

STUDENT'S INITIAL INTERNSHIP REPORT

KINE 515 INTERNSHIP

(Due the first week of Internship)

STUDENT'S NAME _____ Date _____

ADDRESS _____
Street City State Zip

TELEPHONE (____) _____

INTERNSHIP SITE NAME _____

INTERNSHIP SITE ADDRESS _____
Street City State Zip

INTERNSHIP SITE SUPERVISOR _____

INTERNSHIP SITE TELEPHONE (____) _____ HOURS AVAILABLE _____

ADDITIONAL SITE SUPERVISOR _____

INTERNSHIP OBJECTIVES:

1. Clinical (list 3)
 - a. _____
 - b. _____
 - c. _____
2. Management (list 3)
 - a. _____
 - b. _____
 - c. _____
3. Leadership (list 3)
 - a. _____
 - b. _____
 - c. _____

ORIENTATION FORMAT: List the information you used to be chosen as an intern at this site.

1. Policies & procedures manual _____
2. Standard of care/protocols _____
3. Job description _____
4. Resource people _____
5. Resource materials _____

PLAN OF ACTION: List the requirements and expectations of an internship at the site you have been assigned:

1. Hours required _____
2. Appearance & dependability _____
3. Projects to complete _____
4. Skills to perform _____
5. Extra duties _____
6. Special observations _____

SPECIFIC DAILY DUTIES ASSIGNED: Describe in detail. _____