



The University of Mississippi

ES 473/ ES 493

Exercise Science

Practicum/Internship Manual

SECTION 1

This section includes ES 473 and ES 493 course information and responsibilities of the involved parties {practicum/internship student, agency supervisor, and ES practicum/internship coordinator}, all of whom 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 SUMMER, 2014**

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/ES 493 (Practicum/Internship). 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/Internship Advisor. The major goal of the practicum program is to bridge the gap between classroom theory and job realities.

REQUIREMENTS

ES 473 and ES 493 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.

Internship Student: Student enrolled in ES 493 for 12 semester credit hours.



The University of Mississippi

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

PRACTICUM/INTERNSHIP STUDENT RESPONSIBILITIES

TO THE UNIVERSITY:

- Ensure the selected cooperating agency is approved by the ES practicum/internship advisor.
- See the ES practicum/internship advisor immediately if you find your selected practicum or internship site inappropriate to meet your professional objectives.
- Daily check Blackboard and your University email account.
- Attend any scheduled meetings of ES 473/ES 493.
- Students must make arrangements with practicum supervisors to attend other courses.
- Complete all practicum paper work and submit to the ES Practicum/Internship Advisor according to the schedule assigned in the course syllabus.

PRACTICUM/INTERNSHIP CONTRACT

- Completed by the student and submitted to Practicum/Internship Advisor. May submit as hard copy, as fax, or electronically via e-mail as pdf file after scanning signatures. (**practicum@olemiss.edu**)

PRACTICUM/INTERNSHIP ORIENTATION FORM

- Reviewed with the assistance of your agency supervisor
- Signed by the agency supervisor and the practicum student and submitted to Practicum/Internship Advisor. May submit 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 Practicum/Internship Advisor. (**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 Practicum/Internship Advisor. (**practicum@olemiss.edu**)

PRACTICUM/INTERNSHIP STUDENT CRITIQUE

- Completed by the practicum student upon completion of 200/600 professional hours submitted hard copy, as fax, or electronically via e-mail as pdf file to Practicum/Internship Advisor at **practicum@olemiss.edu**.

WEEKLY JOURNAL (See Form 2A)

- 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. **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/INTERSHIP STUDENT RESPONSIBILITIES

- 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.
- Review and complete Student Practicum/Internship Completion Check Sheet. (See Form 1A)
- Take initiative and ask questions.

EXERCISE SCIENCE PRACTICUM/INTERSHIP 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/internship course.

- Visit with the student/supervisor via telephone or on-site at least once during the associated semester.*
- 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/INTERSHIP 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/internship advisor of any concerns or important matters that arise.
- In cooperation with the ES practicum/internship advisor, jointly determine the student's final grade.

SECTION 2

Potential and approved practicum/internship sites for the practicum/internship 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 Guckurt
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

Cornerstone Rehabilitation

2205 Jeff Davis Drive
Oxford, MS 38655
662.238.2800

Professional Therapy Services (PTS)

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

**UM Student Health Services –
Physical Therapy**

Starnes Athletic Training Center
University, MS 38677
Michael Meurrier
662.915.2027

Calhoun Health Services (PTS Affiliated)

Calhoun City, MS
Dene Fulton
662.628.4244

GT Physical Therapy

501 East Main Street
Louisville, MS 39339
662.773.3700

Henderson Chiropractic & Sports Rehab, P.C.

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

Oxford Chiropractic, LLC

115 Heritage Drive
Oxford, MS 38655
Dr. Peebles
662.380.5011

UM Athletic Training

Starnes Athletic Training Center
118 Starnes Center
Heather Landry, MS, ATC
662.915.7536
hlandry@olemiss.edu

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

967 Regional Center Drive
Oxford, MS 38655
Kathryn Brasher (UAP Director)
kbrasher@nmrc.state.ms.edu
Felisa Bonner
662.234.1476
Chris Dale
662.513.7813

Crossroads Rehabilitation

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

Senatobia Rehabilitation

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

Innovative Therapies, Inc.

12303 HWY49
Gulfport, MS 39503
www.inovativetherapies.com

Oxford Rehabilitation

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

COMMERCIAL FITNESS & WELLNESS / SPORTS PERFORMANCE

Ole Miss Fitness
214 Turner Center
662.915.5591

Oxford YMCA
703 N. Lamar
Oxford, MS 38655
Leslie Kennedy
662.371.1500

Baptist Health Plex
717 Manship Street
Jackson, MS
601.968.1766

UM Athletic Training
Indoor Practice Facility
1810 Manning Way
662.915.1930
Ray Lysinger, ATC, CSCS

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

Rebel Body Fitness 24-7
1627 W Jackson Ave
Oxford, MS 38655
662.550.6700 (office)
662.380.1136 (cell)
Lawrence Muruako, Owner

UM Strength and Conditioning
Tuohey Center
John Simmons
662.915.1108

Starnes Center
Randall Dorvin
662.915.1807

SECTION 3

Practicum/Internship students and the ES Practicum/Internship Advisor should ensure the agency supervisor receives .pdf versions.



The University of Mississippi

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

PRACTICUM/INTERNSHIP CONTRACT

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

I Student Name / ID _____
Student Phone / Email _____
Academic Term _____
ES Practicum/Internship Advisor _____

II Cooperating Agency _____
Agency Mailing Address _____
Agency Phone _____
Agency Supervisor _____
Agency Supervisor Title _____
Supervisor Phone/Email _____
Supervisor Emergency Phone _____

III ES Practicum/Internship Advisor _____
Advisor Address _____
Phone/Email _____ (662) 915-5521 / _____ practicum@olemiss.edu

IV The practicum/internship student will work approximately _____ contact hours per week and log a total of _____ (200/600) contact hours during the semester.

The practicum/internship student will begin _____ and will complete _____ (200/600) contact hours by _____ in partial fulfillment of requirements to receive _____ (3/12) semester credit hours.

V The above named agency will provide the following compensation:

Salary: _____ Wage: _____

VI **Approving Signatures**

Practicum/Internship Student _____ Date _____

Agency Supervisor _____ Date _____

ES Practicum/Internship Advisor _____ Date _____



The University of Mississippi

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

PRACTICUM/INTERSHIP 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 Practicum/Internship Advisor (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/Internship Student _____ Date _____

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

Agency Supervisor _____ Date _____



The University of Mississippi

**UNIVERSITY OF MISSISSIPPI
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/internship 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/internship advisor after it has been reviewed with the practicum/internship student.

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

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

Strong Points

Suggestions for Improvement

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

Strong Points

Suggestions for Improvement

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

Strong Points

Suggestions for Improvement

WRITING ABILITY & ORAL EXPRESSION	5	4	3	2	1	NA
--	----------	----------	----------	----------	----------	-----------

Ability to express thoughts/data on papers, reports, etc.	<input type="checkbox"/>					
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Ability to use professional language/terms	<input type="checkbox"/>					
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Effective communication with clientele (articulate, insightful, useful feedback)	<input type="checkbox"/>					
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Strong Points

Suggestions for Improvement

RESPONSIBILITY	5	4	3	2	1	NA
-----------------------	----------	----------	----------	----------	----------	-----------

Dependable	<input type="checkbox"/>					
------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Consistently fulfills hours & obligations	<input type="checkbox"/>					
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Arrives on time or early	<input type="checkbox"/>					
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Provides advance notice of absences	<input type="checkbox"/>					
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Follows directions with minimal instruction	<input type="checkbox"/>					
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Strong Points

Suggestions for Improvement

EXERCISE PROGRAMMING	5	4	3	2	1	NA
-----------------------------	----------	----------	----------	----------	----------	-----------

Ability to prescribe appropriate exercise	<input type="checkbox"/>					
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Ability to adapt program to client needs	<input type="checkbox"/>					
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Ability to establish realistic goals for client	<input type="checkbox"/>					
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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/Internship Student)

Practicum Student _____

Date _____

Agency Supervisor _____

Date _____

ES Practicum Advisor _____

Date _____



The University of Mississippi

**UNIVERSITY OF MISSISSIPPI
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/internship advisor. Submit as hard copy, as fax, or electronically via e-mail as pdf file after scanning signatures.

Practicum/Internship Student _____

Agency Supervisor _____

Evaluation Dates _____

Practicum/Internship 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	5	4	3	2	1
	<input type="checkbox"/>				

Final Course Grade you feel practicum/internship student deserves

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

Please take this opportunity to provide both general and specific feedback concerning your experiences both with your practicum/internship 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/intership 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/Internship Advisor _____

Date _____



The University of Mississippi

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

PRACTICUM/INTERSHIP STUDENT CRITIQUE

This form is to be electronically completed by the practicum/internship student and submitted to Practicum/Internship Advisor (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/Internship Supervisor _____

Academic Term _____

COURSE PRACTICALITY

Was your practicum/internship a useful experience?

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

COURSE VALIDITY

Was your practicum/internship effective in providing you professional experience?

Do you feel your practicum/internship produced the desired results?

Was supervision during your practicum/internship 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/internship?

ACCOMPLISHMENTS

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

PERSONAL EVALUATION

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

Practicum/Internship Student _____

Date _____

ES Practicum/Internship Advisor _____

Date _____

Practicum/Internship Journal

Form 2A

Email: practicum@olemiss.edu

*Remember to CC your agency supervisor on this email

Instructions: Read each item in its entirety and ensure all portions of the journal are completed. Once you have completed the form, it must be turned in to the practicum advisor via email. You must also CC your agency supervisor on the email, failure to do so will result in a zero for this journal.

Student Name:

Site:

Practicum Advisor:

Site Phone #:

Date:

Site Supervisor:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times worked:							
Daily Hours:							

Weekly Total:

Overall Hours Completed:

Describe your experiences this week while at your practicum.

Did you meet your goals from last week, if so, how?

What new things were you able to accomplish while at your practicum?

What challenges did you face while at your practicum?

Did your advisor give you any assignments, if so what were they?

Overall, what did you learn while at your practicum this week?

Please provide a short description of your goals for next week.

***If you did not accumulate any hours this week use the provided space to explain why, and how you communicated with your site supervisor and practicum advisor.**

ES 473 / ES493
Student Practicum/Internship Completion Check Sheet
Form 1A

_____ 1. Download and read the practicum/internship manual found on the HESRM department website or Blackboard.

_____ 2. Secure a practicum site by speaking with agencies that align closely with your career interests. A list of pre-approved sites can be found in the manual. You may complete practicum/internship at a site not on the list, however you need to contact the practicum advisor for approval first.

_____ 3. Email the practicum advisor and let them know where you plan on completing your practicum.

_____ 4. Attend the practicum/internship advising meeting. This will be held on the scheduled meeting time found on your course schedule. Keep in mind; this is the only time we will formally meet as a class.

_____ 5. Complete practicum/internship contract and orientation forms (found in the manual) with your site supervisor. Make sure both of you have signed these forms. Both forms should be turned into the practicum supervisor via email, fax, or hardcopy before you are able to start collecting hours. These must be turned in by Monday February 6th, 2017.

_____ 6. Beginning the first week of classes, you will be required to submit weekly journals (found in the practicum manual). Weekly journals must be submitted every week spanning the duration it takes you to complete your 200/600 hour appointment. Make sure to fill out the hours completed portion and answer all questions thoroughly. Each sheet must be filled out completely, and turned in weekly. If there is a week you do not attend, your practicum journal sheet must still be completed with a written explanation as to why. Also include how you communicated with your agency supervisor, and have your supervisor initial the document. Journals must be turned into the practicum advisor (via email) each Monday by 5pm. You must also CC your agency supervisor on the journal email.

_____ 7. Once you have collected half of your hours (Practicum: 100 hours, Internship: 300 hours) complete the midterm evaluation form. Make certain you and your supervisor sign it. Turn the midterm evaluation into the practicum advisor by email, fax, or hardcopy.

_____ 8. Once you have collected all of your hours (Practicum: 200 hours, Internship: 600 hours), have your supervisor complete the final evaluation form. Forms are to be filled out by your site supervisor and turned into the practicum advisor via email, fax, or hardcopy (in a sealed envelope).

_____ 9. Once you have completed all of your hours (Practicum: 200 hours, Internship: 600 hours) complete the student critique form, and turn it into the practicum advisor by email, fax, or hardcopy. Once all documents and journals have been completed, signed and turned into the practicum advisor, congratulations you have completed the Practicum/Internship

Important Contact Information :

Email: practicum@olemiss.edu

HESRM Fax #: (662)-915-5525