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INTRODUCTION

Internship Overview

The purpose of the internship is to provide you the opportunity to apply all the cognitive, psychomotor, and affective competencies gained during your entire academic program to an athletic training setting of your choice. The ultimate goal of the athletic training internship is to provide a meaningful and successful learning experience for the student outside of the structured proficiency model utilized previously in Athletic Training Clinics I-IV. It is essentially a capstone experience of the athletic training curriculum. As such, it also serves as a transition from the academic experience to the professional setting, taking you to an entry level of functioning within the athletic training arena.

The internship is designed as a cooperative venture between the student, the university and the internship site. A site supervisor serves as your "mentor", providing a variety of learning opportunities designed to further expand your competency in athletic training. A university supervisor serves as an advisor, guiding you through the internship process.

Since the internship is designed to meet your needs and interests, it is important for you to select the internship site. This requires careful thought, planning, and initiative on your part to locate an appropriate site. For most students, the internship will take place during the spring semester of senior year, therefore you should begin thinking about your internship during the spring of junior year, making contacts during the summer prior to senior year, and formally applying during the fall of senior year.

To determine the success of the internship in meeting its desired objectives, the student, university supervisor and site supervisor conduct ongoing evaluations. You will be required to maintain an internship portfolio, a compilation of the various requirements designed to meet the objectives of the internship. The site supervisor will provide both formal and informal ongoing and final evaluations, with the university supervisor contributing to that process.

Objectives of the Internship Program

1. To provide the student an opportunity to apply knowledge, skills and experiences gained during the academic program to a professional setting.
2. To further broaden the student’s knowledge, skills and experiences gained during the academic program.
3. To provide the student an opportunity to gain information on the profession as a basis for making future career choices.
4. To enable the student to identify his/her own strengths and identify needs for personal and professional development.
5. To provide the student an opportunity to gain leadership experience.
6. To help the student develop/further enhance oral and written communication skills.
7. To provide the student an opportunity to enhance human relations skills.
8. To help the student gain an understanding and appreciation of the role, duties, and responsibilities of professionals in the field.
9. To strengthen relations between the university and the host site.
INTERNSHIP PROCEDURES

Procedures

In order to ensure a smooth internship process, use this checklist and complete the following steps in order:

Date
Completed:

_______ 1. Read the Internship Manual.

_______ 2. Verify that you have completed the basic requirements for Internship:
   a) Senior standing
      a) Completion of all Athletic Training required courses or concurrent enrollment (excluding university core courses and electives)
      b) Minimum cumulative GPA of 2.50

_______ 3. Meet with your Academic Advisor to determine if all basic requirements for Internship have been met and to discuss the appropriate procedures to follow in order to secure an Internship placement.

_______ 4. Review the list of approved sites for Internship placement (located in the department of Exercise, Health, and Sport Sciences). If there is a site in which you may be interested that is not on the list, a new Internship site may be established. Keep in mind that the University Supervisor must approve all sites.

_______ 5. Make an appointment for an interview with the Internship site. Prior to attending your interview, review the “Selecting an Internship Site” section of this manual.

_______ 6. Complete the Application for Internship (Appendix A). Turn in application to your Academic Advisor for approval.

_______ 7. If the site for placement accepts you, check with the University Supervisor to make sure that a Clinical Affiliation Agreement or a Cooperative Education Agreement has been completed for that site. If there is not a completed contract, send the appropriate contract to the site. The completed contract must be returned to the University Supervisor before the internship begins.

_______ 8. Provide the Internship site access to the Internship Manual and necessary forms as needed.

_______ 9. Follow the Student Responsibilities section of this manual to guide you through the requirements for the Internship.

_______ 10. Complete the Internship Information Form/Schedule (Appendix B) and send to the University Supervisor.
Selecting an Internship Site

It is important for you to be aware of the importance of your internship site selection. An internship is a conjoint experience whereby the student provides services for the Internship site while the site provides mentoring and learning experiences for the student. Future career opportunities can sometimes arise from an internship site or from the networking that you are able to do during the experience.

Questions to think about when selecting an internship site:

1. Can the site provide you with the experiences that will help you gain important knowledge and skills for the potential jobs that you are interested in?
2. Do you have the knowledge, skills, certifications and experience required to be accepted into the internship?
3. Will the site supervisor be a positive mentor to you? Will this person agree to do an in-depth evaluation and assist your progress?
4. Are there opportunities to gain certifications and/or learn new techniques while at the site?
5. Can the site give you an overall picture of the profession, affording you opportunities to gain experience in all aspects of operation?
6. Can the site offer you the number of hours needed for the internship? Keep in mind the following requirements:

<table>
<thead>
<tr>
<th>No. of credits</th>
<th>Total hours</th>
<th>Hours/week (based on 14 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>120</td>
<td>9</td>
</tr>
<tr>
<td>6</td>
<td>240</td>
<td>18</td>
</tr>
</tbody>
</table>

7. Will the site agree to all of the university’s requirements?
8. Is the site located in an area where you would want to work after the internship is over as well as in an area where jobs would be available?

Sources of information on possible sites:

1. Internship Manual
2. Career Services
3. On-line resources
4. Telephone directories
5. Professional organizations
6. Previous interns
7. Conferences

* Begin your search early. Spring internships will be the hardest to obtain as most students will choose this time of year to do them. Remember that first impressions are very important; your first contact with a site will set the tone for all that follows. Also remember that not only do you represent yourself, but also the university and our department. Hopefully, you will be helped in your search by the professionalism of previous interns.
INTERNSHIP POLICIES

Procedure for Withdrawal of the Student from the Internship Situation
In case of the need for a student to withdraw from the internship experience, the university supervisor, after consultation with the department chair and site supervisor, may withdraw the student from that specific internship experience.

STUDENT INTERN RESPONSIBILITIES

General Responsibilities

Attendance
It is expected that students will arrive at the internship site on time. Inform your site supervisor and university supervisor if you are absent for any reason. Check with your site supervisor to see if you need to make up any work for missed time. If your internship requires travel between facilities, make sure you arrive at all sites on time.

Appearance
It is expected that you will dress as a professional within the standards set by the internship facility or the Athletic Training Education Handbook. You are also expected to wear your name tag.

Professionalism
As a representative of the University and this department, is it expected that you will conduct yourself in a professional manner. You should uphold the rules and regulations pertaining to your internship facility. Avoid making unsolicited, critical comments about the internship site, site staff, your professional program, university faculty and students. Maintain confidentiality regarding site staff and clients. Refrain from the use of alcoholic beverages or non-prescription drugs while on the internship site.

Attitude
Try to exhibit a positive attitude, demonstrating enthusiasm and concern towards staff and program participants.

Communication
Share information with your site supervisor and accept guidance and feedback. Arrange for periodic oral feedback from your site supervisor. Be open to suggestions and criticism regarding areas identified as needing improvement.

Personal Initiative
Exercise initiative in carrying out assigned responsibilities. Take advantage of opportunities for learning and skill development.

Specific Responsibilities

You are encouraged to participate in all activities planned by the internship site.

Time Requirement
The total required clock hours for the internship are as follows:

<table>
<thead>
<tr>
<th>No. of credits</th>
<th>Total hours</th>
<th>Hours/week (based on 14 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>120</td>
<td>9</td>
</tr>
<tr>
<td>6</td>
<td>240</td>
<td>18</td>
</tr>
</tbody>
</table>

It is expected hours will occur across the semester, and not be front, or back, loaded.
Written Responsibilities

Weekly Schedule
You are to submit your weekly schedule to your university supervisor at the beginning of the semester (Appendix B). If there are any schedule changes, you are to submit a revised weekly schedule to your university supervisor. You are required to keep copies of your schedule and any revisions in your portfolio.

Weekly Activity Report
You are to submit a summary report (Appendix C) at the end of every week to your site supervisor for review and signature, then forward the report to your university supervisor. You may deliver this document in person to your university supervisor or fax it to 780-4745.

Daily Log/Personal Journal
You will keep a daily log or journal outlining your daily internship experiences. You should summarize the day’s activities at the end of each day and describe what you learned that day. Your journal may be both descriptive and reflective and should include all experiences. Logs should be kept in your portfolio.

Portfolio
You will compile an internship portfolio that will assist in organizing your materials and activities. A hardback, loose-leaf, 3-ring binder is recommended, along with delineated sections. Sections should include the following:

I. Table of Contents
II. Personal Resume
III. General Information
IV. Internship Site Information
   A. Site, supervisor, phone number, mailing address, fax, email address
   B. Description of the organization
   C. Outline of the programs
   D. List of facilities and equipment
   E. Description of participants
V. Daily Log/Personal Journal
VI. Weekly Activity Reports
VII. Handouts/Related Literature
VIII. Evaluations
    A. Mid-Term
    B. Final
IX. Graduation Survey
SITE SUPERVISOR QUALIFICATIONS & RESPONSIBILITIES

The site supervisor plays an important role in the internship program, assisting the intern in attaining further knowledge and skills related to the field, and in influencing the intern’s decisions regarding future career choices. The site supervisor should be an enthusiastic and dedicated professional in the field, willing to establish a mutual, positive relationship with the intern.

Professional Qualifications
- Be a Certified Athletic Trainer or other health care professional who holds a minimum of a bachelor’s degree
- Minimum term of employment at current location: 1 year
- Knowledge, experience, involvement with professional organizations and activities
- Ability to communicate knowledge and experience

Personal Qualifications
- Possess strong desire to work with student interns
- Aware of the demanding nature of intern supervision
- Acceptance of student as co-worker
- Well organized
- Good communication skills
- Role model: maintains emotional and physical well-being

General Responsibilities
- Introduces intern to all personnel
- Familiarizes student with facilities, equipment, policies, procedures
- Requires intern to participate in all aspects of the program
- Familiarizes intern with forms, records, files to be used
- Emphasizes importance of professional appearance and standards, communication and organizational skills
- Encourages intern to be creative and try new ideas and programs
- Shares ideas and materials with the intern

Specific Responsibilities
- Meets with intern prior to each session and states specific responsibilities and expectations
- Provides student with long-term schedules of activities, copies of all written materials
- Plans program so that student gradually assumes greater responsibilities, from observing to assisting to leading/teaching to carrying out administrative duties
- Assesses intern’s knowledge and skills on a regular basis and provides frequent oral and written feedback to the intern, outlining strengths and areas needing work
- Completes required evaluation forms (see Appendix F)
- Reviews mid-term and final intern evaluation with student intern and university supervisor
- Contacts university supervisor should an issue arise
UNIVERSITY SUPERVISOR RESPONSIBILITIES

The role of the university supervisor is to assist and counsel the student intern throughout the internship experience. The university supervisor works cooperatively with the site supervisor in meeting the joint goal of a positive and fulfilling internship experience for the student.

Specific Responsibilities
- Assist with the placement of interns when requested
- Direct interns toward use of the internship manual
- Conduct conferences with the site supervisor and intern as needed
- Visit in-state internship sites one time within 100 miles of the Gorham campus. Additional visits may occur at the discretion of the University Supervisor.
- Periodically review the intern’s portfolio
- Collect and evaluate all assignments in a timely manner
- Schedule individual conferences with interns if requested
- Take immediate remedial action when site supervisor and/or intern notes that the internship experience is detrimental to either party
- Collect and forward graduate survey (Appendix I) and Appendix B to the athletic training program director.
- Provide the department core curriculum committee the student evaluation of the internship (appendix D).

EVALUATION OF THE STUDENT INTERN

Evaluation of the student intern is an integral part of the intern’s learning experience. It is an ongoing and cooperative process that should enhance the total development of the student intern, assisting the intern in obtaining a realistic understanding and acceptance of himself/herself. The site supervisor and university supervisor shares responsibility for the final grade, with the site supervisor determining an initial evaluation and the university supervisor making modifications to the grade based on completion and evaluation of additional assignments.
APPLICATION FOR ATHLETIC TRAINING INTERNSHIP

Instructions: Student is to complete sections A through F, then turn in application to Academic Advisor. The Academic Advisor completes section G and forwards to the University Supervisor.

A. Background Information
Name: ________________________________  Student ID No.: _____________
Address: _______________________________  Phone: __________________
                                             Email: ____________________
Current Cumulative GPA: _______________  Semester of Internship: ______
Anticipated Date of Graduation: __________

B. Internship Site Request
List, in order of preference, two to three organizations at which you would like to take your internship (if more than one, list in order of preference)

1. Organization: _________________________  Supervisor: ________________
   Address: _______________________________  Phone: ________________
            _______________________________  Email: _________________

2. Organization: _________________________  Supervisor: ________________
   Address: _______________________________  Phone: ________________
            _______________________________  Email: _________________

3. Organization: _________________________  Supervisor: ________________
   Address: _______________________________  Phone: ________________
            _______________________________  Email: _________________

C. Resume: Attach one copy of your resume to this application. Use additional copies for your organization interviews.

D. Proof of CPR certification: Attach a photocopy of your current CPR card to this application.
E. Medical and professional liability insurance: Though not required, both types of insurance are highly recommended and may be required at your internship site. Attach a photocopy of professional liability insurance policy.

F. Understanding of responsibility:
I understand that I will be responsible for a) arranging transportation to and from the internship site, b) all financial arrangements connected with this placement may be arranged with the Internship site by the student, c) housing arrangements, and d) other arrangements as necessary to fulfill this educational experience.

________________________________________  Date: _______________
Student Signature

G. Satisfaction of internship eligibility requirements (to be completed by academic advisor):

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Acceptable</th>
<th>*Deficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required course work completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum G.P.A. attained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C- or better in major coursework</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

________________________________________  Date: _______________
Academic Advisor Signature

H. Satisfaction of internship site requirements (to be completed by University Supervisor):

<table>
<thead>
<tr>
<th>Internship Site</th>
<th>Accepted</th>
<th>*Rejected</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Choice:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Choice:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd Choice:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

________________________________________  Date: _______________
University Supervisor Signature

* Explain deficiencies or reasons for rejecting internship site application:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
**APPENDIX B**

**DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES**  
**UNIVERSITY OF SOUTHERN MAINE**

**INTERNERSHIP INFORMATION FORM/SCHEDULE**

*Instructions:* Please complete and return this form to your University Supervisor with your first week’s activity report. Make a copy to keep in your portfolio. Include directions/map for your University Supervisor.

**Internship Student Information**

| Internship Student: ______________________________________________________ |
| Address: _____________________________ Phone: __________________________ |
| ______________________________________ Work Phone: ___________________ |
| E-Mail Address: ______________________ |

**Internship Site/Supervisor Information**

| Internship Site: _______________________________________________________ |
| Site Supervisor: _____________________________ Phone: __________________ |
| Job Title of Site Supervisor: __________________________________________ |
| *Site Address: _____________________________ E-Mail Address: ___________ |
| __________________________________________ Fax: ____________________ |

Date Internship Started: ___________________  
Anticipated End Date of Internship: ____________

**Internship Schedule**

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
</tr>
</tbody>
</table>
WEEKLY ACTIVITY REPORT

Date: ______________

Internship Student Name: ________________________________________________

Internship Student Signature: _____________________________________________

Site Supervisor Signature: ________________________________________________

University Supervisor Signature: ___________________________________________

Intern Log # ___________  Week of ____________ to ____________

Instructions: Use this page as the first page of the Weekly Activity Report; Send this report to your University Supervisor after reviewing with Site Supervisor. Keep a copy for your records.

Total Weekly Hours: ________  Cumulated Internship Hours: ________
STUDENT EVALUATION OF INTERNSHIP

Internship Student: ______________________________________ Date: __________

Internship Site: ______________________________________

Site Supervisor: __________________________________________

University Supervisor: ________________________________________________

Evaluation of Internship Site
Instructions: This report is to be completed by the Internship Student. Using the following scale, rate the site in terms of meeting your needs as an Internship Student.

<table>
<thead>
<tr>
<th></th>
<th>1 - Excellent</th>
<th>2 - More than adequate</th>
<th>3 - Adequate</th>
<th>4 - Fair</th>
<th>5 - Poor</th>
</tr>
</thead>
</table>

____ 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 experience in program administration, supervision, and leadership.

____ 3. Cooperation of site 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 one-on-one meetings with supervisors and on-going evaluation of your performance.

____ 8. Willingness to listen and to discuss suggestions or recommendations offered, and explanation given stating rationale for acceptance or rejection of recommendations.
APPENDIX D (cont’d)

Evaluation of Internship Site Supervisor

*Instructions:* Using the following scale, rate the Site Supervisor in terms of meeting your needs as an Internship Student.

1 - Excellent  
2 - Good  
3 - Average  
4 - Poor  
5 - Very Poor

Overall rating: __________________

1. Specific strengths noted:

2. Areas needing improvement:

3. Overall comments
Overall Evaluation of Internship Experience

Instructions: Please answer the following questions regarding your internship experience.

1. In light of your objectives, has this been a good learning experience for you? Have you been able to accomplish your objectives?

2. Describe your most valuable experiences during the internship. Describe the most disappointing aspects of the internship.

3. How would you rate this Internship placement overall? Why?

4. What changes would you recommend to make the internship placement more meaningful (please be specific).
APPENDIX E

DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES
UNIVERSITY OF SOUTHERN MAINE

INTERNERSHIP PORTFOLIO EVALUATION

Instructions: This form is to be completed by the University Supervisor and reviewed with the Internship Student. Utilize the rating scale below and provide additional comments as necessary.

Student’s Name: ___________________________ Date: ____________

Internship Site: ________________________________

University Supervisor: ________________________________

Portfolio Rating Scale

5 – Excellent: high quality, complete, well above expectations
4 – Good: good quality, complete, above expectations
3 – Average: satisfactory quality, complete, meets expectations
2 – Poor: low quality, incomplete, below expectations
1 – Very Poor: very low quality, very incomplete, well below expectations

Section 1: Portfolio Contents

_____ 1. Table of contents
_____ 2. Personal resume
_____ 3. General internship information
_____ 4. Internship site information
_____ 5. Daily log/personal journal
_____ 6. Weekly activity reports
_____ 7. Handouts/related literature
_____ 8. Evaluations
_____ 9. Graduation Survey

_____ Total Points

Comments:
Section 2: Portfolio Quality

_____ 1. Overall organization
_____ 2. Layout/visual appeal
_____ 3. Creativity/expressiveness
_____ 4. Spelling, punctuation, grammar
_____ 5. Neatness/orderliness

_____ Total Points

Comments:

Section 3: Summary Ratings

<table>
<thead>
<tr>
<th>Portfolio Contents</th>
<th>Portfolio Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Outstanding (40-45 points)</td>
<td>_____ Outstanding (23-25 points)</td>
</tr>
<tr>
<td>_____ Good (35-40 points)</td>
<td>_____ Good (20-22 points)</td>
</tr>
<tr>
<td>_____ Satisfactory (30-35 points)</td>
<td>_____ Satisfactory (17.5-19 points)</td>
</tr>
<tr>
<td>_____ Unsatisfactory (25-30 points)</td>
<td>_____ Unsatisfactory (15-17 points)</td>
</tr>
<tr>
<td>_____ Poor (less than 25 points)</td>
<td>_____ Poor (less than 15 points)</td>
</tr>
</tbody>
</table>

Section 4: Total Points (contents & quality): ____________

Grade: ____________

______________________________________________ Date
Internship Student Signature

______________________________________________ Date
University Supervisor Signature
APPENDIX F

DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES
UNIVERSITY OF SOUTHERN MAINE

MID-TERM AND FINAL EVALUATION

Instructions: This form is to be completed by the Site Supervisor. Utilizing the rating scale below, rate the Internship Student in each of the three areas that follow and forward this appraisal to the University Supervisor at mid-term and one week prior to the end of the Internship experience.

*CONFIDENTIAL INFORMATION

Student’s Name: _______________________________ Date: ____________
Internship Site: _________________________________________________________
College Supervisor: _____________________________________________________
Site Supervisor: _________________________________________________________

Evaluation Rating Scale:

(*) = Inadequate information or does not apply to job
(5) = Excellent: meets top expectations of criteria
(4) = Good: consistently better than satisfactory in criteria
(3) = Average: adequate, but no more than satisfactory
(2) = Below Average: not consistently satisfactory in criteria
(1) = Unsatisfactory: a completely unsatisfactory performance in criteria

*Place appropriate number in box

PART I: PERSONAL CHARACTERISTICS

Attendance and Punctuality
Dependable, reliable, punctual.
Comments:

( ___ )

Personal Appearance
Neat, clean and appropriately dressed for internship setting.
Comments:

( ___ )
Resourcefulness
Uses resources well, seeks information from variety of sources.
Comments:

Judgment and Problem Anticipation
Could handle emergency situations, makes common sense decisions, anticipates possible problems areas.
Comments:

Motivational Skills
Is enthusiastic, motivates others, can get the ball rolling.
Comments:

Acceptance of Responsibility
Willingness to readily assume responsibility when appropriate.
Comments:

Initiative, Creativity
Looks for additional work, avoids idleness, originates ideas, makes creative efforts.
Comments:

PART II: PROFESSIONAL RELATIONS

Public Relations Skills
Tactful, diplomatic, courteous behavior.
Comments:

Work Attitudes
Industrious, willing to assist others, does share of work.
Comments:

Rapport with Staff
Works harmoniously with others, cooperative, considerate.
Comments:
Relates to Program Participants
Able to get people involved; shows interest, respect, and concern for program participants.
Comments:

Adaptability
Can adjust plans and actions according to developing situations and changing moods of group.
Comments:

Takes Criticism Constructively
Willing to discuss and recognize weaknesses, works on areas needing improvement.
Comments:

PART III: PROFESSIONAL PROFICIENCIES

Written Communication, Reports
Conveys ideas clearly; does neat, grammatically correct, typographical error-free, organized, meets deadlines.
Comments:

Oral Communication
Expresses self well, makes points clear to public and others.
Comments:

Task Accomplishment
Completes tasks in quality and timely manner, pursues and follows tasks through to completion.
Comments:

Administrative and Management Ability
Exhibits adequate record-keeping skills.
Comments:

Participates adequately in marketing and sales aspects.
Comments:
Knowledge and Skills Performed

Knowledge in proper use of equipment, including safety aspects. (___)
Comments:

Knowledge and skills in conducting and interpreting assessment data. (___)
Comments:

Knowledge in exercise prescriptions for clientele. (___)
Comments:

Plans activities well in advance of the program. (___)
Comments:

Keeps facilities and equipment in good condition. (___)
Comments:

Is a team player, works well with his/her participants. (___)
Comments:

Professional Growth

Searches for more knowledge and experience; attends meetings; reads, discusses, inquires about the profession. (___)
Comments:
Considering the following criteria, in addition to any evaluative information particularly relative to your organization, what is your overall rating of this Internship Student’s performance. Please attach any additional evaluation forms. It is understood that each organization will weigh the criteria to its own particular situations.

**EVALUATION SCALE**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Excellent</td>
<td>“Outstanding” – indicates the very best performance you might reasonably hope for in an entry-level worker in the position concerned. Should be awarded to a “top flight” person, one whom you would hire unreservedly and with enthusiasm.</td>
<td>“A”</td>
</tr>
<tr>
<td>2. Above Average</td>
<td>“Above Average” – indicates a very high quality all-around performance on the part of the Internship Student. This is a person whom you would hire without reservations.</td>
<td>“B”</td>
</tr>
<tr>
<td>3. Average</td>
<td>“Average” – indicates a satisfactory performance that would be expected from any employee. Performance is adequate and no more. This is a person whom you would hire with some reservations.</td>
<td>“C”</td>
</tr>
<tr>
<td>4. Below Average</td>
<td>“Below Average” – indicates a below average all-around performance to date. Improvement expected with additional training/experience. This would be a person whom you would not consider for employment.</td>
<td>“D”</td>
</tr>
<tr>
<td>5. Unsatisfactory</td>
<td>“Unsatisfactory” – indicates all-around unsatisfactory performance. Shows that the Internship Student is not suited to the job or appears not to be capable of doing better. This would be a person whom you would definitely reject for employment.</td>
<td>“F”</td>
</tr>
</tbody>
</table>

Based on the Internship Student’s total performance, it is suggested that his/her grade be:

( ___ ) A ( ___ ) B ( ___ ) C ( ___ ) D ( ___ ) F

( ___ ) Incomplete (please state reason(s) why):

The potential of the Internship Student is that he/she (please check one):

( ___ ) Displays great potential
( ___ ) Displays very promising potential
( ___ ) Displays possible potential
( ___ ) Displays little potential
( ___ ) Displays definitely no potential
Please comment to support your total appraisal:

Signed ________________________________________________  Date: _________
  Site Supervisor

Signed ________________________________________________  Date: _________
  University Supervisor

Signed ________________________________________________  Date: _________
  Internship Student
Your final internship grade is based on the following:

40% Site supervisor final evaluation grade (Appendix F)

30% University supervisor grade of portfolio (Appendix E)

30% University supervisor grade of intern responsibilities:

1) Timely submission of written responsibilities:
   - weekly schedule
   - weekly activity reports
   - daily log/personal journal
   - mid-term and final evaluations from site supervisor
   - student mid-term and final evaluations of internship
   - portfolio
   - graduation survey

2) Maintaining communication among site supervisor, university supervisor and intern
APPENDIX H

DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES
UNIVERSITY OF SOUTHERN MAINE

INJURY, BLOOD AND OTHER BODY FLUIDS EXPOSURE POLICIES AND PROCEDURES

During internship assignments, a student may be exposed in situations of inherent injury, blood and body fluid exposure. There are standard operating procedures, definitions of accident and exposure, and incident reports that a student and site supervisor should follow if such an accident occurs.

INJURY, BLOOD AND OTHER BODILY FLUIDS

1. Universal Blood and Body Fluid Precautions as set forth by the Centers for Disease Control are to be adhered to in all clinical courses.

2. If a student is exposed to blood or other bodily fluids through a needle stick, cut, splash to the eyes or mouth or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood, and/or if a student sustains a bodily injury, the following actions are to be taken:

   1. In the case of blood or other bodily fluid, the student should immediately clean the site (e.g., wash injured skin – needle stick or cut with soap and water; flush splashes to the nose, mouth, or skin with water; irrigating eyes with clean water, saline or sterile irrigant).

   2. In the case of blood or other bodily fluid, the student and his/her site supervisor should contact the source person (per agency policy), if known, to determine his/her willingness to release medical information and/or undergo applicable testing (e.g., hepatitis B, hepatitis C, HIV antibodies). If the source person is willing to do either or both of the above the student should write down the person’s name, phone number, and health care provider’s name. The student should notify his/her health care provider that he/she has source person contact information. The student’s health care provider may elect to follow-up with the source person and/or his/her health care provider. If the source person can be accessed at a later time the student should go immediately for initial testing, counseling around treatment, and treatment (see step 3).

   3. In the case of blood or other bodily fluid, initial testing, counseling around treatment, and treatment may be available at the clinical agency, if applicable. If initial testing, counseling around treatment, and treatment are not available at the clinical agency the student should go immediately to an emergency room. The student should not delay getting initial testing, counseling around treatment, and treatment.

   4. After initial testing, counseling around treatment, and treatment in cases of blood or other bodily fluid, and in cases of bodily injury, the university supervisor works with the student to complete the UMS Incident Report Form and any additional required forms for the clinical agency, if applicable.

A copy of the incident report form must be sent to:

Robert S. Smith, Director Administrative Services
University of Southern Maine
PO Box 9300
Portland, ME 04104-9300

5. The university supervisor notifies the Department chair and clinical agency, if applicable, and follows their policies/procedures.

6. After the initial testing, counseling around treatment in the case of blood and bodily fluids, and in cases of bodily injury, the student can elect to follow-up with a health care provider of their choice.
7. In cases of blood and bodily fluid, the university supervisor provides student with CDC hotline (1-800-232-4636) or http://www.cdc.gov/netinfo.htm for the most up-to-date information on testing and follow-up. The university supervisor should strongly encourage the student to call the hotline. Additional resources are identified in note 7 below. The university supervisor and the USM Director of Environmental Health and Safety will treat student exposure with utmost confidentiality.

Notes:

1. Student and/or his/her health care insurer (as allowed for under benefit package) are responsible for costs associated with testing, treatment and follow-up.

2. USM University Health Services is not able to do testing and follow-up at this time.

3. The USM form is forwarded to the Director of Environmental Health and Safety solely for USM tracking purposes.

4. If unable to reach the university supervisor, notify the Chair of the Department of Exercise, Health and Sport Sciences.

5. If the student is covered by USM’s student health insurer, he/she must contact USM University Health Services Director for an automatic referral.

6. The University’s health insurance policy regarding confidentiality may be found both in the Claims Appeal Process section of the student brochure or at www.crossagency.com Medical information is not released to any entity other than the one involved in the process of adjudicating a specific claim. State law prevents any health insurance carrier from discriminating in the acceptance of an applicant if they have been previously insured elsewhere.

7. Hepatitis B virus and hepatitis C virus: 1-888-443-7232 or visit CDC hepatitis website www.cdc.gov/ncidod/diseases/hepatitis/index.htm The HIV/AIDS Treatment Information Service (1-800-448-0440) can be contacted for information on the clinical treatment of HIV/AIDS. For free copies of printed material on HIV infection and AIDS, please call or write the CDC National Prevention Information Network, PO Box 6003, Rockville, MD 20849-6003, 1-800-458-5231 www.cdcnpin.org Additional information about occupational exposures to bloodborne pathogens is available on the CDC’s National Institute of Occupational Safety and Health’s web site at http://www.cdc.gov/hai/ or call 1-800-232-4636. The National Clinicians Post Exposure Prophylaxis Hotline (PEPline) is 1-888-448-4911.
APPENDIX I

UNIVERSITY OF SOUTHERN MAINE
ATHLETIC TRAINING EDUCATION PROGRAM
GRADUATION SURVEY

DEMOGRAPHIC INFORMATION

Gender (circle)  M  F  Year graduating from USM:

Approximate number of clinical hours completed to date (please circle)

600  700  800  900  1000

BOC CERTIFICATION INFORMATION  Comments to Support Choice(s)

Anticipated date for challenging the BOC certification examination: _______________

BOC certification exam portion you feel most prepared (circle)

1. Injury/Illness Prevention and Wellness Protection
2. Clinical Evaluation and Diagnosis
3. Immediate and Emergency Care
4. Treatment and Rehabilitation
5. Organization & Professional Health and Well-being

BOC certification exam portion you feel least prepared (circle)

1. Injury/Illness Prevention and Wellness Protection
2. Clinical Evaluation and Diagnosis
3. Immediate and Emergency Care
4. Treatment and Rehabilitation
5. Organization & Professional Health and Well-being

POST UNDERGRADUATE EDUCATION (answer if applicable)

College/University Accepted to: ____________________________________________
Anticipated area of study (eg ex phys, kinesiology, etc) ______________________
Anticipated Degree (eg MS, MEd, MPT): ____________________________________
Date of Anticipated Graduation: _________________________________________

DESired FUTURE FULL OR PART-TIME EMPLOYMENT IN ATHLETIC TRAINING

Desired Work Setting(s)( high school, clinic, etc) ____________________________

USM UNDERGRADUATE ATHLETIC TRAINING EDUCATIONAL EXPERIENCE EVALUATION

Please use the following rating scale when evaluating the Athletic Training Education Program at the University of Southern Maine.

RATING SCALE

5 = Superior  4 = Above Average  3 = Average  2 = Below Average  1 = Poor
OVERALL EVALUATION
Please evaluate your overall impression of the Athletic Training Education Program with regard to the following:

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATHLETIC TRAINING DIDACTIC KNOWLEDGE</td>
<td></td>
</tr>
<tr>
<td>ATHLETIC TRAINING CLINICAL EXPERIENCE</td>
<td></td>
</tr>
<tr>
<td>OVERALL RATING OF PROGRAM</td>
<td></td>
</tr>
</tbody>
</table>

DOMAINS OF ATHLETIC TRAINING
Please evaluate your overall impression of the Athletic Training Education Program with regard to the Domains of Athletic Training as defined by the NATA.

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>INJURY/ILLNESS PREVENTION and WELLNESS PROTECTION</td>
<td></td>
</tr>
<tr>
<td>CLINICAL EVALUATION and DIAGNOSIS</td>
<td></td>
</tr>
<tr>
<td>IMMEDIATE and EMERGENCY CARE</td>
<td></td>
</tr>
<tr>
<td>TREATMENT and REHABILITATION</td>
<td></td>
</tr>
<tr>
<td>ORGANIZATION and PROFESSIONAL HEALTH AND WELL-BEING</td>
<td></td>
</tr>
</tbody>
</table>

SPECIFIC COURSE CONTENT RELATED TO ATHLETIC TRAINING
According to athletic training accreditation standards, students must receive formal instruction in the following subject matter areas. Please evaluate how well the Athletic Training Education Program prepared you in each of these areas.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPM 100</td>
<td>Introduction to Sports Medicine</td>
<td></td>
</tr>
<tr>
<td>SPM 210</td>
<td>Athletic Training Principles I</td>
<td></td>
</tr>
<tr>
<td>SPM 211</td>
<td>Protective Taping &amp; Wrapping</td>
<td></td>
</tr>
<tr>
<td>SPM 230</td>
<td>Psychology of Physical Activity &amp; Sport</td>
<td></td>
</tr>
<tr>
<td>SPM 265</td>
<td>Therapeutic Modalities</td>
<td></td>
</tr>
<tr>
<td>SPM 270</td>
<td>Athletic Training Clinic I</td>
<td></td>
</tr>
<tr>
<td>SPM 310</td>
<td>Athletic Training Principles II</td>
<td></td>
</tr>
<tr>
<td>SPM 325</td>
<td>Methods of Resistance, Training &amp; Conditioning</td>
<td></td>
</tr>
<tr>
<td>SPM 330</td>
<td>Physiology of Exercise</td>
<td></td>
</tr>
<tr>
<td>SPM 340</td>
<td>Therapeutic Exercise</td>
<td></td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>SPM 370</td>
<td>Athletic Training Clinic II</td>
<td></td>
</tr>
<tr>
<td>SPM 371</td>
<td>Athletic Training Clinic III</td>
<td></td>
</tr>
<tr>
<td>SPM 381</td>
<td>Kinesiology</td>
<td></td>
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<tr>
<td>SPM 470</td>
<td>Athletic Training Clinic IV</td>
<td></td>
</tr>
<tr>
<td>SPM 480</td>
<td>Organization &amp; Administration of Athletic Training</td>
<td></td>
</tr>
<tr>
<td>SPM 495</td>
<td>Clinical Internship</td>
<td></td>
</tr>
<tr>
<td>CON 216</td>
<td>Emergency Response</td>
<td></td>
</tr>
<tr>
<td>CON 219</td>
<td>Lifetime Fitness &amp; Wellness</td>
<td></td>
</tr>
<tr>
<td>CON 252</td>
<td>Human Nutrition</td>
<td></td>
</tr>
<tr>
<td>CON 321</td>
<td>Health Related Research</td>
<td></td>
</tr>
<tr>
<td>CON 352</td>
<td>Nutrition for Physical Performance</td>
<td></td>
</tr>
<tr>
<td>NUR 209</td>
<td>Health Assessment</td>
<td></td>
</tr>
<tr>
<td>NUR 210</td>
<td>Health Assessment Practicum</td>
<td></td>
</tr>
<tr>
<td>PHY 101/102</td>
<td>or PHY 111/112 Physics (Lecture and Lab)</td>
<td></td>
</tr>
<tr>
<td>CHY 107</td>
<td>or CHY 113 Chemistry</td>
<td></td>
</tr>
<tr>
<td>BIO 111/112</td>
<td>Anatomy and Physiology I (Lecture and Lab)</td>
<td></td>
</tr>
<tr>
<td>BIO 211/212</td>
<td>Anatomy and Physiology II (Lecture and Lab)</td>
<td></td>
</tr>
</tbody>
</table>
Please respond to each of the following aspects of the Athletic Training Education Program with respect to strengths and areas which need improvement.

Please use additional sheets of paper if necessary.

Clinical Preparation: (USM Athletic Training Room & Lab, Off Campus Clinical Sites)

(Areas of strength) __________________________________________________
____________________________________________________________________
____________________________________________________________________

(Areas needing improvement) __________________________________________
____________________________________________________________________
____________________________________________________________________

Academic Preparation:

(Areas of strength) __________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

(Areas needing improvement) __________________________________________
____________________________________________________________________
____________________________________________________________________

Instructors:

(Areas of strength) __________________________________________________
____________________________________________________________________
____________________________________________________________________

(Areas needing improvement) __________________________________________
____________________________________________________________________
____________________________________________________________________
Facilities/Equipment:

(Areas of strength) ________________________________________________

____________________________________________________________________

____________________________________________________________________

(Areas needing improvement) __________________________________________

____________________________________________________________________

____________________________________________________________________

ALUMNI ACTIVITIES

Are you interested in helping to form a USM Athletic Training Alumni Association? This association would take on the responsibilities of keeping the alumni up to date on USM Athletic Training and University alumni activities and meeting socially at events, such as at the NATA national meeting, on an annual or semi-annual basis.

Yes ______ No ______

If you are not interested in forming a USM Athletic Training Alumni Association, would you be interested in being a member?

Yes ______ No ______

Can we include you in a listing of all of the graduates of this curriculum? This means we have your permission to print your name, home address, home phone, work address, work phone, fax, e-mail address and present position with the approval to mail this information to your fellow alumni?

Yes ______ No ______

If you answered no to the above, please circle all information which you do not want to share with your fellow alum: name, home address, home phone, work address, work phone, fax, e-mail address, present position.

Thank you for taking the time to complete this survey. In order to assure your responses are properly interpreted, please be sure to schedule an exit interview with the Program Director of Athletic Training prior to graduation.