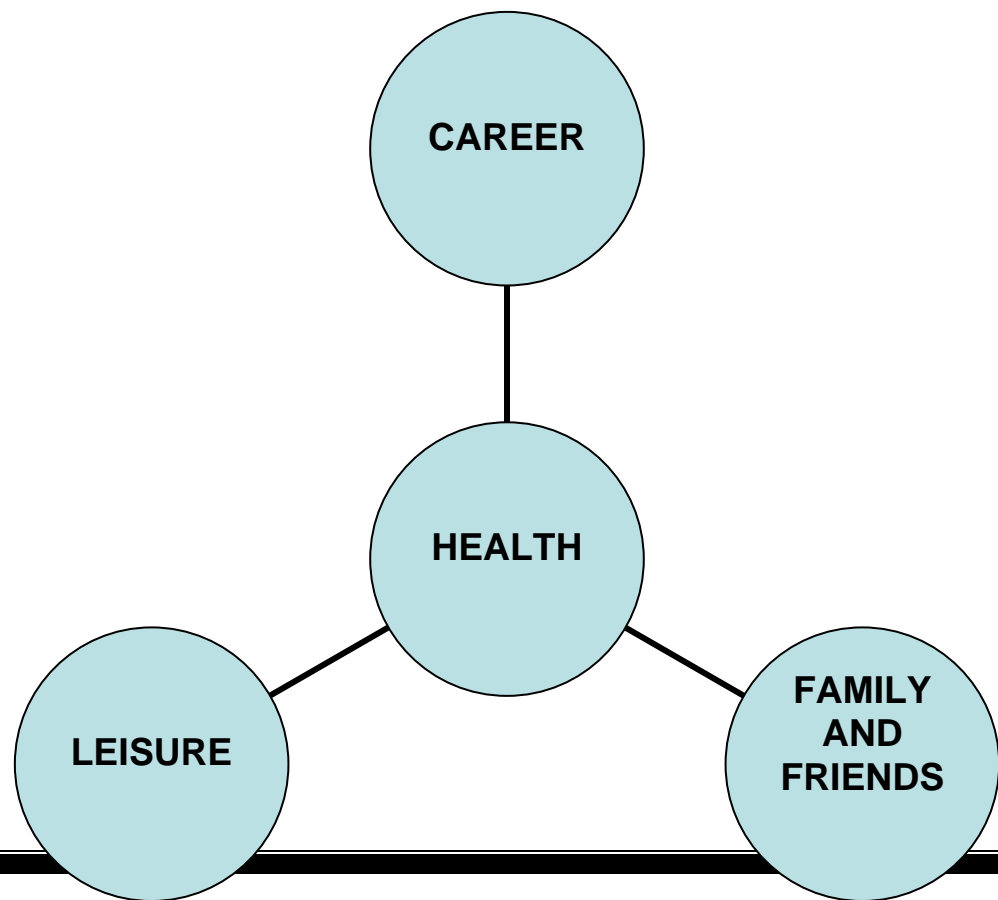


*Northwest Missouri State University  
Applied Health Sciences Field Experience  
Handbook  
22-680*

*Masters in Applied Health Sciences*



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HEALTH SCIENCES FIELD EXPERIENCE AGREEMENT - (Please Type or Print)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
(Street, Dormitory, or Apartment)

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street Name and Number) (Area Code & #)

\_\_\_\_\_  
(City, State, & Zip Code)

Social Security Number: \_\_\_\_\_ Credit Hours: 3-6 hours

Field Experience is designed to provide the student with practical on-the-job work experience that will assist the student in further identifying the career path they hope to follow. The Field Experience component of our curriculum is viewed as a pre-internship. All applicants for Field Experience must meet the following minimum academic requirements: completion of the SCIENCE FOUNDATION CORE in M.S. Health Sciences (22-632 Exercise Physiology, 22-532 Exercise Prescription and Testing & Cardiac Analysis or 22-682 Advanced Athletic Training, 22-555 Intervention and Behavior Change Strategies and 22-529 Theory & Fundamentals Strength and Conditioning/Personal Training. It should be understood that Field Experience students have further academic work and that this is not the culminating event of their academic preparation.

This agreement indicates approval by Northwest Missouri State University for the above student to complete his/her Field Experience requirement with your agency. Field Experience involves a minimum of 200 work hours (3 hours)– 600 work hours (6 hours) (10 weeks) in a health, wellness services job setting. Students will receive **three** hours or **six hours** of academic credit for their Field Experience. Field Experience students will work under the joint supervision of the health, wellness professional at the agency and an assigned health and physical education faculty member from the University.

The University allows remuneration for Field Experience, but the Agency is under no obligation to provide remuneration. In those situations where Agency practice / policy allow remuneration for Field Experience students, the actual amount and form of remuneration will be agreed upon prior to the start of the Field Experience.

\_\_\_\_\_ Remuneration will be provided for agency Field Experience students. Please provide a written explanation of the remuneration agreement.

\_\_\_\_\_ Remuneration will not be provided for agency Field Experience students. The Field Experience student will be responsible for all expenses incurred.

This agreement is effective from \_\_\_\_\_ to \_\_\_\_\_.  
This agreement may be terminated, after the first 30 days, by the Agency or the University upon written notice of the other party. Termination must be approved by the properly authorized representatives of the Agency and the University.

\_\_\_\_\_  
(Student's Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
(University Coordinator's Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
(Agency Supervisor's Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
(Agency Supervisor - Please Print / Type) Phone: \_\_\_\_\_  
(Area Code + Number)

\_\_\_\_\_  
(Agency Name - Please Print / Type) Phone: \_\_\_\_\_  
(Area Code + Number)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

\_\_\_\_\_  
(E-Mail Address of Agency Supervisor)

THIS FORM MUST BE ON FILE WITH THE UNIVERSITY PRIOR TO THE END OF THE SCHOOL TERM PRECEDING THE START OF A FIELD EXPERIENCE

## HEALTH SCIENCES GRADUATE 22-680 FIELD EXPERIENCE OBJECTIVES

Objectives:

The student will successfully accomplish the following objectives during his/her Field Experience.

Date  
Completed

- \_\_\_\_\_ 1) Under supervision will perform ten health screenings, fitness assessments, and orientations.
- \_\_\_\_\_ 2) Develop an individualized program utilizing the member's fitness assessment results and goals.
- \_\_\_\_\_ 3) Supervise exercise floor and assist members with daily exercise program guidelines, proper technique, and safety measures.
- \_\_\_\_\_ 4) Demonstrate and instruct proper technique on all exercise equipment.
- \_\_\_\_\_ 5) Perform daily operational procedures, including opening and closing the facility.
- \_\_\_\_\_ 6) Assist with the development of an informational brochure, bulletin board or newsletter article.
- \_\_\_\_\_ 7) Participate in the development and implementation of at least one fitness an/or health promotion program.
- \_\_\_\_\_ 8) Participate in one special event or program sponsored by the agency.
- \_\_\_\_\_ 9) Attend staff meetings and complete a minimum of 200 Field Experience hours
- \_\_\_\_\_ 10) or Complete a maximum of 600 Field Experience hours
- \_\_\_\_\_ 11) Demonstrate the ability to enter member information into the agency computer system.
- \_\_\_\_\_ 12) Implement behavior change strategies and interventions
- \_\_\_\_\_ 13) Write exercise prescriptions for clients/patrons/participants
- \_\_\_\_\_ 14) Conduct diet analysis recall for dietary and nutrition suggestions.
- \_\_\_\_\_ 15) Assist in goal setting for the improvement of the quality of life for clients/patrons/participants.

## **PERSONAL INTRODUCTION BULLETIN BOARD**

Prepare a bulleting board to introduce yourself to the members. Be creative, let them know who you are, where you are from, what university you attend, and your hobbies. Remember, this will be their first impression of you.

NOTES:

## FACILITY ORIENTATION

Provide a clear explanation of each item in sections A & B

### A) Operations

- 1) Opening and closing the facility
- 2) Computer sign-in procedures
- 3) Issue of locker key and towel
- 4) Employee I. D. / Membership Card
- 5) Staff communication system and organizational chart
- 6) Monthly statistics and bullet report
- 7) Fitness assessment / program appointments
- 8) Scheduling of member appointments
- 9) Member tracking and filing system
- 10) Safety and emergency procedures
- 11) Policies and procedures
- 12) Equipment maintenance and cleaning

### B) Membership

- 1) Scheduling of new members
- 2) Payroll deduction / payment plan
- 3) Publicity and marketing
- 4) Medical clearance
- 5) Cancellation policy

Assignment:

Choose and critique one specific operational procedure. How does this system operate? Is it efficient and effective? Why? What changes or improvements could be made? Substantiate.

List the emergency procedures at the facility. Write up a scenario for an emergency that could occur at the facility. Describe the procedures to handle the emergency.

NOTES:

## **AEROBICS EXERCISE CLASS (Participation / Observation)**

- A) Participate in at least two aerobics classes. Vary the type of class, instructor, and class time.
- B) Observe two different exercise classes (2 separate instructors). Identify the components of each class. Critique each component of the class, safety concerns, instructor technique, likes, and dislikes.

Critiques should be done while observing class. Enjoy participating in the classes.

What is the proper order of the following class components? Why?

- Flexibility
- Calisthenics
- Warm-up
- Cool down
- Cardiovascular

NOTES:

## **HEALTH / FITNESS PROGRAM**

Participate in at least one of the following activities:

- 1) Special event (e.g. National Employee Health and Fitness Day, Dance for Heart)
- 2) Special interest group (e.g. Running Club)
- 3) Nutrition Consultations
- 4) Health-promotion event (e.g. Blood Drive, Weight Management Class)

Write a summary of your experience. Evaluate the program. Make recommendations on how you would improve the activity (e.g. advertisement, crowd control, organization).

NOTES:



## **VISITATION TO OTHER FITNESS, WELLNESS, HEALTH FACILITIES**

Plan to visit two other fitness, wellness, health facilities.

Based on what you observed during your visits write up a brief explanation of the following: observed operational procedures, staff interaction with clients, fitness programs, educational information, equipment, facility design and layout, and overall cleanliness of the center. What new ideas did you gain from this visit?

NOTES:

## WORK HOURS LOG

Weekly Work Hours Log:

Name: \_\_\_\_\_ Week / Dates: \_\_\_\_\_

Week	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total
1								
2								
3								
4								
5								

**Total** \_\_\_\_\_

I acknowledge that \_\_\_\_\_ has completed the hours indicated.

\_\_\_\_\_  
(Sponsor's Signature)

Weekly Work Hours Log:

Name: \_\_\_\_\_ Week / Dates: \_\_\_\_\_

Week	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total
1								
2								
3								
4								
5								

**Total** \_\_\_\_\_

I acknowledge that \_\_\_\_\_ has completed the hours indicated.

\_\_\_\_\_  
(Sponsor's Signature)

## WORK HOURS LOG

Weekly Work Hours Log:

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Week	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total
1								
2								
3								
4								
5								

**Total** \_\_\_\_\_

I acknowledge that \_\_\_\_\_ has completed the hours indicated.

\_\_\_\_\_  
(Sponsor's Signature)

Weekly Work Hours Log:

Name: \_\_\_\_\_ Week / Dates: \_\_\_\_\_

Week	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total
1								
2								
3								
4								
5								

**Total** \_\_\_\_\_

I acknowledge that \_\_\_\_\_ has completed the hours indicated.

\_\_\_\_\_  
(Sponsor's Signature)

**HEALTH, WELLNESS, FITNESS CENTER**  
**22-680 FIELD EXPERIENCE PROGRESS REPORT #1**  
(Due at the end of the second week along with two weeks time log)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

ALL RESPONSES SHOULD BE TYPED OR WRITTEN IN **BLACK INK** AND SHOULD BE DONE ON A SEPARATE PAGE.

Describe the AGENCY setting in which you are working: (mission/purpose of the agency and population served)

What type of orientation were you given by your agency: (length of the orientation, who conducted your orientation and subject areas discussed)

After talking with your supervisor, provide a detailed description of the objectives for your Field Experience.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Supervisor's Signature)

\_\_\_\_\_  
(Date)

## ORIENTATION - PROGRESS REPORT #2

(Due at the end of the fourth week)

ALL RESPONSES SHOULD BE TYPED OR WRITTEN IN **BLACK INK** AND SHOULD BE DONE ON A SEPARATE PAGE.

A) Staff introductions:

Tell the names and positions of staff with whom you will be working.

B) Tour of agency areas and facilities:

List and briefly describe the facilities and area utilized by the agency.

C) Organizational structure:

Diagram the organizational chart of the agency and show any cooperative relationship

D) Agency policies and regulations:

List the areas in which written policies or regulations are available (Note: You should familiarize yourself with all policies, rules, and regulations of the agency. You may want to secure a policy handbook if it is available, plus a copy of various forms - i.e. accident, job applications, personnel evaluation, etc)

E) Special assignments:

List any special assignments you have been given

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(Student's Signature)

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(Supervisor's Signature)

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(Date)

## STAFF BENEFITS - PROGRESS REPORT #3

(Due at the end of the sixth week)

ALL RESPONSES SHOULD BE TYPED OR WRITTEN IN **BLACK INK** AND SHOULD BE DONE ON A SEPARATE PAGE.

A) Dose the agency (department) have a salary scale? Yes \_\_\_\_\_  
No \_\_\_\_\_

Briefly explain.

B) State and briefly explain the staff benefits as they relate to:

1) Education

2) Insurance

3) Health

4) Retirement

5) Work Schedule

6) Vacation

7) Other (please specify)

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(Student's Signature)

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(Supervisor's Signature)

---

(Date)

**EMPLOYMENT AND DISMISSAL PRACTICES  
PROGRESS REPORT #4**

(Due at the end of the eighth week)

ALL RESPONSES SHOULD BE TYPED OR WRITTEN IN **BLACK INK** AND SHOULD BE DONE ON A SEPARATE PAGE

- A) What methods are usually utilized in recruiting personnel?
- B) Are position or job descriptions used by your agency or department?
- C) Describe the job specifications for the position which you will work with during your internship.
- D) What system(s) of testing are utilized by the agency or department? Explain.
  - 1) Written examination
  - 2) Education and experience
  - 3) Personal interview
  - 4) Physical examination
  - 5) Other (please specify)
- E) Does your agency have a probation period for new employees? Explain.
- F) What procedure is used to dismiss employees?
- G) What criteria is used to evaluate employees?
- H) What resource does the employee have if dismissed?

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(Student's Signature)

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(Supervisor's Signature)

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(Date)

## FIELDWORK EVALUATION OF PRACTICUM SITE AND SPONSOR

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name and Sponsor: \_\_\_\_\_

**INSTRUCTIONS:** Please rate the strengths and weaknesses of the site and your sponsor in terms of meeting your needs as a Field Experience Student. Use the following scale:

Excellent	Good	Adequate	Marginal	Poor	Not Applicable
5	4	3	2	1	N/A

- \_\_\_\_\_ 1) Acceptance of you as a functional member of the staff; willingness to integrate you into all appropriate levels of activities, programs, and projects.
- \_\_\_\_\_ 2) Provision of relevant experiences in administration, supervision, and leadership.
- \_\_\_\_\_ 3) Cooperation of agency staff to provide professional growth; experiences through training programs, seminars, and similar activities.
- \_\_\_\_\_ 4) Provision of assistance in helping you meet your personal and professional goals and objectives.
- \_\_\_\_\_ 5) Possession of resources essential to the preparation of professionals (library, equipment, supplies, etc.).
- \_\_\_\_\_ 6) Employment of qualified, professional staff with demonstrated capability to provide competent supervision.
- \_\_\_\_\_ 7) Adequate scheduling of conferences with you and ongoing evaluation of your performance, followed up by brief written progress reports.
- \_\_\_\_\_ 8) Allowance for relating classroom theory to practical situations.
- \_\_\_\_\_ 9) Willingness to listen to whatever suggestions or recommendations are made.
- \_\_\_\_\_ 10) The sponsor had an interest in you as a person and as a student.
- \_\_\_\_\_ 11) The sponsor was willing to discuss the full range of your activities at the site.
- \_\_\_\_\_ 12) The sponsor was able to respond to your problems and to help you work toward solutions.
- \_\_\_\_\_ 13) Adequacy of arrangements made to orient you to the site.
- \_\_\_\_\_ 14) Sensitivity to your needs in accomplishing your objectives.



\_\_\_\_\_ 15)The sponsor expressed encouragement and sincerity.

\_\_\_\_\_ 16)Flexibility in arranging your tasks in light of changing situations within the site and within you.

\_\_\_\_\_ 17)The sponsor was open to change, innovation, and new techniques.

18)Was this experience what you expected? Explain.

19)How could the fieldwork experience have been more meaningful?

20)What suggestions or recommendations can you offer for improvement of this experience?

Sponsor:

University:

## STUDENT RECOMMENDATION

Name: \_\_\_\_\_

This information is for the benefit of future students who may desire an internship or fieldwork experience at the agency you were with during \_\_\_\_\_.

SEMESTER AND YEAR: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

SPONSOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

Would you recommend this agency to another student?      Yes \_\_\_\_\_  
No \_\_\_\_\_

Explain what your job involved.

Please comment about any positive and / or negative experiences you had with the agency or agency supervisor.

## NORTHWEST MISSOURI STATE UNIVERSITY FIELD EXPERIENCE STUDENT PERFORMANCE APPRAISAL FORMATIVE (MID-POINT) EVALUATION

Name of Field Experience Student: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Supervisor's Title: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INSTRUCTIONS:

- 1) Complete the evaluation by circling the response you feel is most appropriate.
- 2) Please take an opportunity to review the evaluation with the student.
- 3) Please utilize the area provided for comments to elaborate on aspects of the student's performance and to make recommendations that may help us better prepare students for a career in Wellness, Health, Fitness Services
- 4) Please utilize the area provided for comments to elaborate on aspects of the student's performance.

	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Below Average</u>	<u>Poor</u>
<u>Personal Group Leadership Traits</u> Mentally alert; sense of humor; self-control confidence: takes the initiative	5	4	3	2	1
<u>Personal Appearance</u> Dresses appropriate for the job; appears well groomed; exhibits no distracting mannerisms.	5	4	3	2	1
<u>Public Relations/Social Qualities</u> Is friendly, understanding and helpful; courteous and tactful; able to get along with others.	5	4	3	2	1
<u>Professional Attitude</u> Student is industrious; strives for self- improvement; enthusiastic; and conveys a positive attitude	5	4	3	2	1

	Excellent	Good	Average	Below Average	Poor
<u>Loyalty and Cooperation</u> Takes criticism constructively; upholds agency policies; cooperates with co-workers.	5	4	3	2	1
<u>Judgement and Problem Solving</u> Makes common sense decisions; able to handle problems successfully; uses resources well.	5	4	3	2	1
<u>Responsibility, Initiative &amp; Creativity</u> Assumes responsibility; looks for additional work; takes initiative; self-motivated; avoids idleness.	5	4	3	2	1
<u>Relates Well to Clientele</u> Able to motivate people; shows interest and concern; plans appropriately for needs; and shows respect for clientele.	5	4	3	2	1
<u>Knowledge, Skills &amp; Competencies</u> Knowledge of job related skills & tasks; understanding of the abilities of the clientele being served; ability to develop activities and programs.	5	4	3	2	1
<u>Ability to Organize Resources</u> Plans in advance and adequately; selects activities with regard to human and physical resources; properly utilizes resources.	5	4	3	2	1
<u>Written Communication Skills</u> Conveys ideas clearly; written work is neat with few errors; meets deadlines for written work assignments.	5	4	3	2	1
<u>Oral Communication Skills</u> Student expresses him/herself well; easy to understand; avoids inappropriate language; projects well; can clarify thoughts; free from irritating mannerisms.	5	4	3	2	1
<u>Evaluation, Self-Improvement &amp; Growth</u> Ability to recognize weaknesses; works to improve performance; seeks help when needed; ask timely questions; and seeks information to increase knowledge & understanding.	5	4	3	2	1

	Excellent	Good	Average	Below Average	Poor
<u>General Knowledge &amp; Information</u> Has wide variety of interests; good understanding of people; understanding of work setting.	5	4	3	2	1
<u>Knowledge of Health Sciences</u> Understanding and working knowledge of wellness, health sciences, fitness, leadership and program concepts.	5	4	3	2	1
<u>Overall Rating</u> Based on your responses please circle the number that reflects the student's overall performance.	5	4	3	2	1

ADDITIONAL INFORMATION:

- 1) Was there a basic orientation given to the student at the start of his/her practicum?  
 Yes                       No
- 2) The student's understanding and working knowledge of the agency was:  
 Excellent                       Good  
 Adequate                       Inadequate
- 3) The knowledge and skills that the student possessed related to his/her work responsibilities were:  
 Excellent                       Good  
 Adequate                       Inadequate
- 4) How often did you meet with the student to discuss his/her performance?  
 Daily                       Once a week                       Twice a week  
 Every two weeks                       Other (explain)

Comments:

\_\_\_\_\_  
(Student's Signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Supervisor's Signature)

Date: \_\_\_\_\_

**NORTHWEST MISSOURI STATE UNIVERSITY  
FIELD EXPERIENCE STUDENT PERFORMANCE APPRAISAL  
FINAL EVALUATION**

Name of Field Experience Student: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Supervisor's Title: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INSTRUCTIONS:**

- 1) Complete the evaluation by circling the response you feel is most appropriate.
- 5) Please take an opportunity to review the evaluation with the student.
- 6) Please utilize the area provided for comments to elaborate on aspects of the student's performance and to make recommendations that may help us better prepare students for a career in Wellness, Health, Fitness Services
- 7) Please utilize the area provided for comments to elaborate on aspects of the student's performance.

	Excellent	Good	Average	Below Average	Poor
<u>Personal Group Leadership Traits</u> Mentally alert; sense of humor; self-control confidence: takes the initiative	5	4	3	2	1
<u>Personal Appearance</u> Dresses appropriate for the job; appears well groomed; exhibits no distracting mannerisms.	5	4	3	2	1
<u>Public Relations/Social Qualities</u> Is friendly, understanding and helpful; courteous and tactful; able to get along with others.	5	4	3	2	1
<u>Professional Attitude</u> Student is industrious; strives for self- improvement; enthusiastic; and conveys a positive attitude	5	4	3	2	1

	Excellent	Good	Average	Below Average	Poor
<u>Loyalty and Cooperation</u> Takes criticism constructively; upholds agency policies; cooperates with co-workers.	5	4	3	2	1
<u>Judgement and Problem Solving</u> Makes common sense decisions; able to handle problems successfully; uses resources well.	5	4	3	2	1
<u>Responsibility, Initiative &amp; Creativity</u> Assumes responsibility; looks for additional work; takes initiative; self-motivated; avoids idleness.	5	4	3	2	1
<u>Relates Well to Clientele</u> Able to motivate people; shows interest and concern; plans appropriately for needs; and shows respect for clientele.	5	4	3	2	1
<u>Knowledge, Skills &amp; Competencies</u> Knowledge of job related skills & tasks; understanding of the abilities of the clientele being served; ability to develop activities and programs.	5	4	3	2	1
<u>Ability to Organize Resources</u> Plans in advance and adequately; selects activities with regard to human and physical resources; properly utilizes resources.	5	4	3	2	1
<u>Written Communication Skills</u> Conveys ideas clearly; written work is neat with few errors; meets deadlines for written work assignments.	5	4	3	2	1
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<u>Evaluation, Self-Improvement &amp; Growth</u> Ability to recognize weaknesses; works to improve performance; seeks help when needed; ask timely questions; and seeks information to increase knowledge & understanding.	5	4	3	2	1

	Excellent	Good	Average	Below Average	Poor
<u>General Knowledge &amp; Information</u> Has wide variety of interests; good understanding of people; understanding of work setting.	5	4	3	2	1
<u>Knowledge of Health Sciences</u> Understanding and working knowledge of wellness, health sciences, fitness, leadership and program concepts.	5	4	3	2	1
<u>Overall Rating</u> Based on your responses please circle the number that reflects the student's overall performance.	5	4	3	2	1

ADDITIONAL INFORMATION:

- 5) Was there a basic orientation given to the student at the start of his/her practicum?  
       \_\_\_\_\_Yes                               \_\_\_\_\_No
- 6) The student's understanding and working knowledge of the agency was:  
       \_\_\_\_\_Excellent                       \_\_\_\_\_Good  
       \_\_\_\_\_Adequate                        \_\_\_\_\_Inadequate
- 7) The knowledge and skills that the student possessed related to his/her work responsibilities were:  
       \_\_\_\_\_Excellent                       \_\_\_\_\_Good  
       \_\_\_\_\_Adequate                        \_\_\_\_\_Inadequate
- 8) How often did you meet with the student to discuss his/her performance?  
       \_\_\_\_\_Daily                       \_\_\_\_\_Once a week                       \_\_\_\_\_Twice a week  
       \_\_\_\_\_Every two weeks                       \_\_\_\_\_Other (explain)

Comments:

(Student's Signature)	Date: _____
(Supervisor's Signature)	Date: _____