



EXSC 480/481

Practicum Manual

Description.....	3
Purpose.....	3
Objectives.....	3
Expectations.....	3
A. Roles and Responsibilities of Marywood University.....	3
B. Roles and Responsibilities of the Student.....	4
C. Roles and Responsibilities of the Practicum Site/Supervisor	4
Part II. Practicum Proposal.....	5
A. Site-specific Practicum Agreement.....	6
B. Personal Statement.....	8
C. Practicum Information.....	9
D. Signatures.....	10
Part III. Appendices.....	11
Appendix A: Student Acknowledgement.....	12
Appendix B: PA Criminal Background Check Form.....	13
Appendix C: PA Child Abuse History Clearance Form.....	14
Appendix D: Daily Activity Logs.....	17
Appendix E: Mid-Term Evaluation.....	18
Appendix F: End of Term Evaluation.....	20
Appendix G: Student Evaluation of Practicum.....	22

Description

This course is a 3 credit hour course requiring 120 hours of contact time with a specified site supervisor. Exercise Science majors are required to complete both EXSC 480 and EXSC 481 prior to graduation. Students are tasked with locating an appropriate practicum location and completing the associated proposal for the practicum. The proposal must be approved by the University Instructor prior to the practicum beginning.

Prerequisites: Successful completion of EXSC 225, EXSC 225L and EXSC 360L required before taking EXSC 480. EXSC 480 required before (or concurrently with) EXSC 481.

Purpose

The purpose of the practicum is to give students an opportunity to gain hands-on experience in an employment environment similar to their aimed profession.

Objectives

- Provide the student with an opportunity to work in a setting related to their intended career path in order to experience actual work conditions in a different setting under the supervision of professionals outside of the University (academic) environment
- Refine and gain confidence in the skills developed in the Exercise Science program
- Provide the opportunity to work effectively with professional colleagues

Requirements:

Read and acknowledge understanding of the practicum manual. Acknowledgement should be indicated by completing and submitting the appropriate form (Appendix A).

All students must complete a PA Criminal History Check (Appendix B), while students intending to work with minors must also complete a PA Child Abuse History Clearance (Appendix C). These clearances must be complete and turned in when the student turns in the practicum proposal. Failure to submit clearances with practicum proposal will result in students being incapable of completing the practicum and thus failure of the course.

The [Criminal History Check](#) and [Child Abuse History Clearance](#) can be completed online.

Expectations

All practicum experiences are subject to the following responsibilities, regardless of site/location. All parties involved agree to arrange for opportunities for practicum students to observe and become familiar with the principles, practices and administration of the programs in which the student is involved.

A. Marywood University is responsible for:

- Assist students in finding a facility to complete their practicum hours
- Visitation by the practicum supervisor from the Department of Exercise Science *if necessary*

B. The practicum student is responsible for:

- Thoroughly understanding and adhering to the guidelines set forth in the course syllabus
- Developing and submitting the completed practicum proposal
- Completing all paperwork necessary to receive credit for the practicum in a timely manner
- Promptly communicating any issues or concerns about any aspects of the practicum with the practicum supervisor and course instructor
- Promptly communicating any changes to the practicum experience to the course instructor
- Adhering to the administrative policies, rules, standards, practices, and schedules of the practicum facility
- Obtaining and submitting state and federal criminal background checks, child abuse history check (if working with children in any capacity) and any other clearances required to site supervisor and course instructor

C. The facility is responsible for:

- Working with the student to develop the proposal for the practicum ([Site-Specific Agreement \(Proposal Part A\)](#))

- Assigning a supervisor to work directly with the student
- Providing students with general orientation to the practicum site, including philosophy and expectations
- Providing an appropriate educational experience, free of charge to Marywood University and its student(s)
- Evaluating the student twice during the practicum ([Mid Term \(60 hour\) Evaluation](#), [Final \(120 hour\) Evaluation](#))
- Cooperating in arranging schedule to allow the student to engage in a variety of experiences
- Informing student of any additional required background checks
- Reviewing all criminal history and other required background checks
- Communicating any issues or concerns about any aspect of the practicum with the practicum supervisor

Financial Arrangements

There are no financial stipulations involved in this agreement.

Terms of Agreement

The term offered by this arrangement will coincide with the semesters at Marywood University. It is understood and agreed that this agreement may be terminated by either party upon giving 30 days' notice in writing to the other party.

Part II. Practicum Proposal

For successful initiation of an undergraduate student practicum a student must complete a proposal prior to beginning their experience. This proposal must detail the specifics of the practicum and must be formally approved by the student, course instructor, department chair and practicum supervisor. For all practicum experiences these individuals are defined as:

The practicum student is defined as the Marywood University student who is fulfilling a 3 credit course requirement by working at a site relevant to Exercise Science.

The practicum supervisor is defined as the person at the practicum site who is directly responsible for overseeing the activities of the student. This individual may be a manager, coach or any other individual who the site supervisor considers responsible for supervising students/interns. This individual may or may not be the site supervisor.

The course instructor is defined as the Marywood University employee in the Department of Exercise Science who oversees the practicum process.

The department chair is defined as the Marywood University employee who oversees the course instructor and the overall practicum process.

The proposal consists of Parts A-D as well as Appendices A-C. These documents should be completed and handed in.

A. Site-specific Practicum Agreement

What will the student's primary responsibilities be? Please use the following categories as a guide to detail what this student will be doing during the required 120 on-site hours.

1. Interactions with patients/clients/members/athletes/etc:

2. Paperwork/Other administrative work:

3. Communications:

4. Cleaning/Other maintenance:

5. Other Duties:

6. What is the student expected to do if activity during on-site hours is limited (i.e., no clients in the gym, team practice rained out, etc.)?

7. Is there a regular work schedule for the student? If so, what will it be? If not, how will the work schedule be arranged?

8. How much notice must the student provide if he/she cannot attend his/her assigned hours?

9. Is the student allowed to complete volunteer hours beyond those required for the course if he/she desires it?

10. How is the student expected to dress during their assigned hours?

11. Please describe what, if anything, the student is expected to do outside of actual on-site hours

12. Is there anything the student is expected to provide him/herself?

13. Please describe any other requirements, expectations, and agreements in the space below.

B. Personal Statement

Please provide a minimum of one page typed summary of what you plan to accomplish during this practicum. You should address why you chose this site, why you will be performing the duties described in your agreement, and how this practicum will benefit you in working towards your ultimate career goals.

C. Practicum Information

Student's Name: _____

Practicum Name: _____

Practicum Address: _____

Site Supervisor

Name: _____

Email: _____

Phone: _____

Practicum Supervisor (if different than site supervisor)

Name: _____

Email: _____

Phone: _____

Student's Job Title (if any): _____

Start Date of Practicum: _____

D. Signatures - this form MUST BE PRINTED before signing

By signing, an individual agrees to the details described in all parts of this proposal. Any changes to the proposed practicum experience must be brought to the attention of all parties involved immediately so an amendment can be made to the proposal. The names of the responsible individuals at the two institutions charged with the implementation of the contract are:

Practicum Student
Marywood University

_____ (print name)

Date: _____ (signature)

Site Supervisor

_____ (print name)

Date: _____ (signature)

Lindsay Howard, MS, RDN, CSCS
Course Instructor
Marywood University

Date: _____

Lindsay Howard, MS, RDN, CSCS
Department Chair
Marywood University

Date: _____

Part III. Appendices

All forms and evaluations can also be completed electronically via Google Forms

[Site-Specific Agreement \(Proposal Part A\)](#)

[Student Agreement - Proposal Parts B and C, Appendix A](#)

[Mid Term \(60 hour\) Evaluation](#)

[Final \(120 hour\) Evaluation](#)

[Student \(Self\) Evaluation](#)

Appendix A: Student Acknowledgement

To be completed by Student, submit to advisor along with Practicum Proposal by due date.
Marywood University Department of Exercise Science

Personal Data	
Student Name:	Career Goal/Interest:
Student Email:	Local Phone:
Academic Information	
Status: Sr. Jr.	Faculty Advisor:
Enrollment Information	
Semester to be enrolled (circle one): Fall Spring Summer	Practicum Section Registering for: EXSC 480 EXSC 481
Starting Date of Experience:	Ending Date of Experience:
Student Signature:	Date:

I understand that I am required to:

1. Read and understand this manual
2. Understand you are a representative of the Marywood University Exercise Science Department and that your behavior during your practicum should be reflective of this.
3. Discuss with the Practicum Instructor about my practicum options including the appropriateness of my chosen site location, forms and requirements.
4. Complete a practicum proposal before the deadline. This proposal must be agreed upon by all parties before the practicum may commence.

Date/Initial

_____/____

_____/____

_____/____

_____/____

5. Complete a criminal background check and, if necessary, child abuse history clearance before handing in my practicum proposal.

_____/____

6. Understand this course is graded according to your satisfactory completion of assignments. Failure to complete assignments will result in an unsatisfactory grade and/or possibly failure of the course.

_____/____

7. Register for the course

_____/____

Appendix B: PA Criminal Background Check Form

SP 4-164 (7-2009)

PENNSYLVANIA STATE POLICE REQUEST FOR CRIMINAL RECORD CHECK

[Print](#)

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNYSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758
Local Number 717-425-5546 1-888-QUERYPA (1-888-783-7972)
DO NOT SEND CASH OR PERSONAL CHECK
CHECK ONE BLOCK
<input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

NAME/SUBJECT OF RECORD CHECK (FIRST)			(MIDDLE)			(LAST)								
MAIDEN NAME AND/OR ALIASES			SOCIAL SECURITY NUMBER			DATE OF BIRTH (MM/DD/YYYY)		SEX	RACE					

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

REASON FOR REQUEST: All requests \$10.00
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
 ◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

- | | | |
|---|---|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC) | <input type="checkbox"/> EMPLOYMENT/SCREENING | <input type="checkbox"/> PASSPORT |
| <input type="checkbox"/> ATTORNEY | <input type="checkbox"/> FOSTER CARE | <input type="checkbox"/> PRIVATE INVESTIGATIONS |
| <input type="checkbox"/> BANKING | <input type="checkbox"/> HEALTHCARE | <input type="checkbox"/> SOCIAL SERVICES |
| <input type="checkbox"/> BAR ASSOCIATION | <input type="checkbox"/> HOUSING | <input type="checkbox"/> TENANT CHECK |
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> INSURANCE LICENSE | <input type="checkbox"/> VISA |
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> NURSE AID TRAINING | <input type="checkbox"/> VOLUNTEER |
| <input type="checkbox"/> ELDER CARE | <input type="checkbox"/> OTHER _____ | |
| <input type="checkbox"/> EMERGENCY MANAGEMENT | | |

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919

Appendix C: PA Child Abuse History Clearance Form

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. Print clearly in ink. Enclose \$10.00 money order ONLY, payable to DEPARTMENT OF PUBLIC WELFARE. **DO NOT send cash or personal check.**
 Send to CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170
APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME _____
 STREET _____
 CITY, STATE _____
 ZIP CODE _____

SOCIAL SECURITY NUMBER _____
 AGE _____ DATE OF BIRTH _____ DAYTIME PHONE NO. _____
 SEX M F COUNTY YOU LIVE IN _____

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to Information in statewide central register), 6344 (relating to Information relating to prospective child care personnel), 6344.1 (relating to Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- Child Care Services Employee
- Foster Care Adoption School Employee
- Employment with a significant likelihood of regular contact with children
- Volunteers - A copy of your PROCESSED "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FD-258).
- DPW Employment & Training Program Participant (signature required below)

 SIGNATURE OF OIM/CAO REPRESENTATIVE OIM/CAO PHONE NUMBER _____

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

1. (LAST, FIRST, MIDDLE) _____
2. (LAST, FIRST, MIDDLE) _____
3. (LAST, FIRST, MIDDLE) _____
4. (LAST, FIRST, MIDDLE) _____
5. (LAST, FIRST, MIDDLE) _____

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1. _____
2. _____
3. _____
4. _____

HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)

NAME (Last, First, Middle) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

 APPLICANT'S SIGNATURE

 DATE

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II		RESULTS OF HISTORY CHECK	
<input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.		<input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).	
STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.	-	3.	-
2.	-	4.	-
_____ <small>VERIFIER</small>		_____ <small>DATE</small>	
_____ <small>VERIFIER'S SUPERVISOR</small>		_____ <small>DATE</small>	

SECTION III		VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES	
<p>_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.</p> <p>The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.</p> <p>It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.</p>			
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE			
<input type="checkbox"/> Applicant is named as the perpetrator of a founded child abuse or school employee report which occurred in the last five years.			
<input type="checkbox"/> Applicant is named as the perpetrator of a founded child abuse or school employee report which occurred over five years ago.			
<input type="checkbox"/> Applicant is named as the perpetrator of an indicated child abuse or school employee report.			
<input type="checkbox"/> Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.			
PENNSYLVANIA STATE POLICE CLEARANCE			
<input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> No record exists. Report attached.			
FBI CLEARANCE			
<input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> No record exists. Report attached.			
<input type="checkbox"/> No FBI clearance required.			
_____ <small>VERIFIER</small>		_____ <small>DATE</small>	
_____ <small>VERIFIER'S SUPERVISOR</small>		_____ <small>DATE</small>	

**DIRECTIONS TO COMPLETE THE
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE APPLICATION:**

1. Applicants are to complete Section I only.
2. Type or print clearly and neatly in ink only.
3. The space for the applicant's name must be the applicant's full legal name. An initial is not acceptable for a first name. The address listed must be applicant's current home address. This is also where the results of the clearance will be mailed.
4. The applicant's Social Security number is voluntary. If filling in the Social Security number please fill in the entire Social Security number.
5. Age – Fill in the applicant's current age.
6. Date of Birth – Fill in the applicant's date of birth (Example: 01/22/1990).
7. Daytime Phone Number – Fill in the number for where the applicant can be reached in the event that there are questions about the information on the application.
8. Sex – Check the appropriate box for male or female.
9. County You Live In – Fill in the name of the county where you reside (this should be the county for the address that the applicant filled in the space on the left of this section).
10. **Purpose of Clearance** – Do not check more than one block:
 - a. Check the Child Care box if planning to work in a day care or child care setting.
 - b. Check the Foster Care box if applying as a prospective foster parent.
 - c. Check the School Employee box if seeking to have involvement within a school (public, private, vocational, or technical) for employment or volunteer purposes OR check this box if a child abuse clearance is needed due to enrollment in an educational program such as a nursing school or technical program.
 - d. Check the Adoption Block if in the process or planning to adopt a child.
 - e. Check Employment With A Significant Likelihood of Regular Contact With Children if NONE of the other options relate to why a child abuse clearance is needed.
 - f. Check the Volunteers box if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League, or churches. As noted on the form, if the Volunteer box is checked, the applicant must also attached A COPY of the RESULTS from their PA State Police Criminal History Record Check. Do not send original criminal record results because the original cannot be returned. If the applicant is not a current Pennsylvania resident, the applicant must also attach a copy of their FBI Criminal History results obtained within the past year.
 - g. Check the DPW Employment & Training Program Participant box if the applicant is participating in a Department of Public Welfare employment and training program through a county assistance office, or CAO, or the Office of Income Maintenance, OIM. The signature **AND** phone number of the CAO or OIM representative is required.
11. Previous Names Used Since 1975 - The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, aliases and also known as (aka) names.
12. Previous Addresses Since 1975 - List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location will be acceptable.
13. Household Members - Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). If the applicant was under the age of 18 in 1975 this section must include other household members who lived with the applicant or with whom the applicant lived. Please note the household member's relationship to the applicant, their age (to the best of your knowledge) and their sex. Applications where this section is left blank will be rejected and returned to the applicant.
14. Applications must be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.
15. Enclose a \$10.00 money order for each application. No cash or personal checks will be accepted. Agency or business checks are acceptable.
16. Do not send any postage paid return envelopes for us to return your results. Results are issued through an automated system generated mailing process.

Note: Clearance results will be mailed to you within 14 days from the date that the clearance is received in our office. Failure to comply with the above instructions will cause considerable delay in processing the results of an applicant's child abuse clearance.

Appendix D: Daily Activity Logs

Daily logs should be kept as you progress through your practicum. These logs must be turned in at the completion of your 120 hours so it is suggested you keep up with them after each day you are completing hours.

Information to include in these logs consists of:

Time worked (start and end time for the day) & accumulated hours – please follow the format of the sample entry below

- Work/duties performed
- Independent studies performed
- Questions that arose
- Information learned
- Problems found and solutions developed
- Personal reflection of the experience
- How the experience is shaping your thoughts about your career

A sample log may look like this (please use this formatting for all logs):

1/27/2012 Tuesday

Start time: 12pm

End time: 4.30pm

Today I met with Bradley, one of the exercise physiologists. He showed me how to use the electrical blood pressure machine and pulse oximeter. I got to take blood pressures and meet some of the phase III maintenance patients. These individuals have already completed phase I and phase II of the cardiac rehab program, and are now on a maintenance program. While the patients were exercising, I walked around the exercise room and talked with the patients and assisted them when necessary on the equipment. I observed a patient's pulse on the pulse oximeter reveal bigeminy sinus rhythm. It only seems to occur while this individual is exercising, and after a few minutes rest after exercise, the bigeminy rhythm subsides. This was exciting to see on my second day.

Day Hours 4.5

Running Total Hours: 29

Appendix E: Mid-Term Evaluation

Practicum Mid-Term (60hr complete) Evaluation

Subject: EVALUATION OF STUDENT'S INTERNSHIP AND GRADE RECOMMENDATION

Site: _____

Date: _____

Student's Name: _____

Site Supervisor's Name: _____

Professional Performance

- 1. Planning of field work through goals, objectives and activities.....
- 2. Implementing and organizing to accommodate goals and objectives.....
- 3. Knowledge (depth, currency, breadth) and skills as a leader.....
- 4. Judgment and decisions (consistent, accurate, effective).....
- 5. Plan and organize work (timeliness, creativity).....
- 6. Management of resources.....

No opportunity to observe	Outstanding	Above average	Needs improvement	Average	Unsatisfactory	
						1
						2
						3
						4
						5
						6

7. Leadership (initiative, human relations, accept responsibility)
.....
.....

						7
--	--	--	--	--	--	---

8. Adaptability (dependable, punctual, flexible)
.....

						8
--	--	--	--	--	--	---

9. Oral communication (clear, concise, confident, preparation)
.....
.....

						9
--	--	--	--	--	--	---

10. Written communication (clear, concise, organized).....

						10
--	--	--	--	--	--	----

Personal Performance

11. Professional attitude (cooperation, demeanor).....

						11
--	--	--	--	--	--	----

12. Intellectual curiosity.....

						12
--	--	--	--	--	--	----

13. Poise and self-confidence.....

						13
--	--	--	--	--	--	----

14. Professional appearance.....

						14
--	--	--	--	--	--	----

Comments

(Do you think the student has successfully completed their field work to date?)

What letter grade would you give the student?

A+ A A- B+ B B- C+ C C- D+ D D- F

Signature

Date

Please return this evaluation form to the student or via mail to:

Lindsay Howard
Department of Exercise Science

Marywood University
2300 Adams Ave
Scranton, PA 18509

Thank You!

Appendix F: End of Term Evaluation

Practicum End of Term (120hr complete) Evaluation

To: Agency or Institution Supervisor for Exercise Science Students Involved in an Internship
 From: University Internship Supervisor
 Subject: EVALUATION OF STUDENT'S INTERNSHIP AND GRADE RECOMMENDATION

Agency: _____ Date: _____

Student's name: _____

Agency Supervisor's Name: _____

Professional Performance

	No op por tun ity to ob ser ve	Out stand ing	Abo ve aver age	N e e d s i m p r o v e m e n t	Aver age	Uns atisf acto ry	
1. Planning of field work through goals, objectives and activities.....							1
2. Implementing and organizing to accommodate goals and objectives.....							2
3. Knowledge (depth, currency, breadth) and skills as a leader.....							3
4. Judgment and decisions (consistent, accurate, effective).....							4
5. Plan and organize work (timeliness, creativity).....							5
6. Management of resources.....							6
7. Leadership (initiative, human relations, accept responsibility).....							7

8. Adaptability (dependable, punctual, flexible)
.....

9. Oral communication (clear, concise, confident, preparation)
.....
.....

10. Written communication (clear, concise, organized)
.....

Personal Performance

11. Professional attitude (cooperation, demeanor).....

12. Intellectual curiosity.....

13. Poise and self-confidence.....

14. Professional appearance.....

						8
						9
						10
						11
						12
						13
						14

Comments

(Do you think the student has successfully completed their field work to date?)

What letter grade would you give the student?

A+ A A- B+ B B- C+ C C- D+ D D- F

Signature

Date

Please return this evaluation form to the student or via mail to:

Lindsay Howard
Department of Exercise Science

Marywood University
2300 Adams Ave
Scranton, PA 18509

Thank You!

Appendix G: Student Evaluation of Practicum

Student Evaluation of Practicum

Agency: _____

Dates of Practicum (to and from): _____

Student's name: _____

Agency Supervisor's Name: _____

Evaluation of Supervisor

1. Did the supervisor appear interested in you as an individual?.....
 2. Did the supervisor provide adequate training?.....
 3. Did the supervisor motivate you to improve yourself?.....
 4. Did you receive adequate instructions or assistance from your supervisor in the conduct of your work?.....
 5. How often did your supervisor discuss your performance with you?.....
- Comments: _____

	Alw ays	Fre que ntly	So meti mes	Seld om	Nev er	
						1
						2
						3
						4
						5

Personal Evaluation

6. Do you believe your position provided a relevant experience?.....
7. Do you believe you did work of value for your practicum site?.....
8. Did your work environment allow for the expression of your questions?.....

						6
						7
						8

Comments: _____

Evaluation of MU Exercise Science Program

9. My overall academic preparation for this course was.....

10. My science preparation for this course was.....

11. My education skills training for this course was.....

12. My practical skills training for this course was.....

13. How would you rate your overall practicum experience?

14. Would you consider working for this organization following graduation?.....

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15. Which MU courses were the most helpful in the performance of your duties?

16. Which MU courses did you take that were least helpful?

17. What additional courses would you recommend that the Exercise Science program offer in the curriculum to enhance your education?

18. Would you recommend this practicum site to future MU students? Why or why not?