

KINESIOLOGY 415 UNDERGRADUATE INTERNSHIP INSTRUCTIONS

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

General Information:

- ✓ Purpose of the Program
- ✓ Description of the Program
- ✓ Student Intern Responsibilities
- ✓ Responsibility of the Facility
- ✓ Reporting Procedures
- ✓ Internship Flow Chart
- ✓ Portfolio Requirements
- ✓ Orientation & Exit Interviews
- ✓ Grading

Forms:

- ✓ Application for Internship
- ✓ Verification of Internship Site/Contracts
- ✓ Initial Report
- ✓ Site Supervisor 3 Week Report
- ✓ Weekly Reports
- ✓ Student Final Report
- ✓ Site Supervisor Final Report
- ✓ Portfolio Checklist
- ✓ Exit Interview Surveys

Purpose of the Internship

The internship experience provides the undergraduate student with practical experiences in relating theory to practice in a setting under close supervision from professionals and the University. The primary value of this experience for the student lies in the opportunity for self-evaluation and acceptance of abilities and shortcomings before entering into the professional world. It is an opportunity for the student to work and learn outside the classroom at an approved site selected by the student. Kinesiology students have a variety of interest and will be able to work with the internship supervisor to determine an appropriate internship site. Typical settings include clinical sites, commercial fitness, corporate wellness, private wellness programs, recreational, and athletics and sports programs. The internship will also provide support services to the site by providing students who can offer new ideas, energy, and potential employees. **180 clock hours** is required on the job for completion of the undergraduate internship.

Course Objectives:

1. To offer students the opportunity to develop professional mannerism, apply knowledge of Kinesiology principles, and to learn new information and skills outside of the classroom.
2. To assess the student's level of preparation to enter professional practice in the field.
3. To display initiative and leadership abilities.
4. To develop positive rapport with site supervisor.
5. To make critical observations about the internship experience and environment.

Program Description

Class requirements include scheduling a meeting with the university instructor of record for the undergraduate internship program to discuss approval of the internship site. This meeting should take place during advising time the quarter before you plan to register for your internship. Upon approval of your advisor you will then schedule an appointment with the internship coordinator. A contract must be established between an approved facility and the Department of Kinesiology, Louisiana Tech University. The contract is initiated from the Department of Kinesiology and sent to the selected site for written approval by signature. Once the agreement is received by the department, it is forwarded on to Louisiana Tech Executive Administration for approval and signatures. After completion of all required signatures and return receipt of the agreement to the Kinesiology department, the student will be notified by the internship coordinator they have been approved for their internship at the facility. This step must be completed at least one quarter before the student plans to register for the internship experience.

The chosen site must involve areas of physical activity, sport, health promotion & wellness, rehabilitation, and/or fitness. The student will need to be supervised daily by an experienced, qualified professional that is employed by the facility. Student may pursue internships at any approved location in the United States. Although most internship sites do not offer a stipend, it is permissible to accept paid internships.

Student Responsibilities

1. Schedule an initial visit with the internship coordinator to discuss the proposed internship.
2. Schedule an appointment to interview the facility site supervisor for an internship position.
3. Obtain signature from Kinesiology internship coordinator to register for KINE 415.
4. Make a formal application for an internship in the last month of the quarter prior to the internship.
5. Students must register for KINE 415 for 3 or 6 hours as approved by advisor and internship coordinator. A total of **180 clock hours** are required on the job for completion of a 6 hour internship. This course is available for one quarter and must be completed within the quarter in which the student is registered. Students may complete the internship over 2 successive quarters (3hours credit/90 intern hours per quarter) with internship coordinator approval. The internship can be completed the quarter before or the quarter of graduation.
6. Include current CPR certification and professional liability insurance.
7. Complete and keep track of all hours.
8. Dress neatly, professionally, and appropriately according to site supervisor's instructions.
9. Respect patient/client privacy by keeping all information confidential.
10. Submit an initial report the first week of internship.
11. Submit typed weekly reports signed by site supervisor.
12. Submit site supervisor reports at 3 weeks and at the end of the internship.
13. Submit student final report and portfolio.
14. Attend exit interview as scheduled by Kinesiology Internship Coordinator.
15. Have a functioning email address available on Blackboard for communications purposes. Check email and Blackboard daily for communication from Internship Coordinator.

Responsibility of the Facility

1. Meet with student to interview for the internship.
2. Write a letter to the Kinesiology Internship Coordinator stating acceptance of the student.
3. Sign and return the Louisiana Tech University Department of Kinesiology Internship Agreement.
4. Provide training and supervision for intern students while on the job.
5. Review and sign weekly reports, complete site supervisor 3 week report and final report.
6. Provide a safe and educational experience for intern students.

Contact Kinesiology Undergraduate Internship Coordinator:

C. Smiley Reeves, MS
Department of Kinesiology
Louisiana Tech University
P.O. Box 3176 TS
Ruston, La. 71272
Office: (318) 257-5459
Fax: (318) 257-4432
Email: creeves@latech.edu

Reporting Procedures

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 KINE 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 with Internship Coordinator.

___ 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, or submit via Blackboard. 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.

___ Attend Exit Interview with Internship Coordinator.

STUDENT'S INTERNSHIP FLOW CHART
KINE 415 INTERNSHIP

NAME: _____ ADDRESS: _____

Student ID: _____ PHONE: _____ EMAIL _____

INSTRUCTIONS FOR KINE 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 assist with the initial interview as needed 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 community locations. Check with the internship coordinator for available classes. You may contact 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 with professional liability insurance. 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. 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 KINE 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 week of quarter prior to internship (check with Mrs. C. Smiley Reeves). You must have Mrs. Reeve's 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 submit via Blackboard, or bring in weekly forms to MG 205. Signatures must be visible on reports. 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 as needed.

End of the quarter:

- _____1. Complete a minimum of **180 clock hours** in practical experiences in approved program.
- _____2. Final intern progress report and submit portfolio for grading by internship coordinator.
- _____3. Exit interviews will be scheduled prior to the end of the quarter by the internship coordinator. Complete an exit interview survey and obtain final grades from internship coordinator..

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

Kinesiology Intern

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

Date

Louisiana Tech Kinesiology Internship Coordinator

Placement Site: _____

Site Supervisor's name, address, phone & email information: _____

Portfolio Requirements

The portfolio is required and must be completed and submitted to the Kinesiology Internship Coordinator no later than the exit interview. Your portfolio will be returned to you during the exit interview. The portfolio is 10% of your total grade.

Students should keep a copy of all training materials, forms, staff charts, contact information, exercises, and other materials used during their internship. A copy of your weekly reports may be placed in the portfolio. The student should keep a copy of all weekly reports prior to submitting if they chose to place them in the portfolio. This portfolio will be useful in the future, so, keep as much as possible. Patient/client information is private and no personal information should be included in the portfolio.

The portfolio must be neat, typed, and use of correct grammar and spelling is required. Use a binder for the portfolio and include your name, site of internship, and quarter completing the internship.

If a student is completing the internship outside of Ruston, La.; the portfolio must be delivered or mailed to the Kinesiology Internship Coordinator and received by the appropriate date. Use this address for mailing purposes: Louisiana Tech University, Department of Kinesiology, Undergraduate Internship Coordinator, P. O. Box 3176 TS, Ruston, La. 71272. Students mailing their portfolios will need to make arrangements for retrieval at a later date. No portfolios will be returned via mail. Portfolios may be turned in to the Internship Coordinator directly or delivered to Kinesiology Department Administrative Assistant in Memorial Gym 205. **Graded portfolios may be picked up from the instructor during the exit interview.**

Items to include:

1. Title page with name of course, course number, quarter, student's name, and place of internship.
2. Current resume and cover letter about the internship.
3. Forms, informational materials used in training, policy and procedures, staffing charts, contact names, exercises, reports, evaluations received from the site supervisor, etc.
4. Include any pictures or brochures from the facility.
5. List of equipment used including diagnostic, treatment, exercise, or testing.

Orientation & Exit Interviews

Registered interns will meet with the Internship Coordinator for a group orientation session prior to beginning their internship. This meeting will be announced by the Internship Coordinator and you will be notified via email and on Blackboard. Items discussed during the orientation include how to complete your reports, discussion of due dates, and the portfolio.

During the last week of the quarter of which you are registered for your internship you will attend a group exit interview meeting with the internship coordinator. All reports, supporting documents, and portfolios are due by this meeting. The internship coordinator will assign grades during this meeting and ask you to complete an evaluation of the program for the university.

Grading Scale

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

Grade

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

Kinesiology Undergraduate Internship Coordinator

Date

FORMS
STUDENT'S INITIAL INTERNSHIP REPORT
KINE 415 INTERNSHIP
(Due the first week of Internship)

STUDENT'S NAME _____ Date _____

ADDRESS _____ City _____ State _____ Zip _____

TELEPHONE (____) _____ EMAIL _____

INTERNSHIP SITE NAME _____

INTERNSHIP SITE ADDRESS _____ 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. _____

KINE 415 INTERNSHIP APPLICATION
Department of Kinesiology
Louisiana Tech University
Fall – 1st Friday in May, Winter - Nov 1st Friday, Spring/Summer - Feb 1st Friday

I. Personal Data:

Date: _____ DOB: _____ 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)

____ Athletic Trainer (NATA)

____ Health/Fitness Instructor (ACSM)

____ Water Safety Instructor

____ Health/Fitness Director (ACSM)

____ Lifeguard

____ Health/Fitness Director (ACSM)

____ Personal Trainer (ACSM)

____ Exercise Specialist (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

____ 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

____ Health/Fitness Focus

____ Clinical Focus

____ Exercise Physiologist

____ Cardiac Rehabilitation

____ Occupational Therapy

____ Physical Therapy

____ Physical Therapy Assistant

____ Physicians Assistant

____ Other: _____

____ Sport Administration

____ Strength Coach

____ Sports Law

____ Sports Administration

____ Other: _____

VI. INVENTORY OF SKILLS (check any of these that you have skills in):

1. Fitness Assessments

____ height/weight

____ resting pulse

____ exercising pulse

____ blood pressure

____ exercising blood pressure

____ BMI

____ waist-to-hip ratio

____ skin-fold body composition (4 site)

____ skin-fold body composition (7 site)

____ YMCA step test

____ Queens step test

____ Harvard step test

____ 1.5 mile run test

____ Ahstrand-Rhyming bicycle test

____ Bahlke test

2. Leadership Skills

____ FIT practicum

____ Worksite wellness practicum

____ Research practicum

____ Communication with clients and coworkers

____ Program design

____ Senior aerobics practicum (water _____, land _____)

____ Aerobics practicum (dance _____, running _____, swimming _____)

____ Weight training practicum (resistance _____, power lifting _____)

____ Positive attitude

____ Safe and unsafe exercises

____ Ethics and liability issues

____ Safety issues and risk assessment

____ Program evaluation

____ First aid and injury care

____ Exercise Psychology

____ Equipment operation & maintenance

3. Content areas:

____ Medical terminology

____ Pharmacology

____ Programs for apparently healthy population

____ Programs for "at risk" populations

____ Programs for "known disease" populations

____ Programs for senior adults

____ Programs for disabled populations

____ Sports nutrition

____ Weight control

____ Stress management

____ Behavior change

____ First aid

____ Facilities operation and management

____ Other: _____

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 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:

4. Clinical (list 3)
a. _____

b. _____

c. _____

5. Management (list 3)
a. _____

b. _____

c. _____

6. Leadership (list 3)
a. _____

b. _____

c. _____

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

6. Policies & procedures manual _____

7. Standard of care/protocols _____

8. Job description _____

9. Resource people _____

10. Resource materials _____

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

4. Hours required _____

5. Appearance & dependability _____

6. Projects to complete _____

4. Skills to perform _____

5. Extra duties _____

6. Special observations _____

SPECIFIC DAILY DUTIES ASSIGNED: Describe in detail. _____

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

Directions: Please complete and return this progress report **on Friday of the third week.**

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 | _____ Good Rapport with Staff |
| _____ On Time or Early | _____ Positive Attitude |
| _____ Good Rapport with Clients | _____ Follows Instructions |
| _____ Well Groomed | _____ Other _____ |
| _____ Sense of Humor | |
- #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 | _____ Fitness Testing Procedures |
| _____ Exercise Physiology | _____ Other _____ |
| _____ Exercise Recommendations | |
| _____ Clinical Skills | |
| _____ 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 | _____ Aerobics |
| _____ Independently | _____ Wt. Training |
| _____ Employee fitness | |
| _____ Contributed to Staff Knowledge | |
| _____ 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 _____

SIGNATURE _____

(Intern Student)

STUDENT'S WEEKLY INTERN REPORT
KINE 415 Internship
Department of Kinesiology
P.O. Box 3176, Louisiana Tech University
Ruston, Louisiana 71272
Phone/Fax: (318) 257-4432

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

WEEK # _____ DATES: _____ THRU _____

NAME _____ INTERNSHIP LOCATION _____

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

SUMMARY OF HOURS:

- | | | |
|------------------------|----------------------|-------------------|
| 1. OBSERVATION _____ | 5. SUPERVISION _____ | 7. TRAINING _____ |
| 2. PLANNING _____ | 6. LEADING _____ | 8. OTHER _____ |
| 3. PARTICIPATION _____ | | |
| 4. CONFERENCES _____ | | |

TOTAL HOURS THIS WEEK

SIGNATURE OF INTERN _____

SIGNATURE OF SITE SUPERVISOR _____

NARRATIVE ON ACTIVITIES

5. List several experiences contributing to your professional growth.

6. Analyze a problem you have had this week and how it was resolved.

7. Comment on one of your successes this week.

8. What are your duties or assignments for next week?

INTERN SIGNATURE _____ DATE _____

STUDENT'S FINAL INTERN REPORT

KINE 415 Internship

Department of Kinesiology

P.O. Box 3176, Louisiana Tech University

Ruston, Louisiana 71272

Fax: (318) 257-4432

NAME _____

INTERNSHIP SITE _____ 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?

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_____

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

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 your rating: _____

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 _____