

INTERNSHIP CONTRACT

College of Health Sciences & Human Services
Department of Wellness & Therapeutic Sciences
Recreation Program

This is to certify that the following student:

Name: _____

Address: _____ Phone() _____

email: _____

has been assigned as an Internship Student with: _____
Organization name

Organization address

The Organization Supervisor is:

Name: _____ Title: _____

Address: _____ Phone() _____

city state zip

email: _____

The student will work approximately _____ contact hours per week and log a total of _____ contact hours during the semester; beginning _____, 20____ and ending _____, 20____.

The student will receive _____ semester hours credit upon successful completion of the above contact hours.

The above named organization will provide the following compensation:

No compensation: _____ Salary: _____ Wage: _____ Other: _____

The student's University Intern Advisor is: _____

Mailing address: _____

Telephone: () _____ email: _____

Signatures of Approval:

Student Intern: _____ Date: _____

Organization Supervisor: _____ Date: _____

University Internship Advisor: _____ Date: _____

University Academic Advisor: _____ Date: _____

INTERNSHIP ORIENTATION
College of Health Sciences & Human Services
Department of Wellness & Therapeutic Sciences
Recreation Program

Discuss the following items with the Organization Supervisor:

Topic	Date completed	Intern Initials
1. Staff introduction		
2. Tour of areas & facilities		
3. Organizational structure		
4. General purposes & functions of organization		
5. Organization policies and regulations		
6. Orientation to community and socioeconomic backgrounds		
7. Filing systems and forms		
8. Publicity resources		
9. Program activities & events		
10. Legal Basis of organization		
A. Brief History of organization		
B. Enabling legislation (if applicable)		
C. Local ordinances		
D. Liability ordinances		
E. Employment Practices (EEO)		
11. Employment & dismissal practices		
A. Recruitment methods		
B. Testing methods		
C. Probationary periods		
D. Dismissal procedures		
12. Staff benefits		
A. Salary scale		
B. Staff benefits (insurance, vacation, retirement, education)		
13. Finance & budgets		
A. Income sources or funding base		
B. Budgeting procedures		
C. Purchasing procedures		

I am satisfied with my understanding of the preceding items:

_____ Date: _____
Intern's signature

The intern has completed this form under my supervision:

_____ Date: _____
Organization Supervisor's signature

INTERNSHIP SPECIAL PROJECT PROPOSAL
College of Health Sciences & Human Services
Department of Wellness & Therapeutic Sciences
Recreation Program

Student: _____ Term (include dates): _____

Organization Supervisor: _____

University Internship Advisor: _____

1. PROJECT TITLE AND DESCRIPTION:

2. PURPOSE OF PROJECT FOR ORGANIZATION:

3. CLEARLY DEFINE PROJECT:

4. PROJECT SCHEDULE (in outline form):

5. FORM OF REPORT TO THE UNIVERSITY (paper, booklet, slides, etc.)

Student Intern signature: _____ Date: _____

Organization Supervisor signature: _____ Date: _____

University Internship Advisor signature: _____ Date: _____

WEEKLY CONTACT HOUR LOG

(THIS FORM MUST BE TURNED IN TO THE UNIVERSITY SUPERVISOR EACH WEEK)

Student: _____ Report #: _____

For week beginning: Sunday, _____ 20__

Day of Week	Morning	Afternoon	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

TIME ALLOCATIONS:

Hours spent planning, collecting materials, office work, etc..... _____

Hours spent on observation & activities for which you had only
partial responsibility..... _____

Hours spent on activities for which you had full responsibility.... _____

TOTAL hours for the week _____

Intern's personal and other comments, recommendations, reactions, observations, etc.

Organization Supervisor's Comments. (The student intern can benefit from these comments. Please address the intern's progress, achievements, strengths, and weaknesses)

Organization Supervisor's Signature: _____

Student's Signature: _____

MID-TERM EVALUATION
College of Health Sciences & Human Services
Department of Wellness & Therapeutic Sciences
Recreation Program

Student: _____ Date: _____

Organization Supervisor: _____ Date: _____

Organization Supervisor position or title: _____

Organization Address: _____

city *state* *zip*

Period covered by rating: from _____ to _____

This rating should be made with care and fairness. Reflect carefully upon the student's work and make an honest judgment of the qualities of the student intern. Base your evaluation upon the entire period covered and not upon isolated incidents alone. This evaluation is to be submitted to the University Faculty Internship Advisor after it has been shared with the student intern.

1. **PRODUCTIVITY.** Use of time and facilities, volume and nature of work produced, planning and follow through.

Strong points:

Suggestions for improvement:

2. **QUALITY OF WORK.** Organization, thoroughness, accuracy, neatness, foresight, soundness of decision-making, clarity of expression.

Strong points:

Suggestions for improvement:

MID-TERM EVALUATION (continued)

3. **RELATIONSHIP WITH CLIENTELE.** Respect, tact, insight, empathy, courtesy.
Strong points:

Suggestions for improvement:

4. **WRITING ABILITY AND ORAL EXPRESSION.** Degree of skill and ability to express thoughts on paper, reports, projects, etc. Command of professional language and ability to speak appropriately with others.

Strong points:

Suggestions for improvement:

5. **RESPONSIBILITY.** Dependability, ability to meet schedules, follow through and attention to responsibilities and instructions.

Strong points:

Suggestions for improvement:

6. **ATTENDANCE AND PUNCTUALITY.** Regularity of attendance, promptness of reporting, absence, tardiness, and time off for illness or personal business, clock watching, etc.

Strong points:

Suggestions for improvement:

MID-TERM EVALUATION (continued)

7. **RELATIONSHIPS WITH SUPERVISOR/STAFF/VOLUNTEERS.** Professional interaction, respect, deference, communication skills, etc.

Strong points:

Suggestions for improvement:

8. **TECHNICAL SKILLS.** As applicable to the job... competence with equipment, counseling techniques, therapy modalities, program material development, business management skills, etc.

Strong points:

Suggestions for improvement:

COMMENTS. Space is provided below for additional comments for improving performance or correcting deficiencies:

Student comments:

Rater's comments:

Organization Supervisor signature: _____ Date: _____

Student intern signature: _____ Date: _____ Agree ___ Disagree ___

University Internship Advisor signature: _____ Date: _____

FINAL EVALUATION

College of Health Sciences & Human Services
 Department of Wellness & Therapeutic Sciences
Recreation Program

Student: _____ Date: _____

Organization Supervisor: _____ Date: _____

Organization Supervisor position or title: _____

Organization Address: _____

_____ *city* _____ *state* _____ *zip*

Period covered by rating: from _____ to _____

This rating should be made with care and fairness. Reflect carefully upon the student’s work and make an honest judgment of the qualities of the student intern. Base your evaluation upon the entire period covered and not upon isolated incidents alone. This evaluation is to be submitted to the University Faculty Internship Advisor after it has been shared with the student intern.

RATING SCALE:

Outstanding= consistently exceptional in fulfilling requirements

Commendable= more than frequently meets and exceeds minimum requirements

Good= Regularly meets and occasionally exceeds minimum requirements

Fair= Does passable work, but does not extend his/herself

Poor= Fails to complete minimum requirements

Items:	Outstanding	Commendable	Good	Fair	Poor	No basis for judgment
1. Personal Qualities						
a. Tolerance						
b. Appearance						
c. Employment stability						
2. Professional Skills						
a. Knowledge						
b. Skills						
c. Enthusiasm						
d. Promptness						
e. Dedication to profession						
f. Follow through						

FINAL EVALUATION (continued)

Total estimate of ability and professional promise:

If an opening occurred in your organization similar to the position this student intern has held would you (assuming the student met residence or other special requirements)...

- Actively recruit him/her
- If student applied, be pleased to consider him/her
- Employ, but only after interviewing more applicants hoping to find a better employee
- Not hire

FINAL COURSE GRADE RECOMMENDATION

For **UNDERGRADUATE** students only:

- I recommend that this student receive a satisfactory grade for his/her internship experience.
- I recommend that this student receive an unsatisfactory grade for his/her internship experience.

For **GRADUATE** students only:

I recommend that this student receive the following letter grade: _____

Student Intern's Comments:

Organization Supervisor's Comments:

Organization Supervisor signature: _____ Date: _____

Student intern signature: _____ Date: _____ Agree ___ Disagree ___

University Internship Advisor signature: _____ Date: _____

EVALUATION by STUDENT INTERN
College of Health Sciences & Human Services
Department of Wellness & Therapeutic Sciences
Recreation Program

Student: _____ Date: _____

Organization Supervisor: _____ Date: _____

Organization Supervisor position or title: _____

Organization Address: _____

city _____ *state* _____ *zip* _____

Term: _____, 20____

Course Practicality. Was your internship a useful and practical experience? Were you able to relate classroom experiences and coursework in the daily routine of your internship responsibilities? Please elaborate.

Educational Value. Was your internship a valuable educational experience? Do you feel your internship produced the desired results? Please elaborate.

University Supervision. Was the supervision by the University Internship Supervisor adequate throughout your internship experience? Please elaborate.

Organizational Supervision. Was the supervision by your Organization Supervisor adequate throughout your internship experience? Please elaborate.

Organizational Program. Please make comments (including things you perceive as strengths and weaknesses) about the overall facilities, policies, and program areas of the organization to which you were assigned.

Internship Problems. What difficulties, if any, did you experience during your internship? Please elaborate with suggestions for avoiding or mitigating.

Internship Accomplishments. What did you achieve through your internship? Please elaborate.

Personal Evaluation. In one or two paragraphs give an overall evaluation of your internship experience. Would you choose to do your internship differently if given another opportunity?

Would you recommend this placement to students in the future? _____

Organization Supervisor signature: _____ Date: _____

Student intern signature: _____ Date: _____ Agree ___ Disagree ___

University Internship Advisor signature: _____ Date: _____

University Academic Advisor signature: _____ Date: _____

A copy of this form should be sent directly to the Departmental office:

Department Chair
Department of Wellness & Therapeutic Sciences
Murray State University
Murray, KY 42071