



*The University of Mississippi*

ES 473

Exercise Science

Practicum Manual

Spring, 2015

# **SECTION 1**

This section includes ES 473 course information and responsibilities of the involved parties {practicum student, agency supervisor, and ES practicum coordinator}, all of which should receive a copy of Section 1.



*The University of Mississippi*

**UNIVERSITY OF MISSISSIPPI  
DEPARTMENT OF HEALTH, EXERCISE SCIENCE, AND RECREATION MANAGEMENT  
ES 473 PRACTICUM  
PRACTICUM MANUAL FOR SPRING 2015**

**INTRODUCTION**

Either ES 473 (Practicum) or ES 493 (Internship) is a requirement for the Bachelor of Science in Exercise Science (BSES) at The University of Mississippi. This manual relates to ES 473 (Practicum). The practical application of professional course work is a crucial element in the education of students who are preparing for careers in Exercise Science. The Department of Health, Exercise Science, and Recreation Management at The University of Mississippi provides students extensive practical learning experiences under the direction of an Agency Supervisor and an Exercise Science Practicum Advisor. The major goal of the practicum program is to bridge the gap between classroom theory and job realities.

**REQUIREMENTS**

ES 473 is designed to involve undergraduate students in a pre-professional work-related experience. The placement site and assignment should complement the student's career aspirations associated with their exercise science degree. Because it is a culminating experience, it is strongly recommended the student enroll in the course during his/her last semester of course work.

Requirements for the course include: senior level status, completion of 23 Exercise Science (ES) core hours, 2.5 GPA in ES core, and advisor consent. To earn the three semester credit hours, the student must (1) be involved at the assigned site a total of 200 hours, (2) demonstrate an acceptable level of competence according to agency supervisor evaluations, (3) attend any required meetings of ES 473, and (4) complete all assignments prescribed by the ES Practicum Advisor.

**DEFINITIONS OF TERMS**

**ES 473 Practicum:** The term practicum refers to an upper level undergraduate requirement that involves supervised pre-professional practice in an approved setting/agency. The program involves observation and participation in planning, implementation, and evaluation of agency services.

**Agency Supervisor:** A qualified professional staff member of the placement agency. The agency supervisor will assist the students throughout their practicum and serve as their direct instructor.

**ES Practicum Advisor:** A member of the University of Mississippi Exercise Science faculty who supervises the practicum student's supervised pre-professional experience.

**Practicum Student:** Student enrolled in ES 473 for 3 semester credit hours.



*The University of Mississippi*

The following section details responsibilities of participating parties, including the practicum student, agency supervisor, and Exercise Science (ES) practicum advisor.

## **PRACTICUM STUDENT RESPONSIBILITIES**

### ***TO THE UNIVERSITY:***

- Ensure the selected cooperating agency is approved by the ES practicum advisor.
- See the ES Practicum advisor immediately if you find your selected practicum site inappropriate to meet your professional objectives.
- Daily check Blackboard and your University email account.
- Attend any scheduled meetings of ES 473.
- Students must make arrangements with practicum supervisors to attend other courses.
- Complete all practicum paper work and submit to the ES Practicum Advisor according to the schedule assigned in the course syllabus.

### **PRACTICUM CONTRACT**

- Completed by the student and submitted to the practicum instructor. It may be submitted as hard copy, as fax, or electronically via e-mail as pdf file after scanning signatures. (**practicum@olemiss.edu**)

### **PRACTICUM ORIENTATION FORM**

- Reviewed with the assistance of your agency supervisor
- Signed by the agency supervisor and the practicum student and the practicum instructor. It may be submitted as hard copy, as fax, or electronically via e-mail as pdf file after scanning signatures. (**practicum@olemiss.edu**)

### **MID-TERM EVALUATION FORM**

- Completed electronically by the agency supervisor, verbally reviewed with the practicum student and submitted hard copy, as fax, or electronically via e-mail as pdf file after scanning signatures to the practicum instructor. (**practicum@olemiss.edu**)

### **FINAL EVALUATION FORM**

- Completed by the agency supervisor and (confidentially) submitted hard copy, as fax, or electronically via e-mail as pdf file to the practicum instructor. (**practicum@olemiss.edu**)

### **PRACTICUM STUDENT CRITIQUE**

- Completed by the practicum student upon completion of 200 professional hours submitted hard copy, as fax, or electronically via e-mail as pdf file to the practicum instructor. (**practicum@olemiss.edu**)

## WEEKLY JOURNAL

- The journal submission should be weekly by 8 am on Mondays and should cover the previous week's activities
- Journal entry should be submitted to [practicum@olemiss.edu](mailto:practicum@olemiss.edu). **This is the only email address that will be accepted.**
- Submission will include a description of the week's experiences, including a thorough, non-repetitive description of activities with an insightful evaluation of accomplishments and problems, as well as weekly and cumulative hours.
- Proper sentence structure, grammar, spelling, and punctuation are expected.

## PRACTICUM STUDENT RESPONSIBILITIES

### *TO THE COOPERATING AGENCY:*

- You are representing the University in the community and are expected to be professional at your practicum site at all times. This includes your attendance, attire, speech, use of cell phones during work, and personnel interactions.
- Accept the responsibilities associated with the practicum with the same interest and enthusiasm as if accepting a full-time paid position.
- Report early for work.
- Perform work responsibilities in a professional manner, participate in all agency training, and attend all agency staff meetings.
- Abide by all policies, rules, and regulations of the agency while completing your practicum requirements.
- If you have a conflict at your practicum site, address it immediately with your agency supervisor and ES practicum advisor.
- If you must be absent from your practicum site, give notice to your supervisor and email notification to the practicum instructor promptly (**practicum@olemiss.edu**). You are expected to obtain your agency supervisor's contact information in anticipation of unexpected conflicts. Should such conflict arise, you are to call and personally speak to your direct agency supervisor. Neither text messages nor voice mails are acceptable means to communicate your absence at work.
- Take initiative and ask questions.

## EXERCISE SCIENCE PRACTICUM ADVISOR RESPONSIBILITIES

- Determine eligibility of students for practicum.
- Approve cooperating service agencies.
- Assist student with the identification/selection of appropriate practicum placement sites based upon career goals/objectives, supporting course work, and area(s) of interest.
- Approve student's practicum placement in consultation with the student and cooperating service agency.
- Provide agencies and students with Practicum Manual.
- Provide effective communication between the student and cooperating agency to alleviate any barriers or problems that might arise.
- Maintain a record of student progress to include a sub-total of contact hours logged and completed assignments.
- Teach the practicum course.

- Visit with the student/supervisor via telephone or on-site at least once during the practicum.\*
- In cooperation with the Agency Supervisor, determine the final grade.

*\*It should be noted that students assigned to agencies outside the Oxford city area may be supervised via mail, computer and/or phone.*

### **RESPONSIBILITIES OF AGENCY SUPERVISOR**

- Obtain the University's approval as a cooperating agency.
- Orient the student to the agency, its staff, policies, regulations, programs/activities, and administrative procedures.
  - **PRACTICUM ORIENTATION FORM** (pertinent items reviewed with student; electronically completed by student)
- Explain your expectations to the student and provide appropriate guidance and supervision while the student is carrying out assigned duties.
  - Consider providing a typed job description for the student to better ensure your expectations and needs are met.
- Delegate to the student responsibilities associated with provision of services that are consistent with the agency's program.
- Provide the student with a nurturing atmosphere, which will allow him/her opportunities to develop professionally through a process of observation and gradual implementation.
- Electronically complete the **MID-TERM EVALUATION FORM** and **FINAL EVALUATION FORM**.
- Verbally review the mid-term evaluation form with the practicum student.
  - The final evaluation form is confidentially returned to the ES practicum advisor.
- Notify the ES practicum advisor of any concerns or important matters that arise.
- In cooperation with the ES practicum advisor, jointly determine the student's final grade.

## **SECTION 2**

Potential and approved practicum sites for the practicum student

## ES 473

### POTENTIAL PLACEMENT AREAS\*

#### ALLIED HEALTH CARE PROFESSIONS

- Anesthesiologist assistant
- Anesthesia technologist/technician
- Athletic trainer (high school, collegiate, professional)
- Cardiovascular technologist
- Cardiac Rehabilitation (Phase I-II {inpatient}, Phase III {outpatient})
- Electroneurodiagnostic technologist
- Emergency medical technician-paramedic
- Exercise science (fitness professional {commercial, athletic, corporate settings})
- Medical assistant
- Nursing
- Orthotist and prosthetist
- Perfusionist
- Physician
- Physician assistant
- Respiratory therapist
- Surgical assistant
- Surgical technologist

#### COMPLIMENTARY AND ALTERNATIVE MEDICINE & THERAPIES

- Acupuncture
- Chiropractic
- Massage therapist

#### MEDICAL IMAGING

- Magnetic resonance technologist
- Nuclear medicine technologist
- Radiation therapist
- Radiographer
- Registered radiologist assistant

#### THERAPY & REHABILITATION

- Occupational therapist
- Occupational therapy assistant
- Physical therapist
- Physical therapist assistant
- Therapeutic recreation specialist

\*This is not an all inclusive list.



**Baptist Memorial Hospital – North Mississippi**

2301 S. Lamar  
Oxford, MS 38655  
662.232.8100

Cardiac Rehabilitation  
Riley McMinn  
Respiratory Therapy  
Glen Barkley  
Physical Therapy / Occupational Therapy (Inpatient)  
Cindy Steiner

**South Panola Community Hospital**

155 Keating Road  
Batesville, MS 38606  
662.563.5612

Cardiac Rehabilitation  
Stephanie Guckert  
Respiratory Therapy  
Ashley Johnson  
Physical Therapy / Occupational Therapy (Inpatient)  
Lauren Lafferty

**Baptist Memorial Hospital – Union County**

200 Hwy. 30 West  
New Albany, MS 38652  
662.538.7631

**Trace Regional Medical Center**

Highway 8 East  
Houston, MS 38851  
662.456.3700

**Methodist Healthcare**

Department of Preventative Medicine  
1325 Eastmoreland  
Memphis, TN  
901.726.8226

**Rankin County General Hospital**

350 Crossgate Blvd.  
Brandon, MS 39042  
601.825.9181

**Oktibbeha County Hospital**

400 Hospital Road  
Starkville, MS 39759  
662.323.4320

**Anderson Medical Center**

2124 14th Street  
Meridian, MS 39301  
601.553.6000

**Methodist Rehabilitation Center**

Main Campus  
1350 East Woodrow Wilson  
Jackson, Mississippi 39216  
601.981.2611  
1.800.223.6672  
www.mmrc rehab.org

**Methodist Rehabilitation Center**

East Campus  
One Layfair Drive  
Flowood, Mississippi 39232  
601.936.8888  
1.800.223.6672  
www.mmrc rehab.org

**Professional Therapy Services (PTS)**

2304 Jackson Ave.  
Oxford, MS 38655  
Michael Fulton, PT  
www.ptms.com  
662.234.8559

**Cornerstone Rehabilitation**

2205 Jeff Davis Drive  
Oxford, MS 38655  
662.238.2800

**Calhoun Health Services (PTS Affiliated)**

Calhoun City, MS  
Dene Fulton  
662.628.4244

**UM Student Health Services –  
Physical Therapy**

Starnes Athletic Training Center  
University, MS 38677  
Michael Meurrier  
662.915.2027

**Henderson Chiropractic & Sports Rehab, P.C.**

1211 Office Park Drive  
Oxford, MS 38655  
Dr. Henderson  
www.hendersonsportschiropractic.com  
662.236.2295

**UM Athletic Training**

Starnes Athletic Training Center  
Heather Landry, MS, ATC

**Crossroads Rehabilitation**

206B Oxford Road  
New Albany, MS 38652  
662.534.4445  
Ben Coker, PT

**GT Physical Therapy**

501 East Main Street  
Louisville, MS 39339

**Oxford Rehabilitation**

2714 West Oxford Loop, Suite 164  
Oxford, MS 38655  
662-232-8949  
Luzy Smith, PT

**Oxford Chiropractic, LLC**

115 Heritage Drive  
Oxford, MS 38655  
Dr. Peebles  
662.380.5011

**North MS Regional Center  
(PT/OT/RT)**

967 Regional Center Drive  
Oxford, MS 38655  
Kathryn Brasher (UAP Director)

**Innovative Therapies, Inc.**

12303 HWY49  
Gulfport, MS 39503  
www.inovativetherapies.com

**Senatobia Rehabilitation**

Marcia Kidder, PT  
300 Northwest Plaza  
Senatobia, MS 38668  
662-562-9977

**Encore Rehabilitation, Inc.**

P.O. Box 222  
Eupora, MS 39744  
662-258-4221  
Jesse Dorroh, DPT, COMT

**COMMERCIAL FITNESS & WELLNESS / SPORTS PERFORMANCE**

**Ole Miss Fitness**

214 Turner Center  
Charles Allen  
662.915.1130

**Oxford YMCA**

703 N. Lamar  
Oxford, MS 38655  
Contact: Leslie Kennedy

**Baptist HealthPlex**

717 Manship Street  
Jackson, MS  
601.968.1766

**Courthouse Racquet Club**

Jackson Metro Area (6 locations)

**North MS Medical Center - Wellness Centers**

Tupelo: 662.377.4141  
Baldwyn: 662.365.7873  
Eupora: 662.258.9385  
Iuka: 662.423.1980  
Pontotoc: 662.489.1335  
West Point: 662.495.9355

**Olive Branch Family YMCA**

8555 Goodman Rd,  
Olive Branch MS 38654  
662-890-9622

**UM Strength and Conditioning**

Starnes Center  
John Simmons  
662.915.1822

**UM Athletic Training**

Indoor Practice Facility  
1810 Manning Way  
662-915-1930  
Ray Lysinger, ATC, CSCS

## **SECTION 3**

Practicum students and the ES practicum advisor should ensure the agency supervisor receives .pdf versions.



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DEPARTMENT OF HEALTH, EXERCISE SCIENCE, AND RECREATION MANAGEMENT**

**PRACTICUM CONTRACT**

This form should be completed by the practicum student with the appropriate signatures obtained before submission to the practicum instructor (practicum@olemiss.edu). Submit as hard copy, as fax, or electronically via e-mail as pdf file after scanning signatures.

I Practicum Student Name / ID \_\_\_\_\_

Student Phone / Email \_\_\_\_\_

Academic Term \_\_\_\_\_

ES Practicum Advisor \_\_\_\_\_

II Cooperating Agency \_\_\_\_\_

Agency Mailing Address \_\_\_\_\_

Agency Phone \_\_\_\_\_

Agency Supervisor \_\_\_\_\_

Agency Supervisor Title \_\_\_\_\_

Supervisor Phone/Email \_\_\_\_\_

**Supervisor Emergency Phone** \_\_\_\_\_

III ES Practicum Advisor \_\_\_\_\_

Practicum Advisor Address \_\_\_\_\_

Practicum Advisor Phone/Email \_\_\_\_\_

IV The practicum student will work approximately \_\_\_\_\_ contact hours per week and log a total of 200 contact hours during the semester.

The practicum student will begin \_\_\_\_\_ and will complete 200 contact hours by \_\_\_\_\_ in partial fulfillment of requirements to receive 3 semester credit hours.

V The above named agency will provide the following compensation:

Salary: \_\_\_\_\_ Wage: \_\_\_\_\_

VI **Approving Signatures**

Practicum Student \_\_\_\_\_ Date \_\_\_\_\_

Agency Supervisor \_\_\_\_\_ Date \_\_\_\_\_

ES Practicum Advisor \_\_\_\_\_ Date \_\_\_\_\_



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DEPARTMENT OF HEALTH, EXERCISE SCIENCE, AND RECREATION MANAGEMENT  
UNIVERSITY, MISSISSIPPI**

**PRACTICUM ORIENTATION FORM**

The agency supervisor should review the following information with the practicum student. Each party should indicate each item has been reviewed. **All items may not be applicable to all cooperating agencies.** In such case, please leave the item blank. At this time, the agency supervisor should thoroughly explain their expectations to the practicum student. This may be done verbally, or preferably, through a typed job description. The practicum student should complete this document and obtain the appropriate signatures before submission to the practicum instructor (practicum@olemiss.edu). Submit as hard copy, as fax, or electronically via e-mail as pdf file after scanning signatures.

	Student	Agency Supervisor
Staff Introduction	<input type="checkbox"/>	<input type="checkbox"/>
Tour of Agency Facilities	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Structure	<input type="checkbox"/>	<input type="checkbox"/>
General Purpose & Function of Agency	<input type="checkbox"/>	<input type="checkbox"/>
Agency Policies & Regulations	<input type="checkbox"/>	<input type="checkbox"/>
Orientation to Community & Socioeconomic Background of Population Served	<input type="checkbox"/>	<input type="checkbox"/>
Filing System	<input type="checkbox"/>	<input type="checkbox"/>
Publicity Resources	<input type="checkbox"/>	<input type="checkbox"/>
Programs/Activities/Events	<input type="checkbox"/>	<input type="checkbox"/>
Legal Basis of Agency		
• Brief History	<input type="checkbox"/>	<input type="checkbox"/>
• Enabling Legislation ( <i>if applicable</i> )	<input type="checkbox"/>	<input type="checkbox"/>
• Local Ordinances	<input type="checkbox"/>	<input type="checkbox"/>
• Liability ( <i>insurance issues</i> )	<input type="checkbox"/>	<input type="checkbox"/>

Recruitment Methods	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation Methods	<input type="checkbox"/>	<input type="checkbox"/>
Probationary Periods	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Staff Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Salary Scale	<input type="checkbox"/>	<input type="checkbox"/>
Staff Benefits (Insurance, Retirement, Vacation)	<input type="checkbox"/>	<input type="checkbox"/>
Budget / Finance	<input type="checkbox"/>	<input type="checkbox"/>
Income Sources or Funding Base	<input type="checkbox"/>	<input type="checkbox"/>
Purchasing Procedures		

I am satisfied with my understanding of the preceding items.

Practicum Student \_\_\_\_\_ Date \_\_\_\_\_

The above named student has completed this form under my supervision.

Agency Supervisor \_\_\_\_\_ Date \_\_\_\_\_





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DEPARTMENT OF HEALTH, EXERCISE SCIENCE, AND RECREATION MANAGEMENT**

**MID-TERM EVALUATION FORM**

This form should be completed by agency supervisor, verbally reviewed with the student, and signed by both parties before submission. Submit as hard copy, as fax, or electronically via e-mail as pdf file after scanning signatures.

Student \_\_\_\_\_

Agency Supervisor \_\_\_\_\_

Evaluation Dates \_\_\_\_\_

Student Cumulative Hours \_\_\_\_\_

This evaluation should be considered an opportunity to provide constructive feedback to the practicum student. Reflect carefully upon the person's work and make an honest judgment of the qualities of the student. Base your judgment on the entire period covered and not upon isolated incidents alone. This evaluation should be submitted to the ES practicum advisor after it has been reviewed with the practicum student.

**5 – Outstanding, 4 – Good, 3 – Average, 2 – Fair, 1 – Poor, NA – not applicable/not observed**

<b>PRODUCTIVITY</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>NA</b>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strong Points

Suggestions for Improvement

<b>QUALITY OF WORK</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>NA</b>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoroughness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foresight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soundness of decisions based on exercise science foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strong Points

Suggestions for Improvement

<b>RELATIONSHIP WITH CLIENTELE</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>NA</b>
Respect / Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insight / Empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouragement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills (communication, demeanor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains professional relationship with client/patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serves as a role model for client/patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays a positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strong Points

Suggestions for Improvement

<b>WRITING ABILITY &amp; ORAL EXPRESSION</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>NA</b>
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Ability to express thoughts/data on papers, reports, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Ability to use professional language/terms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Effective communication with clientele (articulate, insightful, useful feedback)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Strong Points
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Suggestions for Improvement
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<b>RESPONSIBILITY</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>NA</b>
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Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Consistently fulfills hours & obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Arrives on time or early	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Provides advance notice of absences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Follows directions with minimal instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Strong Points
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Suggestions for Improvement
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<b>EXERCISE PROGRAMMING</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>NA</b>
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Ability to prescribe appropriate exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Ability to adapt program to client needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Ability to establish realistic goals for client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Strong Points

Suggestions for Improvement

Space is provided below for additional comments for improving performance or correcting deficiencies on areas not listed above.

RATER'S COMMENTS

STUDENT'S COMMENTS

SUMMARY OF EVALUATION CONFERENCE (Agency Supervisor and Practicum Student)

Practicum Student \_\_\_\_\_

Date \_\_\_\_\_

Agency Supervisor \_\_\_\_\_

Date \_\_\_\_\_

ES Practicum Advisor \_\_\_\_\_

Date \_\_\_\_\_



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DEPARTMENT OF HEALTH, EXERCISE SCIENCE, AND RECREATION MANAGEMENT**

**FINAL EVALUATION FORM**

This form is to be completed by the agency supervisor and (confidentially) returned to the ES practicum advisor. Submit as hard copy, as fax, or electronically via e-mail as pdf file after scanning signatures.

Practicum Student \_\_\_\_\_

Agency Supervisor \_\_\_\_\_

Evaluation Dates \_\_\_\_\_

Practicum Student Cumulative Hours \_\_\_\_\_

This rating should be made with care and fairness for the interest of the student. Reflect carefully upon the person's work and make an **honest** judgment of the qualities of the student. Base your judgment on the entire period covered and not upon isolated incidents alone.

**5 – Outstanding, 4 – Good, 3 – Average, 2 – Fair, 1 – Poor**

Estimate of Ability and Professional Promise	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Final Course Grade you feel practicum student deserves**

A	Outstanding - Consistently exceptional in fulfilling requirements	<input type="checkbox"/>
B	Good - Frequently met and exceeded minimum requirements	<input type="checkbox"/>
C	Average - Met minimum requirements but needs to demonstrate more initiative	<input type="checkbox"/>
D	Poor - Completed required hours but lacked ability to perform assigned tasks competently	<input type="checkbox"/>
F	Failure - Did not complete required hours or assignments	<input type="checkbox"/>

Please take this opportunity to provide both general and specific feedback concerning your experiences both with your practicum student and the exercise science practicum experience as a whole.

This feedback is of vital importance to the Health, Exercise Science, and Recreation Management faculty in curriculum planning and development.

Questions to consider:

- Do feel you and the specific clientele you serve benefitted from the student/practicum experience?
- What are specific knowledge areas, skills, and/or abilities in which your practicum student was deficient?
- What is your opinion of the organization of the practicum experience, including the level of communication with the ES Practicum Advisor?
- Would you consider coming to the University to discuss your education/career to exercise science undergraduates?

Agency Supervisor \_\_\_\_\_

Date \_\_\_\_\_

ES Practicum Advisor \_\_\_\_\_

Date \_\_\_\_\_



*The University of Mississippi*

**UNIVERSITY OF MISSISSIPPI  
DEPARTMENT OF HEALTH, EXERCISE SCIENCE, AND RECREATION MANAGEMENT**

**PRACTICUM STUDENT CRITIQUE**

This form is to be electronically completed by the practicum student and submitted to Jay Garner (practicum@olemiss.edu). Please consider the utility of your feedback in improving the practicum experience for future students. Provide detailed responses to all questions. Submit as hard copy, as fax, or electronically via e-mail as pdf file after scanning.

Student \_\_\_\_\_

Cooperating Agency \_\_\_\_\_

Agency Supervisor \_\_\_\_\_

ES Practicum Supervisor \_\_\_\_\_

Academic Term \_\_\_\_\_

**COURSE PRACTICALITY**

Was your practicum a useful experience?

Were you able to relate the classroom theories and facts to the daily tasks performed in your internship?

**COURSE VALIDITY**

Was your practicum effective in providing you professional experience?

Do you feel your practicum produced the desired results?

Was supervision during your practicum adequate?  
Consider supervision from both the agency and the University levels.

**AGENCY PROGRAM**

Comment on the positive and negative aspects of the agency, pertaining to daily operations, organization, staff communication, staff morale, programs provided, and quality of services.

**PROBLEMS**

What difficulties did you experience during your practicum?

**ACCOMPLISHMENTS**

List a minimum of 4 specific achievements you accomplished during your practicum.

**PERSONAL EVALUATION**

In 1-2 paragraphs, give an overall evaluation of your practicum experience. Would you choose to do your practicum differently if given another opportunity? Is there any advice you would give to future students considering completing their practicum at your cooperating agency.

Practicum Student \_\_\_\_\_

Date \_\_\_\_\_

ES Practicum Advisor \_\_\_\_\_

Date \_\_\_\_\_