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INTRODUCTION

THE INTERNSHIP

The Health and Recreation Internships at Southeast Missouri State University are required of all students attaining a Bachelor of Science degree with a major in Health Management, or Recreation through the College of Health and Human Services.

The term, "Internship," refers to a supervised educational work experience with an approved agency, organization, or institution. An Internship allows the student to develop and mature through a work experience under the guidance of trained, established leaders in the field.

In addition, the Internship site is an extension of the curriculum, and the Internship experience affords the student an opportunity to apply his/her theoretical knowledge and technical skills in a practical manner, gaining valuable pre-professional in-service training, which will better enable him/her to perform with a higher level of skill and confidence.

PURPOSE OF MANUAL

This Manual for RC 497 or HL 498 Internship (hereafter referred to as Internship Manual) has been developed in order to provide specific details for the Internship experience. It will serve to:

1. Provide the Internship Student, the Internship Student's supervisor at the agency/organization/institution for the Internship experience (hereafter referred to as Agency Supervisor) and the Internship Student's University faculty member supervising his/her Internship experience (hereafter referred to as University Supervisor) with details regarding policies, procedures, and roles and responsibilities of those participants involved in the Internship.
2. Promote communication and understanding among the various participants in the Internship experience.
3. Guide the Internship Student efficiently and effectively through a cooperative training venture.
4. Define the Internship through delineation of its objectives, goals, and procedures.

PURPOSE OF THE INTERNSHIP PROGRAM

The basic purpose of the Internship is to provide a planned transition from the University curriculum to a professional setting. In the Internship, the Internship Student will be afforded opportunities for practical application of concepts and skills acquired in the classroom setting. This experience will occur under the guidance and supervision of an Agency professional and a University faculty member. As part of the leadership experience, the Internship Student is evaluated by the Agency Supervisor and University Supervisor. In addition, the student continually reviews knowledge, skills, accomplishments, and professional growth as they apply to entry into health management, recreation or geography-tourism professions.

BASIC OBJECTIVES OF THE INTERNSHIP PROGRAM:

1. To provide the Internship Student the opportunity to integrate theory and practice in his/her professional education; to encourage the exchange of contemporary thinking between the Internship and Agency personnel.
2. To provide the Internship Student an opportunity to promote and broaden his/her philosophy and understanding of health management, recreation or geography professions.
3. To enable the Internship Student to obtain information which can be used as a basis for making choices in relation to future careers, areas of specialization, and/or further study.
4. To enable the Internship Student to realize his/her own strengths and weaknesses.
5. To provide the Internship Student an opportunity to gain experience in leadership, supervisory, and administrative functions.
6. To help the Internship Student gain an understanding and appreciation of the role, duties, and responsibilities of a full-time professional.
7. To develop the Internship Student's skills in various program areas; to increase his/her knowledge of the professional services in organization and administration of health management, recreation or geography-tourism.
8. To provide the Internship Student with experiences that will enable him/her to develop sound human relations.
9. To help the Internship Student develop his/her oral and written communication skills.
10. To strengthen relationships between the host-site Agency and the University.

PROCEDURES FOR THE INTERNSHIP PROGRAM

- * The Following Steps Must Be Completed In Order: *
- 1. Read Internship Manual; provide the Agency access to the Internship Manual and necessary forms as needed.
- 2. Verify that you have completed the basic requirements for Internship.
- 3. Complete "Application for Internship" (see Appendix, Form B, page 16); and prepare a resumé.
- 4. Meet with the University Supervisor to determine if all basic requirements for Internship have been met, and to determine the appropriate procedures to follow to secure an internship placement.
- 5. Review list of approved agencies for Internship placement (located in Offices of Health, Human Performance, and Recreation). If there is not an agency on the list that meets your placement interest, a new Internship site may be established. However, all sites must be approved by the University Supervisor.
- 6. Upon securing an appointment for an interview with an Agency, take with you/send "Verification of Internship Placement," (see Appendix, Form C, page 18). Have the Agency complete the form and return it to the University Supervisor.
- 7. If the student is accepted by the agency for placement, take or fax the "Internship Student/Agency Contract" (see Appendix, Form D, page 19) for completion. The completed form must be returned to the University Supervisor before the Internship begins.
- * Use the "Internship Outline and Requirements" as an aid to the Internship experience (see Appendix, Form A, page 14).

INTERNSHIP ELIGIBILITY REQUIREMENTS

1. Only students of senior standing are eligible for Internship and must have approval by the University Supervisor.
2. A minimum cumulative GPA of 2.25 for all course work at Southeast Missouri State University is required.
3. A minimum GPA of 2.50 in the major discipline is required.
4. Completion of all degree requirements is necessary.

GRADING POLICY

The Internship Student's final grade for the Internship will be determined by the University Supervisor. The Agency Supervisor will provide all required evaluations of the Internship Student, and the ratings provided by the Agency Supervisor will be taken into consideration when determining the final grade for the Internship Student.

The following list indicates the items and relative weight of each, which will guide the University Supervisor in determining the Internship Student's final grade:

<u>Item</u>	<u>Percent of Grade</u>
1. Weekly Activity Reports	15%
2. Student Performance Mid-Term Appraisal	30%
3. Student Evaluation of Internship Site Agency Supervisor	10%
4. Internship Project	15%
5. Student Performance Final Appraisal (1 Week Prior to Internship's End)	<u>30%</u> 100%
6. Completion of the Graduating Seniors Exit Survey (Form Q) is necessary prior to assigning the grade. Procedures described on Form Q assure anonymity of your comments after confirmation of receiving them.	

GENERAL POLICIES OF THE INTERNSHIP PROGRAM

INTERNSHIP STUDENT RELATED:

1. If the Internship experience is to be concurrent with the student's present site of employment or is at a former site of employment, then it is expected that the opportunities offered the Internship Student during the Internship will be new and different from those offered there previously.

If an Internship position of this type is to be pursued, a letter stating the rationale for seeking such a position should be composed by the student. This letter should be discussed with the student's Faculty Adviser. If approved by the Advisor, the letter (or a copy) should be submitted to the University Supervisor.

2. Internship Students will register for 12-semester credit hours and pay appropriate tuition fees for the semester(s) of Internship.
3. Any employment outside the Internship assignment while an Internship Student is enrolled in the 12-credit hour Internship must be approved in writing by the Agency and the University Supervisor. Approval for outside employment will be granted only in special cases.
4. Students not adhering to the announced schedule for advising, interviewing, and preliminary placement procedures are subject to nonplacement for the semester(s) in which they desire to complete the Internship.
5. All special arrangements for placement with an Agency must be approved by University Supervisor through the Faculty Adviser, prior to Agency acceptance.
6. Students should be aware that an Agency must be approved by the University Supervisor PRIOR to the actual placement of the student.
7. Internship Students taking additional courses during an Internship, which create an overload, must have a signature of faculty advisor, Chairperson of the Department and the Dean of the College of Health and Human Services before enrolling.
8. The Internship Student is expected to bear all expense incidental to living in the area of the Internship and to work out his/her own satisfactory housing arrangements in order to be able to carry out assignments as required. It is recommended that the Internship Student visit the area of placement in advance and arrange living facilities. Agency personnel may frequently be able to assist the Internship Student in locating housing possibilities.

9. Vacation periods (holidays, long weekends, etc.) for the Internship Student are the same as those provided for the regular agency employees (the Internship Student does not follow the University vacation schedule). Unless the student works during an agency vacation period, contact hours of credit cannot be applied toward the 480-hour requirement.
10. Students must select an Internship Site that is supervised by a degreed individual who can communicate effectively in the English language.

AGENCY RELATED:

1. An Internship Student may be remunerated by the Agency during the time he/she is completing his/her Internship. These compensations may be in the form of honorarium, stipend, donation, or regular payroll.
2. The Internship Student may be covered by the Agency's liability insurance. In addition, Health Management students must also pursue coverage through a professional organization like IDEA, ACSM, or another liability insurance company. Other students may also secure professional liability insurance if so desired. Health Management Students must provide proof of insurance by the start of the Internship. Recreation students should document in writing to the University Supervisor the Agency's requirement for liability insurance at least one month prior to the initiation of the Internship.

RESPONSIBILITIES

I. INTERNSHIP STUDENT

A. To Agency:

1. To conform with regulations pertaining to the Agency staff.
2. To plan thoroughly and in advance for all assignments.
3. To do the best possible job in carrying out all assignments.
4. To evaluate each meeting or activity that he/she has planned and/or conducted.
5. To prepare for periodic Agency Supervisor/Internship Student conferences; ask questions and present constructive ideas if requested.
6. To be well groomed and appropriately dressed.
7. To notify the Agency Supervisor as well in advance as possible in cases of absence from work.
8. To accept the Agency's philosophy, methods, leadership, and program.
9. To be tactful, friendly, courteous, and respectful to all.
10. To be cheerful and acknowledge the good work of others.
11. To use discretion as to the people with whom he/she associates and the places he/she visits.
12. To consult with the Agency Supervisor when confronted with problems he/she cannot satisfactorily solve by himself/herself.
13. To consider himself/herself a co-worker of the Agency staff, not someone due special privileges.
14. To complete assignments and responsibilities as outlined in the "Internship Student/Agency Contract" (see Appendix, Form D, page 19).

B. To University:

1. To complete an "Internship Student/Agency Contract" along with the Agency Supervisor prior to the first week of service (see Appendix, Form D, page 19).
2. To detail the responsibilities of the Internship Student and the Agency in the "Internship Student/University Contract" (see Appendix, Form E, page 21).
3. To complete the "Internship Information Form" (see Appendix, Form F, page 24).
4. To submit the "Preliminary Student Evaluation" (see Appendix, Form G, page 25) to the University Supervisor during the second week of service at an Agency.
5. To submit, thereafter, to the University Supervisor the "Weekly Activity Report" (see Appendix, Form H, pages 26 through 37).
6. To submit a "Student Performance Mid-Term Appraisal" at the completion of the sixth week of the semester (see Appendix Form J, page 39).

7. To discuss plans for the Internship Project with the University Supervisor (see Appendix, Form I, page 38)
8. To submit the completed "Evaluation of Internship Project" (see Appendix, Form L, page 46).
9. To submit a "Student Performance Final Appraisal" (see Appendix, Form M , page 47).
10. To submit the "Internship Evaluation by Student" "Student's Evaluation of Internship" "Internship Student's Evaluation of Agency Supervisor," "Evaluation by Site Supervisor of Professional Preparation" and "Exit Survey" (see Appendix, Forms K, N, O, P, and Q respectively, pages 45,53, 54, 55, and 57 respectively).
11. To represent the Department as a University student in adherence to the "Student's Code of Conduct" as outlined in the current Student Handbook.
12. To complete assignments and responsibilities as outlined in the "Internship Student/University Contract" (see Appendix, Form E, page 21).
13. If the Internship Student intends to terminate his/her Internship site, notification of same must be forwarded to the University Supervisor in writing no later than the end of the second week of service to the Agency.
14. The Summer Internship Student must attend the pre-Internship meeting for orientation the first week after Spring Break. During the other semester, students must meet with the University Supervisor.

II. AGENCY

A. To University:

1. To cooperate in the exchange of information about the Internship Student.
2. To cooperate with the University Supervisor periodically to discuss the Internship Student's progress.
3. To evaluate Internship experience practices, offering recommendations for improvement to the University Supervisor and suggesting a letter grade for the Internship Student's experience.
4. To complete the "Preliminary Student Performance Evaluation" during the second week of the Internship (see Appendix, Form G, page 25) (to be signed by the Agency Supervisor and then forwarded to the University Supervisor).
5. To complete the "Student Performance Mid-Term Appraisal" after reviewing it with the Internship Student (see Appendix, Form K, page 39) (to be signed by the Agency Supervisor and the Internship Student and then forwarded to the University Supervisor).
6. To complete the "Student Performance Final Appraisal" (1 Week Prior to Internship's End) after reviewing it with the Internship Student (see Appendix, Form M, page 47) (to be signed by the Agency Supervisor and the Internship Student and then forwarded to the University Supervisor).
7. To determine the final grade of the Internship Project, review the "Guidelines for Internship Project" (see Appendix, Form I, page 38).

8. To confer with the Internship Student to determine his/her responsibilities during the experience and to present an overview of the Agency's purposes, policies, administration, program, and facilities.
9. To inform the Internship Student of all regulations to which he/she must conform.
10. To introduce the Internship Student gradually into the Internship experience, beginning with observations and minor duties and adding more responsibilities as the Internship Student's ability permits.
11. To acquaint the Internship Student with resources and materials used in the administration of the program; such as, books, pamphlets, films, charts, etc.
12. To encourage the highest standards and to praise the Internship Student for work well done.
13. To provide the Internship Student with successful sequential experiences that will promote growth and achievement.
14. To present critical evaluations in a constructive, objective, and tactful manner.
15. To recognize that the Internship Student is in the process of maturing and not to expect performances comparable to full-time staff members.
16. To encourage self-evaluation by the Internship Student.

III. UNIVERSITY

A. To Internship Student:

1. To hold an individual conference with each Internship Student during the semester prior to affiliation with his/her Internship Site.
2. University Supervisor:
 - a. To represent the University in all official arrangements with cooperating agencies in the conduct of the on- and off-campus Internship; to confer with all Agency Supervisors of various Agencies approved for professional preparation.
 - b. To supervise arrangements for and give final approval of all Internship Student assignments.
 - c. To review and discuss each contract item with the Internship Student and to sign the contract form.
 - d. To make at least three contacts with the Internship Student during the semester.
 - e. To maintain open communication with the Internship Student by combining the University and Agency Supervisors' evaluations as outlined in "Grading Policy" (see page 5) and by considering all other pertinent information.

B. To Agency:

1. To make final decisions on placement of the Internship Student with an Agency.
2. To maintain open communication at all times with the Agency concerning its cooperation and supervision of the Internship Student.

INTERNSHIP PROGRAM JOB DESCRIPTIONS

I. UNIVERSITY SUPERVISOR

A. Agency-Related Duties

1. Maintains communication with the Agency Supervisor concerning the progress of the Internship Student.
2. Makes at least three contacts with the Internship Student during the semester.
3. Maintains a positive relationship with the Agency, Agency Supervisor, and other personnel. Exercises good judgment in crisis intervention, problem solving, and other matters of mutual interest.

B. Internship Student-Related Duties

1. Maintains all records in the Internship Student's folder, and records in detail all contacts with the Internship Student.
2. Reviews and evaluates all Internship reports; makes appropriate comments and suggestions to the Internship Student and Agency Supervisor.
3. Maintains continued communication; e.g., letters, phone calls, and visits with each assigned Internship Student.
4. Reviews mid-semester and final evaluations and determines the Internship Student's final grade for the Internship.
5. Guides the Internship Student throughout his/her Internship affiliation so as to provide the greatest opportunity for learning.

II. DEPARTMENTAL FACULTY (With undergraduate advisees)

- A. Review and become familiar with the Internship Manual and the policies and procedures set forth therein.
- B. Review and evaluate with each advisee the requirements for the Internship Program; e.g., grade point, work or volunteer experience, classes, etc.
- C. Review the advisee's academic folder and related Internship material to determine whether he/she is eligible for the Internship.
- D. Review the potential Internship sites with the advisee.
- E. Process the advisee for the Internship Program by reviewing Forms B and C and others as necessary or required.
- F. Recommend the placement of the advisee at an Internship Site to the University Supervisor.
- G. Suggest policy and procedural changes as necessary.

III. AGENCY SUPERVISOR

- A. Informs the Internship Student what is specifically expected of him/her by developing a contract.
- B. Adequately orients the Internship Student to the Agency, his/her co-workers, and the job.
- C. Assigns the Internship Student responsibilities which will challenge his/her creativity.
- D. Anticipates possible problems and immediately takes steps to prevent their development.
- E. Advises the Internship Student of deficiencies in initiative, enthusiasm, skills, knowledge, leadership, and interpersonal relationships.
- F. Follows periodic rating with discussions in which the Internship Student is made aware of his/her strengths and the areas in which he/she needs improvement.
- G. Gives the Internship Student every opportunity to mature professionally through carefully planned Internship experiences.
- H. Meets on a regular basis with the Internship Student. The minimum number of meetings an Agency Supervisor is expected to have is one per week. Agency Supervisors are encouraged to meet daily if possible.
- I. Keeps the University Supervisor informed about the Internship Student's progress on a regular basis through letters, telephone calls, visits, etc.
- J. Completes Form P "Evaluation by Site Supervisor of Professional Preparation" at end of Internship.

APPENDIX

INTERNSHIP CHECKLIST

Important Dates and Assignments

<u>Check</u>	<u>Assignment</u>	<u>Due Date</u>
___	Complete Form B for application for Internship	___
___	Give Form C to Agency upon interview	___
___	Complete Form D, obtain signatures, and submit to University Supervisor	___
___	Complete Form E with University Supervisor	___
___	Submit Internship Information, Form F, no later than first day at Agency	___
___	Provide Agency Supervisor with Preliminary Student Performance Evaluation (Form G) to be sent to University Supervisor by the end of week 2	___
___	Submit first Weekly Activity Report (Form H)	___
___	Submit second Weekly Activity Report (Form H)	___
___	Submit outline of special Internship Project as approved by Agency Supervisor (Form I)	___
___	Submit third Weekly Activity Report (Form H)	___
___	Submit fourth Weekly Activity Report (Form H)	___
___	Submit fifth Weekly Activity Report (Form H)	___
___	Submit sixth Weekly Activity Report (Form H)	___
___	Provide Agency Supervisor with Student Performance Mid-Term Appraisal (Form J)	___

INTERNSHIP OUTLINE AND REQUIREMENTS (continued)

- ____ Submit completed Form J to University Supervisor (since Agency supervisor completes this assessment) _____
- ____ Submit seventh Weekly Activity Report _____
- ____ Submit eighth Weekly Activity Report (Form H) _____
- ____ Submit ninth Weekly Activity Report (Form H) _____
- ____ Submit tenth Weekly Activity Report (Form H) _____
- ____ Provide Agency Supervisor with Student Performance Final Appraisal (Form K) and Evaluation by Site Supervisor of Professional Preparation (Form P) _____
- ____ Submit eleventh Weekly Activity Report (Form H) _____
- ____ Submit twelfth Weekly Activity Report (Form H) _____
- ____ Submit Form K to University Supervisor _____
- ____ Submit completed Forms L, M, N, O, and P to University Supervisor _____
- ____ Send Graduating Seniors Exit Survey (Form Q) to Department of Health, Human Performance and Recreation office _____

APPLICATION FOR INTERNSHIP

Date _____

Name _____ Student I.D. No. _____

Address _____ Phone () _____

Current Cumulative GPA _____ Major including option of study _____

Semester of Internship _____ Semester You declared the Major _____

Anticipated Date of Graduation _____

- A. Give statement of any personal problems that may affect Internship placement.

- B. List in order of preference, one to two organizations at which you would like to take your Internship (if more than one, list in order of preference).

1.

2.

Agency _____

Agency Supervisor _____

Address _____

Phone _____

I understand that I will be responsible for: a) arranging transportation to and from Missouri, b) all financial arrangements connected with this placement (including tuition/stipend) may be arranged with Internship agency by the student, c) housing arrangements, and d) other arrangements as necessary to fulfill this educational experience.

VERIFICATION OF INTERNSHIP PLACEMENT

AFTER INTERVIEW, MAIL THIS TO: _____
University Supervisor's Name

Southeast Missouri State University
College of Health and Human Services
Department of Health, Human Performance and Recreation
One University Plaza/MS 7650
Cape Girardeau, Missouri 63701

Student applicant's name _____

Date of interview _____

An interview has been completed with this student.

_____ We will consider this student for an Internship placement.

_____ We will not consider this student for an Internship placement.

If not accepted, please state reasons.

Interviewer _____

Title _____

Agency _____

Address _____

City State Zip

Phone _____

Area Code Number Ext.

The University Supervisor will notify you of the final decision on placement of this student with your agency.

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
 COLLEGE OF HEALTH AND HUMAN SERVICES
 SOUTHEAST MISSOURI STATE UNIVERSITY
 CAPE GIRARDEAU, MISSOURI 63701

*INTERNSHIP STUDENT/AGENCY CONTRACT

Complete the following form in triplicate. Give a copy of completed contract to your agency supervisor and your University Supervisor. Maintain a copy for your records.

The following contractual items between _____ and
 _____ (Internship Student)
 _____, for _____, discussed
 _____ (Agency Supervisor) _____ (Agency)
 and agreed upon this ___ of ___/___, constitutes a binding contract for the Internship
 _____ (day) (month/year)
 experience during the _____ semester to fulfill the _____ semester
 credit hours in course(s) RC 497 and HL 498 Internship.

- I. Agency relationship with the University of Southeast Missouri State University at Cape Girardeau:
 - A. Complete the "Preliminary Student Performance Evaluation" (see Appendix, Form I, page 31).
 - B. Complete the "Student Performance Mid-Term Appraisal" (see Appendix, Form J, page 39).
 - C. Complete the mid-semester conference with the Internship Student.
 - D. Complete the "Student Performance Final Appraisal" (1 Week Prior to Internship's End) (see Appendix, Form M, page 47).
 - E. Cooperate with the University Supervisor and the representatives of the Department of Health, Human Performance and Recreation.
 - F. Philosophy of Agency in regards to Internship Student:
 - 1. The personal growth and development of the Internship Student is the primary concern of the Agency in participation in this program.
 - 2. To work towards the improvement in administrative, program, and personal areas of the Internship Student in order to strive for confidence and competence upon entrance into a beginning level professional position.
 - 3. Gains by the Agency in supervision and/or savings in leadership expense cannot be motivation for participation in this program.
 - 4. Requirements by the Southeast Missouri State University of Cape Girardeau will be adhered to - and in such case in which disagreement arise in regards to principles, practices, and philosophies of the agency - a satisfactory solution will be determined in consultation with the University Supervisor, the Internship Student, and the Agency Supervisor.

INTERNSHIP STUDENT/AGENCY CONTRACT (continued)

5. Although the _____ is the one completing
(Agency/Supervisor Title)
the contractual items, all professional staff and other applicable employees will work
towards the improvement of the Internship Student and the completion of items
covered herein.

II. Status of the University Internship Student at the _____ :
(Agency Name)

- A. Classified as an "Internship Student."
- B. Has status of professional staff member and accorded rights and privileges pertaining thereto.
- C. Attend all staff meetings and applicable committee and board meetings.
- D. Work to uphold the character and image of the Agency.
- E. Insurance and liability.
- F. Requirements of the Internship Student:
 - 1. Work ___ weeks, beginning _____ with a maximum of _____
(month day year)
hours per week for _____ semester credit hours, respectively. However,
consideration will be given to family life and personal needs of the Internship
Student in the assignment of hours. The Internship will end _____.
(month day year)
 - 2. Will strive to become familiar with the total operation of the Agency through discussion,
observation, and evaluation.
 - 3. Will strive for understanding of total Agency operation through discussion, observation,
and evaluation.
 - 4. Will specifically be responsible for: (List all activities and responsibilities in specific
terms, including dates, projects, duties, etc.)

*The Agency has prerogative to substitute it's own contract with the University Supervisor's approval.

Realizing this is a contractual guide and not a binding legal document, we agree to work together
towards its satisfactory completion for the mutual benefit of all concerned.

Internship Student
Date _____

Agency Supervisor

Date Received

University Supervisor

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

INTERNSHIP STUDENT/UNIVERSITY CONTRACT

Complete the following form in duplicate. Give a copy of the completed contract to your faculty advisor and keep one copy for your records.

The following contractual items between _____ and
(Internship Student)
_____ discussed and agreed upon this _____ of _____/
(University Supervisor) (day) (month) (year)
in _____, _____ constitutes a binding
(city) (state)
contract for _____ to be completed in _____ weeks and _____ hours.
(course)

CONTRACT TERMS

The Internship Student will:

1. Purchase the Internship Manual and be responsible for reading and demonstrating knowledge of its contents with the Faculty Adviser and University Supervisor.
2. Submit all materials on time and in legible form, preferably typed.
3. Submit the "Internship Information Form" (see Appendix, Form F, page 24) at the end of the first week of his/her Internship.
4. Submit every Monday after the starting week, the "Weekly Activity Report" (see Appendix, Forms H, pages 26 to 37) to his/her assigned University Supervisor after having reviewed the "Weekly Activity Report" with the Agency Supervisor and obtaining his/her signature.
5. Give the "Preliminary Student Performance Evaluation" (see Appendix, Form G, page 25) to the Agency Supervisor during the first week of the Internship.
6. Give the "Student Performance Mid-Term Appraisal" (see Appendix, Form J, page 39) to the Agency Supervisor at least one week prior to the scheduled conference.
7. Review the "Student Performance Mid-Term Appraisal" with the Agency Supervisor and University Supervisor during the 6th week of the Internship Program.

8. Arrange periodic conferences with the Agency Supervisor. Conferences should be held several times per week and should be at a regularly scheduled time.
9. Give the "Student Performance Final Appraisal" (see Appendix, Form M, page 47) to the Agency Supervisor at least one week prior to the scheduled end-of-semester conference.
10. Review the "Student Performance Final Appraisal" with the Agency Supervisor during the last week of the Internship Program.
11. Submit the "Student Performance Final Appraisal" to the University Supervisor no later than the end of the last week of the Internship.
12. Present a report of the Internship Project for review by the University Supervisor along with the "Internship Evaluation by Student" "Student's Evaluation of Internship Site," "Internship Student's Evaluation of Agency Supervisor" (see Appendix, Forms K, N, and O, respectively), and all other Internship materials during the final week of the semester.
13. Adhere to all policies, regulations, procedures, and assignment dates as explained in the Internship Manual.

NOTE: Failure to meet the aforementioned contract items will affect the final grade.

The University Supervisor will:

1. Represent the University in all official arrangements with cooperating Agencies in the conduct of the on- and off-campus departmental service programs; to confer with all Agency Supervisors of various Agencies approved for professional preparation
2. Supervise arrangements for and give final approval of all Internship Student assignments.
3. Maintain open communication with the Internship Student and Agency on all matters pertaining to the Internship Student.
4. Review and discuss each contract item with the Internship Student, and sign the contract form.
5. Evaluate the "Weekly Activity Reports" (see Appendix, Form H, pages 26 to 37) and discuss with the Internship Student when necessary.
6. Make at least three contacts during the semester to monitor Internship Student's progress.

7. Carefully review and evaluate the "Weekly Activity Report," "Student Performance Mid-Term Appraisal," "Performance Final Appraisal" and "Evaluation of Internship Project" (see Appendix, Forms H, J, and M pages 32, 26 to 37, 39, 46, and 47 respectively), and determine the final grade for the Internship Student.

I hereby acknowledge that the items explained in this contract constitute a binding agreement for an educational experience between the Internship Student and University Supervisor. The grade received in the course will be based on the aforementioned items.

Internship Student

University Supervisor

Date

Form E page 3

SOUTHEAST MISSOURI STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
CAPE GIRARDEAU, MISSOURI 63701
INTERNSHIP INFORMATION FORM

IMPORTANT: Please complete and return this form to your University Supervisor.

Please use reverse side to outline directions from Southeast Missouri State University to the Internship site; a map is required.

Internship Student's name _____

Agency _____

Agency's address _____

Agency phone _____

Fax _____

Good time to be reached at this number _____

Agency Supervisor's name _____

Agency Supervisor's phone _____ Fax _____

Agency Supervisor's job title _____

Internship home address _____

Internship home phone _____

Internship e-mail _____

Permanent address _____

Permanent phone _____

Permanent e-mail address: _____

Date Internship started _____

Anticipated end date of Internship _____

SOUTHEAST MISSOURI STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
CAPE GIRARDEAU, MISSOURI 63701

PRELIMINARY STUDENT PERFORMANCE EVALUATION

To be completed by the Agency Supervisor, reviewed with the Internship Student, and returned to the University Supervisor, Southeast Missouri State University, Department of Health and Leisure, One University Plaza, Cape Girardeau, Missouri 63701. To be completed in week two of the placement.

Date _____

Agency _____

Agency's address _____

Agency phone _____ Fax _____

Agency Supervisor's name _____

Agency Supervisor's signature _____

Internship Student's name _____

Internship Student's signature _____

Please comment briefly on the following: (attach additional pages if necessary)

1. Attitude:
2. Awareness and preparation for Internship:
3. Appearance:
4. Interpersonal communication skills:
5. Appropriate placement: ___ Yes ___ No

Date Received _____ University Supervisor _____

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

WEEKLY ACTIVITY REPORT

Name _____ Week No.1 From _____ To _____

Signature of Internship Student _____

Signature of Agency Supervisor _____

Signature of University Supervisor _____

TOTAL HOURS FOR WEEK: _____

CUMULATIVE HOURS: _____

NOTE: Use this page as the first page of the Weekly Activity Report; attach additional pages of report and include the following contents if appropriate:

1. A record of all experiences involved with the internship such as meetings, conferences, training sessions attended, activities, assignments, and planning sessions.
2. Your evaluation of each experience including choices you might make.
3. Relate any problems you encountered during the week.
4. Relate any satisfying experiences which you had during the week.
5. Attach copies of fliers, news items, and other publications that you prepared or that relate to your Internship experience.

Reports must be typed/double spaced.

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

WEEKLY ACTIVITY REPORT

Name _____ Week No. 2 From _____ To _____

Signature of Internship Student _____

Signature of Agency Supervisor _____

Signature of University Supervisor _____

TOTAL HOURS FOR WEEK: _____

CUMULATIVE HOURS: _____

NOTE: Use this page as the first page of the Weekly Activity Report; attach additional pages of report and include the following contents if appropriate:

1. A record of all experiences involved with the internship such as meetings, conferences, training sessions attended, activities, assignments, and planning sessions.
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3. Relate any problems you encountered during the week.
4. Relate any satisfying experiences which you had during the week.
5. Attach copies of fliers, news items, and other publications that you prepared or that relate to your Internship experience.

Reports must be typed/double spaced.

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

WEEKLY ACTIVITY REPORT

Name _____ Week No. 3 From _____ To _____

Signature of Internship Student _____

Signature of Agency Supervisor _____

Signature of University Supervisor _____

TOTAL HOURS FOR WEEK: _____

CUMULATIVE HOURS: _____

NOTE: Use this page as the first page of the Weekly Activity Report; attach additional pages of report and include the following contents if appropriate:

1. A record of all experiences involved with the internship such as meetings, conferences, training sessions attended, activities, assignments, and planning sessions.
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3. Relate any problems you encountered during the week.
4. Relate any satisfying experiences which you had during the week.
5. Attach copies of fliers, news items, and other publications that you prepared or that relate to your Internship experience.

Reports must be typed/double spaced.

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

WEEKLY ACTIVITY REPORT

Name _____ Week No. 4 From _____ To _____

Signature of Internship Student _____

Signature of Agency Supervisor _____

Signature of University Supervisor _____

TOTAL HOURS FOR WEEK: _____

CUMULATIVE HOURS: _____

NOTE: Use this page as the first page of the Weekly Activity Report; attach additional pages of report and include the following contents if appropriate:

1. A record of all experiences involved with the internship such as meetings, conferences, training sessions attended, activities, assignments, and planning sessions.
2. Your evaluation of each experience including choices you might make.
3. Relate any problems you encountered during the week.
4. Relate any satisfying experiences which you had during the week.
5. Attach copies of fliers, news items, and other publications that you prepared or that relate to your Internship experience.

Reports must be typed/double spaced.

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

WEEKLY ACTIVITY REPORT

Name _____ Week No. 5 From _____ To _____

Signature of Internship Student _____

Signature of Agency Supervisor _____

Signature of University Supervisor _____

TOTAL HOURS FOR WEEK: _____

CUMULATIVE HOURS: _____

NOTE: Use this page as the first page of the Weekly Activity Report; attach additional pages of report and include the following contents if appropriate:

1. A record of all experiences involved with the internship such as meetings, conferences, training sessions attended, activities, assignments, and planning sessions.
2. Your evaluation of each experience including choices you might make.
3. Relate any problems you encountered during the week.
4. Relate any satisfying experiences which you had during the week.
5. Attach copies of fliers, news items, and other publications that you prepared or that relate to your Internship experience.

Reports must be typed/double spaced.

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

WEEKLY ACTIVITY REPORT

Name _____ Week No. 6 From _____ To _____

Signature of Internship Student _____

Signature of Agency Supervisor _____

Signature of University Supervisor _____

TOTAL HOURS FOR WEEK: _____

CUMULATIVE HOURS: _____

NOTE: Use this page as the first page of the Weekly Activity Report; attach additional pages of report and include the following contents if appropriate:

1. A record of all experiences involved with the internship such as meetings, conferences, training sessions attended, activities, assignments, and planning sessions.
2. Your evaluation of each experience including choices you might make.
3. Relate any problems you encountered during the week.
4. Relate any satisfying experiences which you had during the week.
5. Attach copies of fliers, news items, and other publications that you prepared or that relate to your Internship experience.

Reports must be typed/double spaced.

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

WEEKLY ACTIVITY REPORT

Name _____ Week No.7 From _____ To _____

Signature of Internship Student _____

Signature of Agency Supervisor _____

Signature of University Supervisor _____

TOTAL HOURS FOR WEEK: _____

CUMULATIVE HOURS: _____

NOTE: Use this page as the first page of the Weekly Activity Report; attach additional pages of report and include the following contents if appropriate:

1. A record of all experiences involved with the internship such as meetings, conferences, training sessions attended, activities, assignments, and planning sessions.
2. Your evaluation of each experience including choices you might make.
3. Relate any problems you encountered during the week.
4. Relate any satisfying experiences which you had during the week.
5. Attach copies of fliers, news items, and other publications that you prepared or that relate to your Internship experience.

Reports must be typed/double spaced.

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

WEEKLY ACTIVITY REPORT

Name _____ Week No. 8 From _____ To _____

Signature of Internship Student _____

Signature of Agency Supervisor _____

Signature of University Supervisor _____

TOTAL HOURS FOR WEEK: _____

CUMULATIVE HOURS: _____

NOTE: Use this page as the first page of the Weekly Activity Report; attach additional pages of report and include the following contents if appropriate:

1. A record of all experiences involved with the internship such as meetings, conferences, training sessions attended, activities, assignments, and planning sessions.
2. Your evaluation of each experience including choices you might make.
3. Relate any problems you encountered during the week.
4. Relate any satisfying experiences which you had during the week.
5. Attach copies of fliers, news items, and other publications that you prepared or that relate to your Internship experience.

Reports must be typed/double spaced.

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

WEEKLY ACTIVITY REPORT

Name _____ Week No. 9 From _____ To _____

Signature of Internship Student _____

Signature of Agency Supervisor _____

Signature of University Supervisor _____

TOTAL HOURS FOR WEEK: _____

CUMULATIVE HOURS: _____

NOTE: Use this page as the first page of the Weekly Activity Report; attach additional pages of report and include the following contents if appropriate:

1. A record of all experiences involved with the internship such as meetings, conferences, training sessions attended, activities, assignments, and planning sessions.
2. Your evaluation of each experience including choices you might make.
3. Relate any problems you encountered during the week.
4. Relate any satisfying experiences which you had during the week.
5. Attach copies of fliers, news items, and other publications that you prepared or that relate to your Internship experience.

Reports must be typed/double spaced.

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

WEEKLY ACTIVITY REPORT

Name _____ Week No. 10 From _____ To _____

Signature of Internship Student _____

Signature of Agency Supervisor _____

Signature of University Supervisor _____

TOTAL HOURS FOR WEEK: _____

CUMULATIVE HOURS: _____

NOTE: Use this page as the first page of the Weekly Activity Report; attach additional pages of report and include the following contents if appropriate:

1. A record of all experiences involved with the internship such as meetings, conferences, training sessions attended, activities, assignments, and planning sessions.
2. Your evaluation of each experience including choices you might make.
3. Relate any problems you encountered during the week.
4. Relate any satisfying experiences which you had during the week.
5. Attach copies of fliers, news items, and other publications that you prepared or that relate to your Internship experience.

Reports must be typed/double spaced.

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

WEEKLY ACTIVITY REPORT

Name _____ Week No. 11 From _____ To _____

Signature of Internship Student _____

Signature of Agency Supervisor _____

Signature of University Supervisor _____

TOTAL HOURS FOR WEEK: _____

CUMULATIVE HOURS: _____

NOTE: Use this page as the first page of the Weekly Activity Report; attach additional pages of report and include the following contents if appropriate:

1. A record of all experiences involved with the internship such as meetings, conferences, training sessions attended, activities, assignments, and planning sessions.
2. Your evaluation of each experience including choices you might make.
3. Relate any problems you encountered during the week.
4. Relate any satisfying experiences which you had during the week.
5. Attach copies of fliers, news items, and other publications that you prepared or that relate to your Internship experience.

Reports must be typed/double spaced.

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

WEEKLY ACTIVITY REPORT

Name _____ Week No. 12 From _____ To _____

Signature of Internship Student _____

Signature of Agency Supervisor _____

Signature of University Supervisor _____

TOTAL HOURS FOR WEEK: _____

CUMULATIVE HOURS: _____

NOTE: Use this page as the first page of the Weekly Activity Report; attach additional pages of report and include the following contents if appropriate:

1. A record of all experiences involved with the internship such as meetings, conferences, training sessions attended, activities, assignments, and planning sessions.
2. Your evaluation of each experience including choices you might make.
3. Relate any problems you encountered during the week.
4. Relate any satisfying experiences which you had during the week.
5. Attach copies of fliers, news items, and other publications that you prepared or that relate to your Internship experience.

Reports must be typed/double spaced.

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

GUIDELINES FOR INTERNSHIP PROJECT

Criteria

1. One project will be completed for the total Internship experience.
2. The Project is to be coordinated between the Agency Supervisor and the Internship Student and must be approved by the University Supervisor. (Recommended that it be obtained early in the Internship experience.)
3. The Project is to involve a task which is not considered part of the normal routine of the Internship Student's experience.
4. Projects with functional carry-over value are encouraged (one which will have meaning and practicality to the Internship Student in future professional endeavors).

Examples

1. Facility inventory
2. Participant interest/needs/attitudes surveys
3. Public relations campaign via use of various media
4. Media presentations for teaching skills
5. Data collection, analysis, synthesis, and/or evaluation
6. Construction of any number of things, such as scoreboards, bulletin boards, display cases, equipment storage chests or cupboards, etc.
7. Historical or chronological recording of events pertinent to the Internship Agency's development.
8. Educational seminar series
9. Behavior change project

An outline or explanation of the Internship Project is to be submitted on the back of this form.

DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
COLLEGE OF HEALTH AND HUMAN SERVICES
SOUTHEAST MISSOURI STATE UNIVERSITY
CAPE GIRARDEAU, MISSOURI 63701

STUDENT PERFORMANCE MID-TERM APPRAISAL

CONFIDENTIAL
INFORMATION

Internship Student's Name _____

Internship Student's Title _____

Agency _____

Agency Supervisor _____

Percentage of Time Under my Supervision _____

NOTE: Agency Supervisor will rate the Internship Student in each of the three areas that follow, discuss those ratings with the Internship Student, and then forward this appraisal to the University Supervisor at mid-term and one week prior to the end of the Internship experience.

(Place appropriate number in box)

(0) = Inadequate information or does not apply to job

(1) = Excellent: Meets top expectations of criteria

(2) = Good: Consistently better than satisfactory in criteria

(3) = Average: Adequate but no more than satisfactory

(4) = Below Average: Not consistently satisfactory in criteria

(5) = Unsatisfactory: A completely unsatisfactory performance in criteria

PERSONAL CHARACTERISTICS OF INTERNSHIP STUDENT

PART I:

Attendance and Punctuality

Lateness or absence without good reason or adequate notice.

()

Comments:

Personal Appearance

Neat, clean, and appropriately dressed for Internship setting.

()

Comments:

Resourcefulness

Uses resources well; seek's information from variety of sources.

()

Comments:

Judgment and Problem Anticipation

Could handle emergency situations; makes common sense decisions, anticipates possible problem areas.

()

Comments:

Motivational Skills

Is enthusiastic; motivates others, can get the ball rolling.

()

Comments:

Acceptance of Responsibility

Willingness to readily assume responsibility when appropriate.

()

Comments:

Initiative, Creativity

Looks for additional work, avoids idleness, originates ideas makes creative efforts.

()

Comments:

Form J page 2

PROFESSIONAL RELATIONS

PART II:

Public Relations Skill

Tactful, diplomatic, courteous behavior.

()

Comments:

Work Attitudes

Industrious, willing to assist others, does share of work.

()

Comments:

Rapport with Staff

Works harmoniously with others; cooperative, considerate.

()

Comments:

Relates to Program Participants

Able to get people involved; show interest, respect, and concern for program participants.

()

Comments:

Adaptability

Can adjust plans and actions according to developing situations and changing moods of group.

()

Comments:

Takes Criticism Constructively

Willing to discuss and recognize weaknesses; works on areas needing improvement.

()

Comments:

Form J page 3

PROFESSIONAL PROFICIENCIES

PART III:

Knowledge and Skills Performed

Knowledge of program planning implementation and evaluation skills. ()

Comments:

Plans activities well in advance of the program. ()

Comments:

Keeps facilities and equipment in good condition? ()

Comments:

Is a team player; works well with his/her participants? ()

Comments:

Written Communication, Reports

Conveys ideas clearly; does neat, grammatically correct typographical error-free, organized work; meets deadlines. ()

Comments:

Oral Communication

Expresses self well; makes points clear to public and others. ()

Comments:

Task Accomplishment

Tasks completes in quality and timely manner, pursues and follows tasks through to completion. ()

Comments:

Professional Growth

Searches for more knowledge and experience, attends meetings reads and discusses, inquires about profession. ()

Comments:

Considering the following criteria in addition to any evaluative information particularly relative to your agency, what is your overall rating of this Internship Student's performance. Please attach any additional evaluation forms. It is understood that each agency will weigh the criteria to its own particular situations.

RATING SCALE

- | | |
|-------------------------------------|---|
| 1. Excellent
(Grade of "A") | "Outstanding" - indicates the very best performance you might reasonably hope for in a junior worker in the position concerned. Should be awarded to a "top flight" person, one whom you would hire unreservedly and with enthusiasm. |
| 2. Above Average
(Grade of "B") | "Above Average" - indicates a very high quality all-around performance on the Internship Student's part. This is a person whom you would hire without reservations. |
| 3. Average
(Grade of "C") | "Average" - indicates a satisfactory performance that would be expected from any employee and special strength or weakness. Performance is adequate and no more. This is a person whom you would hire with some reservations. |
| 4. Below Average
(Grade of "D") | "Below Average" - indicates a below average all-around performance to date. Improvement expected with additional training/experience. This would be a person whom you would not consider for employment. |
| 5. Unsatisfactory
(Grade of "F") | "Unsatisfactory" - indicates all-around unsatisfactory performance. Shows that the Internship Student is not suited to the job or appears not to be capable of doing better. This would be a person whom you would definitely reject. |

Based on the Internship Student's total performance, it is suggested that his/her grade be: (Please check one)

A B C D F

Incomplete (Please state reason(s) why):

Form J page 5

The potential of the Internship Student is that he/she:
(Please check one)

- Displays great potential
- Displays very promising potential
- Displays possible potential
- Displays little potential
- Displays definitely no potential

Please comment to support your total appraisal:

Signed _____ Date _____
Agency Supervisor

Signed _____ Date _____
University Supervisor

Signed _____ Date _____
Internship Student

SOUTHEAST MISSOURI STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
CAPE GIRARDEAU, MISSOURI 63701

INTERNSHIP EVALUATION BY STUDENT

This report is to be prepared by the Internship Student. It is to be a detailed report.

Name _____ Date _____

1. In light of your objectives, has this been a good learning experience for you? Have you been able to accomplish your objectives? What have been the most valuable experiences during the internship? What have been the most disappointing aspects?

2. How would you rate this Internship placement? Why? What recommended changes would you suggest to make it a more meaningful placement? (Please be as specific as possible.)

NOTE: Staple additional pages to this if necessary.

SOUTHEAST MISSOURI STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
CAPE GIRARDEAU, MISSOURI 63701

EVALUATION OF INTERNSHIP PROJECT

Please grade the Internship Student's project.

Original idea well carried out.

Worked cooperatively with others as necessary.

Worked independently on the project.

Carried out necessary research for project.

Sought help and information when necessary.

Learned a great deal while completing project.

Planned well in advance so project could be completed systematically throughout semester.

Created a product that is of value to Agency program, high quality (well written/well designed)

* Because of the diversity of Internship Projects, it is difficult to prepare an all-inclusive evaluation form.

RATING: _____

Rating Scale:

10	Outstanding	A+
9-10	Excellent	A
8	Above Average	B
7	Average	C
6	Below Average	D
5	Poor	F

Comments: (Please continue comments on the back if necessary)

Signed _____
Agency Supervisor

Signed _____
Internship Student

SOUTHEAST MISSOURI STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
CAPE GIRARDEAU, MISSOURI 63701

STUDENT PERFORMANCE FINAL APPRAISAL

CONFIDENTIAL
INFORMATION

Internship Student's Name _____

Internship Student's Title _____

Agency _____

Agency Supervisor _____

Percentage of Time Under my Supervision _____

NOTE: Agency Supervisor will rate the Internship Student in each of the three areas that follow, discuss those ratings with the Internship Student, and then forward this appraisal to the University Supervisor at mid-term and one week prior to the end of the Internship experience.

(Place appropriate number in box)

- (0) = Inadequate information or does not apply to job
- (1) = Excellent: Meets top expectations of criteria
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- (3) = Average: Adequate but no more than satisfactory
- (4) = Below Average: Not consistently satisfactory in criteria
- (5) = Unsatisfactory: A completely unsatisfactory performance in criteria

PERSONAL CHARACTERISTICS OF INTERNSHIP STUDENT

PART I:

Attendance and Punctuality

Lateness or absence without good reason or adequate notice.

()

Comments:

Personal Appearance

Neat, clean, and appropriately dressed for internship setting.

()

Comments:

Resourcefulness

Uses resources well; seek's information from variety of sources.

()

Comments:

Judgment and Problem Anticipation

Could handle emergency situations; makes common sense decisions, anticipates possible problem areas.

()

Comments:

Motivational Skills

Is enthusiastic; motivates others, can get the ball rolling.

()

Comments:

Acceptance of Responsibility

Willingness to readily assume responsibility when appropriate.

()

Comments:

Initiative, Creativity

Looks for additional work, avoids idleness, originates ideas makes creative efforts.

()

Comments:

PROFESSIONAL RELATIONS

PART II:

Public Relations Skill

Tactful, diplomatic, courteous behavior.

()

Comments:

Work Attitudes

Industrious, willing to assist others, does share of work.

()

Comments:

Rapport with Staff

Works harmoniously with others; cooperative, considerate.

()

Comments:

Relates to Program Participants

Able to get people involved; show interest, respect, and concern for program participants.

()

Comments:

Adaptability

Can adjust plans and actions according to developing situations and changing moods of group.

()

Comments:

Takes Criticism Constructively

Willing to discuss and recognize weaknesses; works on areas needing improvement.

()

Comments:

Form M page 3

PROFESSIONAL PROFICIENCIES

PART III:

Knowledge and Skills Performed

Knowledge of program planning implementation and evaluation skills. ()

Comments:

Plans activities well in advance of the program. ()

Comments:

Keeps facilities and equipment in good condition? ()

Comments:

Is a team player; works well with his/her participants? ()

Comments:

Written Communication, Reports

Conveys ideas clearly; does neat, grammatically correct typographical error-free, organized work; meets deadlines. ()

Comments:

Oral Communication

Expresses self well; makes points clear to public and others. ()

Comments:

Task Accomplishment

Tasks completes in quality and timely manner, pursues and follows tasks through to completion. ()

Comments:

Professional Growth

Searches for more knowledge and experience, attends meetings reads and discusses, inquires about profession. ()

Comments:

Considering the following criteria in addition to any evaluative information particularly relative to your agency, what is your overall rating of this Internship Student's performance. Please attach any additional evaluation forms. It is understood that each agency will weigh the criteria to its own particular situations.

RATING SCALE

- 1. Excellent (Grade of "A") "Outstanding" - indicates the very best performance you might reasonably hope for in a junior worker in the position concerned. Should be awarded to a "top flight" person, one whom you would hire unreservedly and with enthusiasm.
- 2. Above Average (Grade of "B") "Above Average" - indicates a very high quality all-around performance on the Internship Student's part. This is a person whom you would hire without reservations.
- 3. Average (Grade of "C") "Average" - indicates a satisfactory performance that would be expected from any employee and special strength or weakness. Performance is adequate and no more. This is a person whom you would hire with some reservations.
- 4. Below Average (Grade of "D") "Below Average" - indicates a below average all-around performance to date. Improvement expected with additional training/experience. This would be a person whom you would not consider for employment.
- 5. Unsatisfactory (Grade of "F") "Unsatisfactory" - indicates all-around unsatisfactory performance. Shows that the Internship Student is not suited to the job or appears not to be capable of doing better. This would be a person whom you would definitely reject.

Based on the Internship Student's total performance, it is suggested that his/her grade be: (Please check one)

A B C D F

Incomplete (Please state reason(s) why):

The potential of the Internship Student is that he/she:
(Please check one)

- Displays great potential
- Displays very promising potential
- Displays possible potential
- Displays little potential
- Displays definitely no potential

Please comment to support your total appraisal:

Signed _____
Agency Supervisor

Date _____

Signed _____
University Supervisor

Date _____

Signed _____
Internship Student

Date _____

SOUTHEAST MISSOURI STATE UNIVERSITY
 COLLEGE OF HEALTH AND HUMAN SERVICES
 DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
 CAPE GIRARDEAU, MISSOURI 63701

STUDENT'S EVALUATION OF INTERNSHIP SITE

Internship Student's Name _____

Instructions: Please rate the strengths and weaknesses of the Site in terms of meeting your needs as an Internship Student. Use the following scale:

- 1 - excellent 2 - more than adequate 3 - adequate
 4 - fair 5 - poor

_____ Agency _____ Date

- ___ 1. Acceptance of you as a functional member of the staff; willingness to integrate you into all appropriate levels of activities, programs, and projects.
- ___ 2. Provision of relevant experience in program administration, supervision, and leadership.
- ___ 3. Cooperation of Agency staff to provide professional growth experiences through training programs, seminars, and similar activities.
- ___ 4. Provision of assistance in helping you meet your personal and professional goals and objectives.
- ___ 5. Possession of resources essential to the preparation of professionals (library, equipment, supplies, etc.)
- ___ 6. Employment of qualified, professional staff with demonstrated capability to provide competent supervision.
- ___ 7. Adequate scheduling of one-on-one meetings with Supervisors and on-going evaluation of your performance.
- ___ 8. Allowance for relating classroom theory to practical situations.
- ___ 9. Willingness to listen and to discuss suggestions or recommendations offered, and explanation given stating rationale for acceptance or rejection of recommendations.

Additional Comments:

SOUTHEAST MISSOURI STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
CAPE GIRARDEAU, MISSOURI 63701

INTERNSHIP STUDENT'S EVALUATION OF AGENCY SUPERVISOR

Instructions: On this form please evaluate the quality of the supervision you received during the Internship experience.

Agency Supervisor's Name

Agency

Internship Student's Name

Date

Overall, on a five point scale, how would you rate your Agency Supervisor?

1	2	3	4	5
<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Poor</u>	<u>Very Poor</u>

Specific strengths noted:

Areas needing improvement:

Overall comments:

**EVALUATION BY SITE SUPERVISOR OF
 INTERNSHIP STUDENT'S PROFESSIONAL PREPARATION
 DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
 SOUTHEAST MISSOURI STATE UNIVERSITY**

1. Please indicate your assessment of the effectiveness of our curriculum in preparing our student.

Excellent	Above Average	Average	Below Average	Poor
5	4	3	2	1

Comments:

2. In what areas are the student's strengths?

3. In what areas are the student's weaknesses?

4. What, if any, new courses or additions/changes to our curriculum would you recommend?

Please indicate the semester and year of the Internship. _____

Check the correct blank.

Recreation

Health Mang.
Fit. & Sports Med.

Health Mang.
Health Promotion

Health Mang.
Athletic Training

**DEPARTMENT OF HEALTH, HUMAN PERFORMANCE AND RECREATION
GRADUATING SENIORS EXIT SURVEY**

This survey must be completed during the last week of your internship and returned prior to a grade being assigned for your Internship.

Major _____

Option, if applicable _____

Semester and year of graduation _____

We greatly value your input concerning your educational experience at Southeast Missouri State University.

Please use the following rating scale in answering the following items.

- | | |
|---|-----------------------------|
| 5 | far exceeded expectations |
| 4 | exceeded expectations |
| 3 | met expectations |
| 2 | somewhat below expectations |
| 1 | far below expectations |

Write the number that best describes your assessment of:

- _____ 1. The OVERALL quality of your university education at Southeast Missouri State University.
- _____ 2. The OVERALL quality of your academic preparation in your major.
- _____ 3. The quality of knowledge content presented in courses in your major.
- _____ 4. The quality of the experiential (practicum and other out-of-classroom experiences) component in your curriculum leading up to the internship semester.
- _____ 5. The quality of advisement by your departmental academic advisor.
- _____ 6. The quality of instructors in your major.
- _____ 7. The adequacy of facilities and equipment that support your major.

- _____ 8. The value of the majors' club to enhance your academic preparation.
- _____ 9. Your money's worth for education at the Department of Health, Human Performance and Recreation.
- _____ 10. Your money's worth for education at Southeast Missouri State University.

Please answer some additional questions to help us further improve the curriculum.

Please answer the following. **USE ADDITIONAL PAPER IF YOU WISH.**

ACADEMIC PREPARATION

Strengths

Suggestions to improve your program

INSTRUCTORS

Strengths

Suggestions to improve your program

FACILITIES AND EQUIPMENT

Strengths

Suggestions to improve your program

OTHER OBSERVATIONS

Return this form to the Department of Health, Human Performance and Recreation, MS 7650, ATTN: Department Administrative Assistant, Exit Survey-Confidential. Enclose a removable note indicating your own name and a permanent e-mail address so we may keep in touch with you after graduation. The administrative assistant will record that an evaluation was received from you; identification will be removed; then the survey will be stored anonymously until after all internship grades have been assigned.