

Western Washington University  
Department of Physical Education, Health and Recreation

**KIN 491 – Field Experience**

**STUDENT CHECKLIST**

- Student must purchase liability insurance before registering for KIN 491. (Insurance policy is good for one year after the date of purchase.) Student should keep his/her receipt and a copy of the policy.
- First Aid/CPR certification must be current at the time the field experience begins.

**Policy Regarding CPR and First Aid Certifications and Re-Certifications:**

Original certifications must be obtained through classes that contain a both a cognitive and hands-on practical assessment, no entirely online certifications will be accepted. Certification must also be from a professional organization that complies with the guidelines established by the International Liaison Committee on Resuscitation and/or the American Heart Association. All re-certifications must include an in-person hands-on practical portion as well. Completely on-line certification or re-certification will not be accepted. The original signature of the instructor on the certification card indicating the completion of a practical portion will be required as evidence that the class was not online only class. Examples of organizations that provide this type of certification include the American Heart Association, American Red Cross and Medic First Aid however this list is not all inclusive.

- \_\_\_\_\_ 1. Obtain permission for the field experience from a cooperating agency. Faculty members will assist in placement.
- \_\_\_\_\_ 2. Meet with your faculty supervisor to review process, roles, and responsibilities.
- \_\_\_\_\_ 3. Arrange a meeting with your agency supervisor to complete the Agency Agreement. Provide the supervisor with the Evaluation Forms and the Agency Supervisor Checklist.
- \_\_\_\_\_ 4. Meet with your faculty supervisor to review the contract made with the agency.
- \_\_\_\_\_ 5. Register for KIN 491, 3-6 credits, depending on your workload and agreement with your supervisor.
- \_\_\_\_\_ 6. Meet with your faculty supervisor during the 3<sup>rd</sup> week of the quarter.
- \_\_\_\_\_ 7. Meet with your faculty supervisor during the 7<sup>th</sup> week of the quarter.
- \_\_\_\_\_ 8. Meet with your faculty supervisor during finals week for your final evaluation.

**Miscellaneous:**

Students will be required to fulfill all obligations noted on the contract form. Evaluations will be conducted by the agency during the 5<sup>th</sup> and 10 weeks of the quarter.

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**AGENCY SUPERVISOR CHECKLIST**

- The intern is required to have proof of liability insurance. You may request a copy of the policy and receipt of purchase from the student.
- The student is also required to have First Aid/CPR certification. You may request proof of this.

- \_\_\_\_\_ 1. Meet with the student to complete a Agency Agreement. Give the form to the student to return to their faculty supervisor. The student will provide you with an Agency Supervisor Checklist and two Evaluation Forms.
- \_\_\_\_\_ 2. Discuss program policy, safety, and emergency procedures with the student.
- \_\_\_\_\_ 3. Instruct the student on his/her roles and responsibilities with the agency.
- \_\_\_\_\_ 4. Go over the evaluation form with the student, noting expectations pertinent to your specific work environment.
- \_\_\_\_\_ 5. *Week 1:* Observe the student in the job setting. Provide feedback to the student.
- \_\_\_\_\_ 6. *Week 3:* Phone contact with faculty supervisor to check on the student's progress.
- \_\_\_\_\_ 7. *Week 5:* Complete a written Mid-Term Evaluation of the student and submit it to the faculty supervisor.
- \_\_\_\_\_ 8. *Week 8:* Phone contact with the faculty supervisor.
- \_\_\_\_\_ 9. *Week 10:* Submit the Final Evaluation Report to the faculty supervisor.

**Miscellaneous:**

Report any problems to the faculty supervisor immediately.

Quarter: \_\_\_\_\_

Western Washington University  
Department of Physical Education, Health and Recreation  
**KIN 491 – Field Experience**  
**AGENCY AGREEMENT**

Name of Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sponsoring Agency Supervisor Name / Position: \_\_\_\_\_

### **Specifics of the Placement**

Nature of the placement:: \_\_\_\_\_

General description of duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location and phone number of placement (if different from above): \_\_\_\_\_

\_\_\_\_\_

Number of credits: (*circle one*)    3    or    6

The expected time commitment for 3 credits is 90 hours or 180 hours for 6 credits. These are negotiable and can be changed with the consent of the agency and the university supervisor depending on the type of internship and level of responsibility given to the participant.

Number of hours per week: \_\_\_\_\_ Start Date: \_\_\_\_\_

Work schedule (*circle days of week*)                    M    T    W    R    F    S    S

## Goals and Objectives

Student responsibilities:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

Agency responsibilities:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

It is important that the intern is aware of procedures in the event of an accident or other emergency.\* Have the intern's role in emergencies and the proper procedures to follow been discussed with the intern?

Yes \_\_\_\_\_ No \_\_\_\_\_

\*The intern is required to have a current First Aid/CPR certification and liability insurance. The student must provide verification if requested.

## Administration

If the intern is unable to contact the supervisor, who should he/she contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the intern been made aware of any standards or regulations which the agency places on him/her as a volunteer or paid employee?

Yes \_\_\_\_\_ No \_\_\_\_\_

Give details:

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What details have been made for regular intern/agency communication (e.g., discussions, evaluation sessions, meetings, written communication)?

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### **Confirming Agreement**

I agree to accept the responsibilities presented.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Supervisor: \_\_\_\_\_

Signature of Faculty Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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Western Washington University  
**Department of Physical Education, Health and Recreation**  
***KIN 491 – Field Experience***  
**MID-TERM EVALUATION REPORT**

Intern's Name: \_\_\_\_\_

WWU Faculty Supervisor: \_\_\_\_\_

Agency: \_\_\_\_\_

Sponsoring Agency Supervisor: \_\_\_\_\_

Classification of the intern within the agency: \_\_\_\_\_  
 (e.g., exercise technician)

Date of Evaluation: \_\_\_\_\_ Number of hours completed to this date: \_\_\_\_\_

Please compare student to other staff in similar positions that you have supervised before, when possible. Please use the scale below when evaluating the student. Thank you for your cooperation.

- NA = not applicable
- 1 = rates far below average
- 2 = rates below average
- 3 = compares favorably with average
- 4 = is better than average
- 5 = far exceeds the average

1. Arrives promptly at meetings and job commitments.	NA	1	2	3	4	5
2. Is dependable and follows through with instructions.	NA	1	2	3	4	5
3. Relates well to other staff members.	NA	1	2	3	4	5
4. Demonstrates a positive attitude toward authority.	NA	1	2	3	4	5
5. Response to advice and assistance.	NA	1	2	3	4	5
6. Works independently without constant encouragement.	NA	1	2	3	4	5
7. Makes good use of time.	NA	1	2	3	4	5
8. Plans thoroughly and realistically toward attainment of objectives.	NA	1	2	3	4	5
9. Uses effective written skills.	NA	1	2	3	4	5
10. Uses effective oral skills.	NA	1	2	3	4	5
11. Ability to work with supervisors.	NA	1	2	3	4	5

(over)

12. Contributes new ideas.	NA	1	2	3	4	5
13. Willingness to do more than required.	NA	1	2	3	4	5
14. Seeks guidance when indicated.	NA	1	2	3	4	5
15. Does not exceed authority.	NA	1	2	3	4	5
16. Relates well to program participants/clients.	NA	1	2	3	4	5
17. Demonstrates the necessary expertise for the position.	NA	1	2	3	4	5

Please comment on your perception of the student's progress toward achievement of objectives.

As supervisor, what suggestions do you have concerning specific skills necessary (e.g., planning, communication, follow-through) to enable the student to better identify areas which need further development?

Additional comments that you would like to express:

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Supervisor: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Western Washington University  
 Department of Physical Education, Health and Recreation  
 KIN 491 – Field Experience  
FINAL EVALUATION REPORT

Intern's Name: \_\_\_\_\_

WWU Faculty Supervisor: \_\_\_\_\_

Agency: \_\_\_\_\_

Sponsoring Agency Supervisor: \_\_\_\_\_

Classification of the intern within the agency: \_\_\_\_\_  
 (e.g., exercise technician)

Date of Evaluation: \_\_\_\_\_ Number of hours completed to this date: \_\_\_\_\_

Please compare student to other staff in similar positions that you have supervised before, when possible. Please use the scale below when evaluating the student. Thank you for your cooperation.

- NA = not applicable
- 1 = rates far below average
- 2 = rates below average
- 3 = compares favorably with average
- 4 = is better than average
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1. Arrives promptly at meetings and job commitments.	NA	1	2	3	4	5
2. Is dependable and follows through with instructions.	NA	1	2	3	4	5
3. Relates well to other staff members.	NA	1	2	3	4	5
4. Demonstrates a positive attitude toward authority.	NA	1	2	3	4	5
5. Response to advice and assistance.	NA	1	2	3	4	5
6. Works independently without constant encouragement.	NA	1	2	3	4	5
7. Makes good use of time.	NA	1	2	3	4	5
9. Plans thoroughly and realistically toward attainment of objectives.	NA	1	2	3	4	5
9. Uses effective written skills.	NA	1	2	3	4	5
10. Uses effective oral skills.	NA	1	2	3	4	5
11. Ability to work with supervisors.	NA	1	2	3	4	5

(over)

12. Contributes new ideas.	NA	1	2	3	4	5
13. Willingness to do more than required.	NA	1	2	3	4	5
14. Seeks guidance when indicated.	NA	1	2	3	4	5
15. Does not exceed authority.	NA	1	2	3	4	5
16. Relates well to program participants/clients.	NA	1	2	3	4	5
17. Demonstrates the necessary expertise for the position.	NA	1	2	3	4	5

Please comment on your perception of the student's progress toward achievement of objectives.

As supervisor, what suggestions do you have concerning specific skills necessary (e.g., planning, communication, follow-through) to enable the student to better identify areas which need further development?

Additional comments that you would like to express:

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Supervisor: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

