

**STUDENT'S APPLICATION
HES 415 INTERNSHIP
Department of Kinesiology
Louisiana Tech University**

Fall – 1st Friday in May, Winter - Nov 1st Friday, Spring/Summer - Feb 1st Friday

I. Personal Data

Date: _____ Birth: _____ GPA: _____

Name: _____ Student ID #: _____

Present Address: _____

Present Phone: _____ Work Phone: _____

Email _____

Summer Address: (if different): _____

Permanent Address: (if different): _____

Parent's Phone: _____ Significant Other Phone: _____

Fitness & Wellness Concentration: (Check One) _____ Health Concentration _____ Clinical Concentration _____

Graduation Date: _____

ATTENTION GRADUATING SENIORS: If you are graduating the quarter you are participating in your internship, you will need to sign up for graduation in the Registrar's Office. (If you do not sign up for graduation in the Registrar's Office, you will not be allowed to walk at graduation.) This internship requires a minimum of 180 clock hours in practical experiences in an approved program with department approved supervisor.

II. APPLICATION INFORMATION

Which quarter do you plan to do your internship? _____

1. List the preferred site where you would like to do your internship:

(1). _____

(2). _____

2. List the contact person and phone number where you plan to do your internship:

3. List the courses you have left to take in your curriculum: _____

4. If you plan to take courses during your internship, please list them: _____

5. Anticipated date of graduation: _____

III. CERTIFICATIONS/PROFESSIONAL ORGANIZATIONS/LICENSURE

____ CPR & First Aid (ARC) ★ Required

Please check those which apply, list the date of renewal, and include a copy of your certificate/license.

____ Aerobics Instructor

____ Strength Specialist (NSCA)
____ Health/Fitness Director (ACSM)
____ Exercise Leader (ACSM)
____ Advanced Personal Trainer (ACSM)
____ Health/Fitness Instructor (ACSM)
____ Health/Fitness Director (ACSM)
____ Health/Fitness Director (ACSM)
____ Exercise Specialist (ACSM)

____ Athletic Trainer (NATA)

____ Water Safety Instructor

____ Lifeguard

____ Personal Trainer (ACSM)

____ Exercise Test Technologist (ACSM)

____ Other: (please list): _____

IV. INDICATE WHERE YOU PLAN TO GET YOUR LIABILITY INSURANCE. YOU WILL NEED TO PROVIDE A COPY OF THIS WITH YOUR APPLICATION.

____ LAHPERD

____ CLGNA

____ NSCA

____ ACSM

____ OTHER (please list): _____

V. CHECK THE AREA OF INTEREST BELOW UNDER YOUR PROGRAM AREA FOCUS:

Fitness/Wellness Management
Health/Fitness Focus

____ Fitness Leader
____ Program Director
____ Health Club Manager
____ Personal Trainer
____ Athletic Trainer
____ Intramurals Coordinator
____ Recreation Director
____ Health Promotion
____ Worksite/Corporate Programs
____ Community Programs
____ Gerontology Specialist
____ Sports Law
____ Sport Administration
____ Strength Coach
____ Sports Law
____ Sports Administration
____ Other: _____

Fitness/Wellness Management
Clinical Focus

____ Exercise Physiologist
____ Cardiac Rehabilitation
____ Occupational Therapy
____ Physical Therapy
____ Physical Therapy Assistant
____ Physicians Assistant
____ Other: _____
____ Other: _____

VI. INVENTORY OF SKILLS

1. Fitness Assessments

<input type="checkbox"/> height/weight <input type="checkbox"/> resting pulse <input type="checkbox"/> exercising pulse <input type="checkbox"/> blood pressure <input type="checkbox"/> exercising blood pressure <input type="checkbox"/> BMI <input type="checkbox"/> waist-to-hip ratio <input type="checkbox"/> skin-fold body composition (4 site)	<input type="checkbox"/> skin-fold body composition (7 site) <input type="checkbox"/> YMCA step test <input type="checkbox"/> Queens step test <input type="checkbox"/> Harvard step test <input type="checkbox"/> 1.5 mile run test <input type="checkbox"/> Ahstrand-Rhyming bicycle test <input type="checkbox"/> Bahlke test
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2. Leadership Skills

<input type="checkbox"/> FIT practicum <input type="checkbox"/> Worksite wellness practicum <input type="checkbox"/> Research practicum <input type="checkbox"/> Communication with clients and coworkers <input type="checkbox"/> Program design <input type="checkbox"/> Senior aerobics practicum (water _____, land _____) <input type="checkbox"/> Aerobics practicum (dance _____, running _____, swimming _____) <input type="checkbox"/> Weight training practicum (resistance _____, powerlifting _____)	<input type="checkbox"/> Positive attitude <input type="checkbox"/> Safe and unsafe exercises <input type="checkbox"/> Ethics and liability issues <input type="checkbox"/> Safety issues and risk assessment <input type="checkbox"/> Program evaluation <input type="checkbox"/> First aid and injury care <input type="checkbox"/> Exercise Psychology <input type="checkbox"/> Equipment operation and maintenance
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3. Content areas:

<input type="checkbox"/> Medical terminology <input type="checkbox"/> Pharmacology <input type="checkbox"/> Programs for apparently healthy population <input type="checkbox"/> Programs for “at risk” populations <input type="checkbox"/> Programs for “known disease” populations <input type="checkbox"/> Programs for senior adults <input type="checkbox"/> Programs for disabled populations	<input type="checkbox"/> Sports nutrition <input type="checkbox"/> Weight control <input type="checkbox"/> Stress management <input type="checkbox"/> Behavior change <input type="checkbox"/> First aid <input type="checkbox"/> Facilities operation and management <input type="checkbox"/> Other: _____
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4. Current or previous work (voluntary/paid) in your field.

5. Technical and computer skills you possess and word processing (name of program), data processing, programming, graphics, CAD, client tracking software, etc.

VII. SELF-EVALUATION

1. What are your strengths? _____

2. What areas do you need to work on before your internship experience? _____

3. What areas do you wish to develop during your internship experience? _____

4. What type of project would you like to develop during your internship? _____

**STUDENT'S CHECKLIST
KINE 415 INTERNSHIP**

_____ Sign up for graduation in Registrar's Office, Keeny Hall 207.

_____ Initial Meeting with Internship Coordinator and advisor

_____ Student's Application for KINE 415 Internship –

Deadlines for Fall - May 1st Friday; Winter - Nov 1st Friday; Spring /Summer- Feb 1st Friday
Liability Insurance - Must accompany application.(Copy of application & check then copy of your card upon arrival)

CPR Certified - Must accompany application.

La. Tech must have a contract in place with the site you plan to complete HES 415 prior to you beginning your hours there. Check with your Internship Coordinator for confirmation.

_____ Attend Mandatory Internship Briefing. TBA at least two weeks prior to the quarter. Check in KINE Office.

_____ Student's Initial Internship Report - Due at the time of application - see above dates.

_____ Student's Weekly Reports - Due each Monday by 5:00 P.M. throughout the internship experience.
You may fax your report to (318) 257-4432, drop off in MG 205, or mail to P.O. Box 3176, Ruston, La. 71270. All reports must be signed by you and your site supervisor.

_____ Site Supervisor's Three Week Progress Report - Due on the third Friday of the internship.

_____ Site Supervisor's Final Intern Progress Report - Due the last week of the quarter prior to exit interview.

_____ Site Visits by University Supervisor as scheduled by your Intern Coordinator.

_____ Student's Final Intern Report.

_____ Turn in Portfolio at exit interview

_____ Complete a minimum of **180 clock hours** in practical experiences

**STUDENT'S INTERNSHIP FLOW CHART
KINE 415 INTERNSHIP**

NAME: _____ ADDRESS: _____

Student ID #: _____ PHONE: _____ EMAIL _____

INSTRUCTIONS FOR HPE INTERNSHIPS

Student Responsibilities: Students are required to complete a minimum of **180 clock hours** in practical experiences in an approved program with department approved supervisor. Students are responsible for following the procedures on this checklist. Communication with the site supervisor and the University internship coordinator must be the student's initiative.

University Internship Coordinator Responsibilities: The University coordinator will be available during their office hours to receive telephone calls and personal visits. Other contact will be arranged by appointment. The University coordinator will arrange for the initial interview and legal contracts between Louisiana Tech University and the internship site.

Site Supervisor Responsibilities: The site supervisor will notify the student and the Louisiana Tech University coordinator regarding the level of student performance at the site and any problems encountered.

Deadlines for Applications: Summer & Fall - May 1st Friday, Winter - Nov 1st Friday, Spring - Feb 1st Friday

Quarter Prior to registering for the internship.

- _____ 1. Secure CPR certification (preferably American Heart Association Provider.)
Classes are available at: North Central Louisiana Hospital and other community locations. Check with the AHA for a list of providers in your area. A Copy of your CPR card must accompany your application.
- _____ 2. Secure some type of liability insurance. Ask your parents if their household insurance will cover you. If not, join LAHPERD or ACSM, NSCA, the membership includes liability coverage. A copy of your membership card must accompany your application. You may make a copy of your application and check until your card comes in. You must provide your Internship Coordinator with a copy prior to beginning your internship.
- _____ 3. Discuss a possible internship with the University internship coordinator who will have a list of sites in the Ruston, Monroe, and Shreveport Regional area. You are responsible for scheduling your initial visit at the site of interest. Your Internship Coordinator will assist you with contact information as needed. You will need the signature of the Internship Coordinator on your advising form for HES 415 in order to register for the course (6 hours).
- _____ 4. Keep the appointment for an interview with the site supervisor where you wish to work. Take your resume/vita. There is no guarantee that they will agree to let you do your internship there. In many cases, there are a group of interns to choose from and only 1-2 will be chosen.
- _____ 5. Write a letter to internship coordinator (Ms. C. Smiley Reeves creeves@latech.edu) asking to be placed in your internship, when, and classes you need to take during your internship.

Attach the following documents to your internship application:

- A. CPR certification
- B. Proof of liability insurance
- C. Resume

- D. Letter from site supervisor stating your acceptance there
- E. Letter to Ms. C. Smiley Reeves stating your intentions

_____ 6. Secure a legal agreement from department chair's office (MG 205) and obtain all the necessary signatures. A contract between the facility and Louisiana Tech University must be approved before you can start your internship. Your internship coordinator can assist with this step. Your internship will be assigned at this time.

Internship Requirements

_____ Attend a mandatory internship orientation session to receive intern packet, approximately in the last two weeks of quarter prior to internship (check with Mrs. C. Smiley Reeves). You must have Mrs. Reeves signature on your advising form for KINE 415 in order to register for this course.

First week of the quarter.

_____ Student's initial intern report due.

Third week of the quarter.

_____ Three week progress report due.

Each week during the quarter.

_____ 1. Mail to: P.O. Box 3176, Ruston, La. 71272 or fax to: (318)257-4432 or bring in weekly forms to MG 205. Keep copies of assignments, projects, and reports in the portfolio for end of the quarter evaluation. All reports and forms must be typed. Your Louisiana Tech Intern Coordinator will provide feedback on your activities on a regular basis via email or by phone. Be sure your current contact information is correct on your application form. Do not hesitate to contact your Internship Coordinator with any questions you might have.

Every other week.

_____ 1. Contact your supervising Louisiana Tech University instructor regarding progress and problems related to the internship experience. When needed.

Midterm.

_____ 1. Schedule a site visit or telephone conference with the supervising Louisiana Tech University internship coordinator and your site supervisor. You must attend the meeting if in person.

End of the quarter.

- _____ 1. Complete a minimum of **180 clock hours** in practical experiences in approved program.
- _____ 2. Final intern progress report.
- _____ 3. Meet with the supervising Louisiana Tech University coordinator regarding the final grade.
- _____ 4. Schedule exit interview the week prior to the end of the quarter. Complete an exit interview survey.

I have read the internship requirements during the mandatory internship meeting and understand that I am responsible for professional conduct and the quality of experiences with the University internship coordinator. **I understand that I must sign up for graduation in the Registrar's Office, Keeny Hall 207, or I will not be permitted to walk at graduation services. I understand that I must complete a *minimum of 180 clock hours* in an approved program with department approved supervisor to receive credit for the undergraduate internship.**

_____ Date _____ Health & Exercise Sciences Intern

This intern has discussed an internship with me and is familiar with our policies and procedures.

_____ Date _____ Louisiana Tech Internship Coordinator

Placement Site: _____
 Site Supervisor's Name, Address, Phone, Email: _____

Rev: Spring 2008 (Flow Chart)
STUDENT'S INITIAL INTERNSHIP REPORT
KINE 415 INTERNSHIP
 (Due the first week of Internship)

STUDENT'S NAME _____ Date _____

ADDRESS _____
Street City State Zip

TELEPHONE (____) _____ EMAIL _____

INTERNSHIP SITE NAME _____

INTERNSHIP SITE ADDRESS _____
Street City State Zip

INTERNSHIP SITE SUPERVISOR _____ EMAIL _____

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. _____

Spring, 2008

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SITE SUPERVISOR'S - THIRD WEEK PROGRESS REPORT

KINE 415 INTERNSHIP

Department of Kinesiology
P.O. Box 3176 Louisiana Tech University
Ruston, Louisiana 71272
Fax: (318) 257-4432

NAME _____ Date of Third Week Report _____

Please indicate your evaluation of the intern by commenting on each of the attributes listed below:

1. PROFESSIONAL MANNER (1 - Always; 2 - Most of time; 3 - Sometimes; 4 - Never)

_____ Professional Manner	_____ Respects Clients Confidentiality	_____ Enthusiastic
_____ On Time or Early	_____ Good Rapport with Staff	_____ Positive Attitude
_____ Follows Instructions	_____ Good Rapport with Clients	_____ Well Groomed
_____ Sense of Humor	_____ Other _____	

#Absences-Date _____ Reasons: _____

Date _____ Reasons: _____

Date _____ Reasons: _____

2. APPLIED KNOWLEDGE OF EXERCISE SCIENCE PRINCIPLES

(E-Excellent; G-Good; F-Fair; P-Poor; NA-Not Applicable)

_____ A&P	_____ Biomechanics	_____ Group Exercise Skills
_____ Exercise Physiology	_____ Fitness Testing Procedures	_____ Exercise Recommendations
_____ Clinical Skills	_____ Other _____	
_____ Vital Signs (ex. Blood Pressure)		

3. WILLINGNESS TO LEARN MORE/RESOURCEFULNESS

(1 - Always; 2 - Most of time; 3 - Sometimes; 4 - Never; 5 - NA)

_____ Under Structure	_____ Modified Programs	_____ Senior Adults
_____ Independently	_____ Aerobics	_____ Employee fitness
_____ Contributed to Staff Knowledge	_____ Wt. Training	_____ Other _____

4. INITIATIVE, LEADERSHIP ABILITY (1 - Always; 2 - Most of time; 3 - Sometimes; 4 - Never; 5-NA)

_____ Inquisitive	_____ Follows procedures	_____ Good Follow Through
_____ Knows what to do	_____ Develops programs	_____ Other _____

5. CHECK ONE:

_____ I feel comfortable with the intern continuing with this site _____ I prefer the intern find another site.

_____ Please call to discuss a problem with the internship _____ Other _____

6. AREAS IN NEED OF IMPROVEMENT: _____

7. PLEASE DISCUSS YOUR EVALUATION WITH THE STUDENT AND ASK THEM TO SIGN THE FORM.

SITE SUPERVISOR'S SIGNATURE _____

SITE AGENCY _____

POSITION _____

STUDENT INTERN SIGNATURE _____

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STUDENT'S WEEKLY INTERN REPORT

KINE 415 Internship

Department of Kinesiology

P.O. Box 3176, Louisiana Tech University

Ruston, Louisiana 71272

Fax: (318) 257-4432

REPORTS DUE EACH MONDAY by 5:00 P.M.

WEEK # _____ DATES: _____ THRU _____

NAME _____

	<u>HOURS(i.e. 8-5)</u>	<u>ACTIVITIES (In Detail)</u>
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

SUMMARY OF HOURS:

- | | | |
|------------------------|----------------------|--------------------------|
| 1. OBSERVATION _____ | 2. PLANNING _____ | 7. TRAINING _____ |
| 3. PARTICIPATION _____ | 4. CONFERENCES _____ | 8. Other _____ |
| 5. SUPERVISION _____ | 6. LEADING _____ | TOTAL HOURS
THIS WEEK |

SIGNATURE OF INTERN _____

SIGNATURE OF SITE SUPERVISOR _____

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INTERN'S WEEKLY REPORT

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NARRATIVE ON ACTIVITIES

1. List several experiences contributing to your professional growth.
- | |
|--|
| |
| |
| |
| |
| |

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 _____

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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 _____

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

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

UNIVERSITY _____

CLINICAL SITE _____

-
- 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 **180 CLOCK HOURS** IN AN APPROVED PROGRAM WITH DEPARTMENT APPROVED SUPERVISOR.

Intern's Signature _____ Date _____

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SITE SUPERVISOR'S FINAL PROGRESS REPORT

KINE 415 Internship

Name of Intern Student _____

Date of Final Report _____

DIRECTIONS: Please complete and return this final progress report with your assessments indicated. Due the last week of the quarter prior to the exit interview.

INTERN COMPETENCIES	NA	EXCELLENT	GOOD	POOR	VERY POOR
1. ACADEMIC PREPARATION					
<i>Academic Knowledge</i>					
<i>Ethical and Liability Issues</i>					

<i>Community Wellness Programs/Employee/Corporate Health Promotion Programs</i>					
<i>Sports Medicine Program</i>					
<i>Athletic Strength and Conditioning Program</i>					
<i>ACSM Guidelines for Fitness Testing</i>					
<i>AWHP Guidelines for Programs</i>					
<i>Modifications for Special Populations</i>					
<i>Knowledge of Exercise Equipment</i>					
<i>Facility Management</i>					
Other					
2. SKILLS					
<i>Vital Signs (HR, BP, etc.)</i>					
<i>Field Fitness Tests (1.5 mile run, sit-ups, push-ups, sit-reach)</i>					
<i>Submaximal Clinical Fitness Tests (step test, bicycle ergometer, treadmill)</i>					
<i>Group Leadership Skills (aerobics, yoga, stretching, toning)</i>					
<i>Personal Trainer Skills (fitness interpretation, weight training)</i>					
<i>Modified Exercise Programs (diabetes, arthritis, asthma, cardiac, pregnancy, sr adult)</i>					
<i>Program Development Skills (needs assessment, goals, objectives, instruction, evaluation, revision)</i>					
<i>EKG Interpretation</i>					
<i>Sports Medicine (Treatment Modalities - Care of Injuries-Injury Rehabilitation)</i>					
<i>Strength/Conditioning (Develop and Carry Out Individualized Programs)</i>					
<i>3-Site Body Comp.</i>					
<i>7-Site Body Comp.</i>					
<i>Step-Test</i>					
Other:					
INTERN COMPETENCIES (Continued)	NA	EXCELLENT	GOOD	POOR	VERY POOR
3. PROFESSIONAL APPEARANCE					
<i>Positive Attitude, Enthusiastic</i>					
<i>Initiative, Dependable</i>					
<i>Responsible, Honest</i>					
<i>Prepared, Organized</i>					
<i>Sense of Humor, Accepting, Adaptable</i>					
<i>Familiar with Policies and Procedures</i>					
<i>Written Communication Skills</i>					

<i>Oral Communication Skills</i>					
<i>Application of Academic Preparation in the Internship Setting</i>					
Other:					
	NA	EXCELLENT	GOOD	POOR	VERY POOR

SUMMARY OF THE INTERN'S SITE PERFORMANCE. 25% of the intern's final grade

Excellent - 25%
 Good - 20%
 Poor - 15%
 Very Poor - 10%

COMMENTS RELATIVE TO THE RATINGS ABOVE:

1. Knowledge _____

2. Skills _____

3. Professional Manner _____

4. Student has completed a minimum of 180 clock hours at internship site. _____

SITE SUPERVISOR'S SIGNATURE _____

SITE AGENCY _____

POSITION _____

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**STUDENT'S EVALUATION CRITERIA FOR INTERNSHIP
KINE 415 INTERNSHIP**

Student _____
Date _____

1. 40% INTERN REPORTS

- 20 All weekly reports were made and met the required minimum intern hours.
- 10 All weekly reports were typed and provided in depth information. Summary comments on weekly reports.
- 10 All forms were completed and submitted in a timely manner.

2. 30% SITE SUPERVISORS EVALUATION
3. 20% UNIVERSITY SUPERVISORS EVALUATION
4. 10% PORTFOLIO

Copies of all materials, reports, and assignments.
Materials from the internship.
Information is arranged in an orderly manner.

100% Total

This undergraduate internship requires you to complete a minimum of 180 clock hours in practical experiences in an approved program with department approved supervisor.