

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.

- _____ 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 3rd week of the quarter.
- _____ 7. Meet with your faculty supervisor during the 7th 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 5th 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: _____

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AGENCY AGREEMENT

Name of Student: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor Name / Position: _____

Specifics of the Placement

1. Nature of the placement: _____

2. General description of duties: _____

3. Location and phone number of placement (if different from above): _____

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

The expected time commitment for 3 credits is 10 hours per week. 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.

b) Number of hours per week: _____

c) Work schedule (*circle day of week*) M T W R F

Goals and Objectives

1. Student responsibilities:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

2. Agency responsibilities:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

3. 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

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

Name: _____ Phone: _____

2. 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:

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

Confirming Agreement

I agree to accept the responsibilities presented.

Signature of Student: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Signature of Faculty Supervisor: _____ Date: _____

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MID-TERM EVALUATION REPORT

Intern's Name: _____

Agency: _____

Supervisor: _____

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

Dates of Field Experience : _____ Date of Evaluation: _____

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: _____

Signature of Student: _____

Date: _____

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FINAL EVALUATION REPORT

Intern's Name: _____

Agency: _____

Supervisor: _____

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

Dates of Field Experience: _____ Date of Evaluation: _____

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
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: _____

Signature of Student: _____

Date: _____