

GUIDELINES FOR STUDENT INTERNSHIPS

(FOR ALL STUDENTS SEEKING CAREERS IN Personal Training, Cardiac Rehabilitation, Strength Training, Corporate Fitness, Research, Pre-Professional (PT, OT, MD))

(Summer Application due April 15th to Dr. Blevins)

1. Complete internship contract application forms by obtaining a list approved internship sites from Dr. Blevins (KINE Department Office rm. 144). You will need to discuss your career goals with **Dr. Blevins**, and apply for an internship at an approved site before April 15th. For all sites listed, an internship affiliation agreement must be secured prior to starting your internship. You will need to contact the supervisor listed for the site or sites you are interested in and apply for an internship at their site. If you are interested in a site that is not listed, please discuss this with Dr. Blevins
2. Student liability insurance is required. You are required to have liability insurance EVERY SEMESTER that you are completing hours in your internship. Tarleton uses **Bill Beatty Insurance**. The amount is currently \$11 per semester. The liability insurance can be paid in cash or check to **Ms. Christie Ray** in the Kinesiology Department office. Your payment plus the following information – name, social security number, and internship site is given to Ms. Ray in the Kinesiology Main Office. After you have paid for liability insurance, Ms. Ray will clear you for KINE 482 registration.
3. During the first 2 weeks of the internship, schedule a meeting with your site advisor to complete the evaluation form, listing specific, objective skills/responsibilities that are measurable. All interns will complete a special project during the semester. A brief description of the special project should be provided on the same form.
4. Turn in a mid-term evaluation to Dr. Blevins when you accrue ½ the required hours. Set up an appointment to discuss the evaluation with your internship supervisor.
5. Turn in final evaluation, special project and documentation of hours to Dr. Blevins on or before the **Friday before final exams**.
6. Your internship should be considered a professional job. Treat it as such. Call your supervisor if you are sick, late, etc. If problems arise, consult Dr. Blevins and your site supervisor early on before a minor concern becomes a major concern.
7. Record your **cumulative** hours for the internship – for every credit hour per week, you are required to work 3 hours per week.

6 Credit Hours – 270 Hours (~19 hours/week over 16 weeks)

**TARLETON STATE UNIVERSITY
DEPARTMENT OF KINESIOLOGY**

**INTERNSHIP CONTRACT AGREEMENT KINE 482
(To be completed by the Internship Site and Student)**

_____ Enrolled in KINE 482, Internship, at Tarleton State University seeks approval to intern at _____
Located in _____, Texas. Signatures acquired below indicate that _____, the agency, Tarleton State University, and Dr. Jennifer Blevins, University Supervisor, have agreed that said student will be professionally working with said agency. It is also understood that this student will complete a minimum of 300 work-related hours at said agency under supervision of the agency supervisor, _____
_____. Should any problem arise concerning job performance, attendance, punctuality, professionalism, or any other factor deemed important to the agency, the supervisor for the agency will contact Dr. Jennifer Blevins immediately.

Internship Approval Recommended:

Dr. Jennifer Blevins, University Supervisor Phone#

Agency Supervisor Phone#

Intern Phone #

INTERNSHIP APPLICATION for KINE 482
(Turn this in with "Contract" to Dr. Blevins)

Name _____ Date _____

Phone H) _____ W) _____

Phone C) _____ Tarleton Email(one that you use _____)

Degree: B.S. Fitness Management

Proposed Date of Graduation: _____

Semester in which you want to do internship _____

Passed Health Related Fitness Standards: Yes _____ No _____

Complete Professional Development/Leadership Experiences: Yes _____ No _____

List grades in courses you have completed:

 Exercise Physiology KINE 420 _____

 Kinesiology KINE 480 _____

 Physiotherapy KINE 430 _____

 Practicum KINE 405 _____

Site of Internship: _____

Internship Supervisor: _____

Address of Facility: _____

Phone of Supervisor: _____

Estimated Start Date: _____

Do not write below this line.

Professional liability insurance: No Yes

Note: This form must be completed prior to November 15 for Spring internships, April 15th for Summer Internships, and August 15th for Fall Internships. No Exceptions!

INTERNSHIP PROJECT AND EVALUATION CRITERIA - KINE 482

(To be completed by Student and Internship Supervisor in First Two Weeks of the Internship, and Submitted to Dr. Blevins)

KINE 482 – Problems/ Internship

Student Name _____ Date _____

Phone H) _____ or Cell) _____ Contact Hours _____

Email _____

Internship Site _____ Supervisor _____

Address _____

Work Phone) _____ Schedule _____

Name of Supervisor _____ Phone _____

Special Project

List 5 site specific criteria for evaluation for the internship; these must be specific and measurable.

1. _____

2. _____

3. _____

4. _____

5. _____

**Tarleton State University
Department of KINE 482
Fitness Management Internship Evaluation**

Performance Criteria

Rating Category	Rating	Description/Explanation
Outstanding	5	Performed responsibility with a high degree of competence and skill after training; showed a high level of interest in gaining new experiences and knowledge; made significant contributions to the program.
Above Expected to	4	Performance is above average for this skill/responsibility. Showed above average competence level and interest in gaining new experiences and knowledge, and contributed to the program.
Effective	3	Level of performance for this skill/responsibility is average as well as, competence level and knowledge.
Needs Improvement	2	Level of performance for this skill/responsibility is below average some of the time. Competence level and knowledge needs improvement.
Unsatisfactory	1	Level of performance for this skill/responsibility is unsatisfactory with below average performance all or most all of the time.

Internship Evaluation Form – Mid-Term Evaluation

Rating Ranges: 5-Outstanding 3-Effective 1-Unsatisfactory
 4-Above Expected 2-Needs Improvement NA-Not Applicable

For scores of 4 or 5, please use comment column for brief justification of rating.

Skills/Responsibilities	Rating						Comments
	5	4	3	2	1	0	
Punctual							
Meets Deadlines							
Organizational Skills							
Writing Skills							
Communication Skills							
Rapport with Staff							
Professionalism							
Internship Project							
Quality of Work							

Total Points Scored/Possible Points _____ / _____ = _____ %Grade

Letter Grade I would assign (A-F) _____

Site Supervisor Signature _____ **Date** _____

Academic Advisor Signature _____

Internship Evaluation Form – Final Evaluation

Rating Ranges: 5-Outstanding 3-Effective 1-Unsatisfactory
 4-Above Expected 2-Needs Improvement NA-Not Applicable

For scores of 4 or 5, please use comment column for brief justification of rating.

Skills/Responsibilities	Rating						Comments
	5	4	3	2	1	0	
Punctual							
Meets Deadlines							
Organizational Skills							
Writing Skills							
Communication Skills							
Rapport with Staff							
Professionalism							
Internship Project							
Quality of Work							

Total Points Scored/Possible Points _____ / _____ = _____ %Grade

Letter Grade I would assign (A-F) _____

Site Supervisor Signature _____ **Date** _____

Academic Advisor Signature _____
