Your professional goals and skills needed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Three experiences which helped you most in your professional growth.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

III. Indicate any problems you had during your internship.

C. Now that you have completed your internship, what suggestions do you have for improving the experience for clients in the areas of:

- 1. Program \_\_\_\_\_
- 2. Management \_\_\_\_\_
- 3. Staffing \_\_\_\_\_
- 4. General Operation \_\_\_\_\_
- 5. Marketing/Sales \_\_\_\_\_

D. OBSERVATIONS REGARDING THE INTERNSHIP EXPERIENCE.

- 1. Shortcomings \_\_\_\_\_  
\_\_\_\_\_
- 2. Strengths \_\_\_\_\_  
\_\_\_\_\_
- 3. Recommendations for Improvement \_\_\_\_\_  
\_\_\_\_\_

E. HOW COULD YOU HAVE PERFORMED MORE EFFECTIVELY AS AN INTERN?

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F. RECOMMENDATIONS FOR THE UNIVERSITY AND CLINICAL SITE FOR IMPROVED INTERNSHIP EXPERIENCES.

UNIVERSITY \_\_\_\_\_

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CLINICAL SITE \_\_\_\_\_

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G. SUBMITTED PORTFOLIO (NOTEBOOK) WITH COPIES OF ALL MATERIALS, REPORTS, ASSIGNMENTS RELEVANT TO THE INTERNSHIP EXPERIENCE. REVIEWED BY THE SITE SUPERVISOR AND UNIVERSITY COORDINATOR AT THE EXIT INTERVIEW.

H. I HAVE COMPLETED A MINIMUM OF **220-240 CLOCK HOURS** OF ON-THE-JOB EXPERIENCES AT THE INTERNSHIP SITE.

Intern's Signature \_\_\_\_\_

Date \_\_\_\_\_