**Practicum Coordinator’s Notes**

*Liability (circle one)* Site UI  *UI Liability Form Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Minor Training & Docs Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MTComplete & to Student Services \_\_\_\_\_\_\_\_\_\_\_\_\_ BGC with SS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Site Doc Reminder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Override Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emailed Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Placement Chart Updated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field Placement Report Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Registered \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**EXERCISE, SPORT, & HEALTH SCIENCES**

**PEP 495 Practicum Agreement/Contract**

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| --- | --- | --- |
| **Dr. Emma Grindley**  Practicum Coordinator | **Phone:**  (208) 885-2181  **Email:** [*egrindle@uidaho.edu*](mailto:egrindle@uidaho.edu) | **Address:**  Department of Movement Sciences  Physical Education Building, Room 101 | 875 Perimeter Drive MS2401 | Moscow, ID 83844-2401 |
| **Website:** <http://www.uidaho.edu/ed/mvsc/academics/esh/practicum-internship> | | |

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| --- | --- | --- | --- | --- | --- |
| **Student and Course Information** | | | | | |
| **Student Name** |  | | | | |
| **Student ID#** |  | | | | |
| **Student Email** |  | | | | |
| **Student Address** |  | | | | |
| **Student Phone** |  | | | | |
| **Course Section Number** |  | | **Course Dates**  *(You cannot do hours outside of course dates)* |  | |
| **Site & Supervisor’s Information** | | | | | |
| **Name of Practicum Site** |  | | | | |
| **Type of Site**  *(e.g., fitness, PT, heath)* | **If you plan to work with minors** UI requires a training, documentation, and a background check. Plan around the fact that these can take several weeks to process. | | | | |
| **Site Address** |  | | | | |
| **Site Supervisor ‘s Name, Credentials/Experience** |  | | | | |
| **Supervisor’s E-Mail** |  | | | | |
| **Supervisor’s Phone** |  | | | | |
| **Description of Practicum Experience** | | | | | |
| **Description of Experience**  *(Include 2-4 primary tasks that you will be assigned)* | | |  | | |
| **Type of Supervision You Will Receive**  *(When and how will you receive guidance, challenge, feedback, mentoring, etc)* | | |  | | |

**Supervisor Questions**

*The following is to be read and responded to by the Site Supervisor*

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| --- | --- | --- |
| *Practicum is a 1 credit experience in an Exercise, Sport, and Health Sciences setting that allows students to gain a better understanding of career options, requirements for careers, and professional skills. Students are required to spend 40 hours observing and assisting where possible.*   * **Can you provide 40hours of experience within the course dates listed above?** | **Yes** | **No** |
| *During each practicum experience, students will apply knowledge and skills that they have learned throughout their program of study, as well as gain new knowledge and skills to become more marketable for graduate school and job opportunities.*   * **Can you provide an educational experience for the student (we understand that some sites cannot allow for hands-on learning)?** | **Yes** | **No** |
| *Supervision will be provided by the site and the UI course instructor.**The site supervisor is asked to provide direct and indirect supervision, and to complete a student evaluation.*   * **Can you provide supervision?** | **Yes** | **No** |
| *Students must have liability insurance coverage during the practicum. If your site does not provide it then the student can be covered under a UI policy for the duration of the course.*   * **Does your agency provide liability insurance coverage for UI practicum students?** | **Yes** | **No** |
| *Transcripts, certifications, immunization records, and/or background checks can be obtained and provided by the student directly to your site as a part of your application or orientation process. This allows each site to obtain the most up to date information. The student is aware that failure to provide the required documentation, or to meet the requirements of your site, can result in the termination of this agreement and the practicum.*   * ***What documentation does your site require? Please specify.*** |  | |
| **Site Supervisor’s Signature:** | **Date** | |
| **Student Questions**  *The following is to be read and responded to by the Student* | | |
| *I understand that the practicum will be 40 hours during the course dates listed above. No hours can be worked outside of the course section’s academic dates.* | **Yes** | **No** |
| *I understand that the practicum is an academic course with required assignments. I must access the course via Canvas and follow the syllabus posted.* | **Yes** | **No** |
| *I understand that I must take initiative to learn, ask questions, and get hands-on experience where applicable. In addition, I must talk to my site and/or UI supervisors to resolve issues prior to the end of the placement.* | **Yes** | **No** |
| *I understand that I must complete 40 hours of practicum to pass the course. Failure to earn 40 hours will result in an F. If I am requested to leave my site(s) due to unprofessional behavior this will also warrant an F in the course.* | **Yes** | **No** |
| *I understand that students must have liability insurance coverage during their practicum. If my site does not provide it, and my site is not at UI, then I must complete the Liability Insurance Request form that Dr Grindley will send me.* | **Yes** | **No** |
| *I understand that* If d*ocumentation such as transcripts, certifications, immunization records, and/or background checks are required I will provide them directly to the site. This allows each site to obtain the most up to date information that the site wishes to review before a placement begins. I understand that failure to provide the required documentation, or to meet the requirements of the site, can result in the termination of this agreement and the practicum.* | **Yes** | **No** |
| *I understand that I must abide by the facility’s and profession’s policies and procedures to ensure safety, confidentially, and the best health and wellness practices for all. This includes ensuring that patient confidentially is maintained when I journal.* | **Yes** | **No** |
| **Student’s Signature:** | **Date** | |

NOTE: Signatures on this document confirm that this is the working agreement for this internship and that all of the statements on the document are understood by the student and the supervisor.

EG. 5.22