HEALTH FITNESS INTERNSHIP MANUAL

October, 2011
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INTRODUCTION

Internship Overview
The ultimate goal of the health fitness internship is to provide a meaningful and successful learning experience for the student. It is the capstone experience of the health fitness curriculum. The purpose of the internship is to provide you the opportunity to apply the concepts and skills gained during your entire academic program to a "real world" health fitness setting. 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 health fitness arena.

The internship takes place in a health fitness setting of your choice and 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 knowledge and skills in health fitness. 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 or summer 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 roles, duties and responsibilities of professionals in the field.
9. To strengthen relations between the university and the host site.
INTERNERNSHIP PROCEDURES

Procedures
In order to ensure a smooth internship process, you should 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
   b) Completion of all Health Fitness required courses or concurrent (excluding university core courses and electives)
   c) Minimum cumulative GPA of 2.25

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 and Internship Site” section of this manual.

6. Complete the Application for Internship (Appendix A). Turn in application to your academic advisor.

7. If you are accepted by the site for placement, check with the University Supervisor to make sure that a Clinical Affiliation Agreement (unpaid internship) or a Cooperative Education Agreement (paid internship) has been completed for that site. If there is not a completed contract, send a copy 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 me with the experiences that will help me gain important knowledge and skills for the potential jobs that I am interested in?
2. Do I have the knowledge, skills, certifications and experience required to be accepted into the internship?
3. Will the site supervisor be a positive mentor to me? Will this person agree to do an in-depth evaluation and assist my progress?
4. Are there opportunities to gain certifications and/or learn new techniques while at the site?
5. Can the site give me an overall picture of the business, affording me opportunities to gain experience in all aspects of operation?
6. Can the site offer me 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>9</td>
<td>360</td>
<td>26</td>
</tr>
<tr>
<td>12</td>
<td>480</td>
<td>34</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 I 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 Notebook
2. Career Services
3. On-line resources
4. Telephone directories
5. National 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.

Professionalism
As a representative of the University and this department, it is 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. It is required that you also develop a project around one particular area of interest.

Minimum standards of specific responsibilities:
1. Assist and administer health screening and/or fitness evaluations.
2. Assist, develop, and conduct individual exercise programs.
3. Assist and educate participants in proper use of equipment: equipment orientations, floor work, personal training.
4. Assist, develop, and conduct group exercise programs.
5. Assist, develop, and conduct health promotion programs.
6. Enforce site rules and regulations to assure participant safety.
7. Keep records and files on program participants secured and confidential.
8. Supervise and interact with participants on a regular basis and assist them in making appropriate decisions in all aspects of health fitness.
9. Assist and conduct various administrative/management duties associated with fitness facility operations.
10. Develop and conduct one special project during the internship experience.
11. Share knowledge, skills and materials with your cooperating supervisor.

Time Requirement
The total required hours for the internship is 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>9</td>
<td>360</td>
<td>26</td>
</tr>
<tr>
<td>*12</td>
<td>480</td>
<td>34</td>
</tr>
</tbody>
</table>

A minimum of 9 credit hours is required for the internship. *For students desiring a full-time internship (12 credit hours), 3 additional elective credits may be used beyond the 9 credit hours.

** Note: Students may not log more than 45 internship hours in any one week.

Written Responsibilities

Weekly Schedule
You are to submit your weekly schedule (Appendix B) to your university supervisor at the beginning of the semester. 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 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.

Special Project
With assistance from your site supervisor, you will have the opportunity to develop a major project of your choice. The project should be something that you’re interested in that could also benefit the site. This project may take the form of developing a new exercise class, planning and conducting a health/wellness/fitness lecture, planning and conducting a health fair, or any other relevant undertaking. This project must be approved by the university supervisor.

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 (appendix B)
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 Sheets
VII. Intern’s Special Project
VIII. Handouts/Related Literature (if applicable)
IX. Evaluations (mid-term, final, project)
X. 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 student intern.

Professional Qualifications
- Hold an undergraduate or graduate degree in the field of health fitness or related field (certification in personal training and group exercise preferred)
- Have a minimum of 3 years supervisory experience in health fitness
- Have a minimum term of employment at current location: 1 year
- Possess the knowledge, experience, involvement with professional organizations and activities
- Possess the ability to communicate knowledge and experience
- Have an awareness of current research, knowledge and programs in health fitness

Personal Qualifications
- Strong desire to work with student interns
- Aware of the demanding nature of intern supervision
- Accept student intern as a co-worker
- Understand the concerns of “novice” 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 and states specific responsibilities and expectations
- Provides intern with long-term schedules of activities, copies of all written materials
- Plans program so that the intern gradually assumes greater responsibilities, from observing to assisting to performing or carrying out independent tasks and 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 Appendices E, G, H)
- Reviews mid- and final intern evaluation with student intern and university supervisor
- Contacts university supervisor should issues 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 1 time within 100 miles radius of 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 K) and appendix B to Exercise Science Program Director.
- Provide department core curriculum committee the completed student evaluation of 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 him or 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 (see Appendix H).
APPENDIX A

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

APPLICATION FOR HEALTH FITNESS INTERNSHIP

Instructions: Student is to complete sections A through F, then turn in application to your Academic Advisor. Academic Advisor is to complete section G and give to University Supervisor.

A. Background Information
Name: ___________________________ Student ID No.: _____________
Address: ___________________________________________________________________ Phone: ___________________
Current Cumulative GPA: ___________________ Semester of Internship: _______
Anticipated Date of Graduation: ___________ Anticipated Start Date: _______

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 a 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.
APPENDIX A (cont’d)

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></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>
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</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

INTERNSHIP 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>
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<tr>
<td>Wednesday</td>
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<td>Thursday</td>
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<td>Friday</td>
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<tr>
<td>Saturday</td>
<td></td>
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<tr>
<td>Sunday</td>
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</tbody>
</table>
APPENDIX C

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

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; attach copies of
fliers, news items, and other publications that you prepared or that relate
to your internship experience. Send this report to your University Supervisor after reviewing with Site Supervisor.
Keep a copy for your records. *Note*: this must be completed, signed, and sent each week.

<table>
<thead>
<tr>
<th>Area to Report</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitness Assessments</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Developing Individual Exercise Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Equipment Orientations</td>
<td></td>
<td></td>
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<tr>
<td>Floor Work</td>
<td></td>
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<tr>
<td>Personal Training</td>
<td></td>
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<tr>
<td>Taking/ Teaching Group Classes</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Activities</td>
<td></td>
<td></td>
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<tr>
<td>Maintenance Activities</td>
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</tr>
<tr>
<td>Conferences, Meetings, Training</td>
<td></td>
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<td></td>
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<tr>
<td>Planning</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
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<td></td>
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</tr>
</tbody>
</table>

**TOTAL HOURS**

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.

1 - Excellent
2 - More than adequate
3 - Adequate
4 - Fair
5 - Poor

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
APPENDIX D (cont’d)

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

EVALUATION OF INTERNSHIP PROJECT

Instructions: This form is to be completed by the Site Supervisor and reviewed with the Internship Student. Due to the potential diversity of internship projects, this form is general in nature. Please provide additional comments relating to project specifics. Rate each category according to the following scale:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>10</td>
</tr>
<tr>
<td>Excellent</td>
<td>9</td>
</tr>
<tr>
<td>Above Average</td>
<td>8</td>
</tr>
<tr>
<td>Average</td>
<td>7</td>
</tr>
<tr>
<td>Below Average</td>
<td>6</td>
</tr>
<tr>
<td>Poor</td>
<td>1-5</td>
</tr>
</tbody>
</table>

Title of Project: ______________________________________

____ Project was well planned and organized.
____ Sought help and information when necessary.
____ Carried out necessary research for the project.
____ Worked cooperatively with others as necessary.
____ Worked independently on the project.
____ Appropriate communication of final product.
____ Content and level selected was appropriate for the given population.
____ Original idea well carried out.
____ Created a product that is of value to the organization's program.
____ Professional presentation of final product.

____ TOTAL POINTS _______ GRADE

Comments:

Site Supervisor Signature: ____________________________ Date: __________

Internship Student Signature: __________________________ Date: __________
APPENDIX F

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 at the final internship meeting. 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. Intern’s special project
_____ 8. Handouts/related literature
_____ 9. Evaluations
_____ 10. Graduate 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 (45-50 points)</td>
<td>Outstanding (23-25 points)</td>
</tr>
<tr>
<td>Good (40-44 points)</td>
<td>Good (20-22 points)</td>
</tr>
<tr>
<td>Satisfactory (35-39 points)</td>
<td>Satisfactory (17.5-19 points)</td>
</tr>
<tr>
<td>Unsatisfactory (30-34 points)</td>
<td>Unsatisfactory (15-17 points)</td>
</tr>
<tr>
<td>Poor (less than 30 points)</td>
<td>Poor (less than 15 points)</td>
</tr>
</tbody>
</table>

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

Grade: ____________

Internship Student Signature _________________________ Date ____________

University Supervisor Signature _________________________ Date ____________
APPENDIX G

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 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. Record N/A in areas that are not applicable and adjust scoring appropriately.

*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
Readily assumes 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 work; 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
Overall knowledge and skill related to fitness program planning, implementation, evaluation Comments:

Knowledge in proper use of fitness equipment, including safety aspects. Comments:
Knowledge and skills in conducting and interpreting fitness 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

1. Excellent (Grade of “A”) “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.

2. Above Average (Grade of “B”) “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.

3. Average (Grade of “C”) “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.

4. Below Average (Grade of “D”) “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.

5. Unsatisfactory (Grade of “F”) “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.

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

( ___ ) 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
APPENDIX H

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

Internship Grading

Your final internship grade is based on the following:

40%  Site supervisor final evaluation grade (Appendix G)

10%  Site supervisor project grade (Appendix E)

25%  University supervisor grade of portfolio (Appendix F)

25%  University supervisor grade of intern responsibilities:

1) Timely submission of written responsibilities (p. 7-8)
   - weekly activity reports
   - mid-term and final evaluations from site supervisor
   - student final evaluations of internship
   - portfolio

2) Maintaining communication among site supervisor, university supervisor and intern
Appendix J

BLOOD AND OTHER BODY FLUIDS EXPOSURE

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. Exercise Science students are required to have the Hepatitis B vaccine series prior to entering the internship courses.
3. If a student is exposed to blood or other body 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 the following actions are to be taken:
   a. 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).
   b. 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.
   c. 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.
   d. After initial testing, counseling around treatment, and treatment in cases of blood or other bodily fluid, and in cases of bodily injury, the involved 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
e. The University Supervisor notifies the Exercise, Health, and Sport Sciences Department Chair and agency, if applicable, and follows their policies/procedures.

f. 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.

g. In cases of blood and bodily fluid, the involved 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 J

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

ACSM KSA Checklist

Instructions:
This form is to be completed by the Site Supervisor. Utilizing the table below, write your initials and record the date(s) when the Internship Student met the KSA (knowledge, skills, and abilities) requirement. Record N/A (for not applicable) in areas that don’t pertain to your site. Forward the checklist to the University Supervisor by the end of the Internship experience.

*CONFIDENTIAL INFORMATION

Student’s Name: __________________________ Date: __________

Internship Site: ______________________________________________________

College Supervisor: ___________________________________________________

Site Supervisor: ______________________________________________________

<table>
<thead>
<tr>
<th>KSA</th>
<th>Description</th>
<th>Initials/Date/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Health Appraisal, Fitness &amp; Clinical Exercise Testing</strong></td>
<td></td>
</tr>
<tr>
<td>1.3.8</td>
<td>Skill in accurately measuring heart rate, blood pressure, and obtaining rating of perceived exertion (RPE) at rest and during exercise according to established guidelines.</td>
<td></td>
</tr>
<tr>
<td>1.3.9</td>
<td>Skill in measuring skinfold sites, skeletal diameters, and girth measurements used for estimating body composition.</td>
<td></td>
</tr>
<tr>
<td>1.3.11</td>
<td>Ability to locate the brachial artery and correctly place the cuff and stethoscope in position for blood pressure measurement.</td>
<td></td>
</tr>
<tr>
<td>1.3.12</td>
<td>Ability to locate common sites for measurement of skinfold thicknesses and circumferences (for determination of body composition and waist-hip ratio).</td>
<td></td>
</tr>
<tr>
<td>1.3.13</td>
<td>Ability to obtain a health history and risk appraisal that includes past and current medical history, family history of cardiac disease, orthopedic limitations, prescribed medications, activity patterns, nutritional habits, stress and anxiety levels, and smoking and alcohol use.</td>
<td></td>
</tr>
<tr>
<td>1.3.14</td>
<td>Ability to obtain informed consent.</td>
<td></td>
</tr>
<tr>
<td>KSA</td>
<td>Description</td>
<td>Initials/Date/Notes</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>1.3.15</td>
<td>Ability to explain the purpose and procedures for monitoring clients prior to, during, and after cardiorespiratory fitness testing.</td>
<td></td>
</tr>
<tr>
<td>1.3.16</td>
<td>Ability to instruct participants in the use of equipment and test procedures.</td>
<td></td>
</tr>
<tr>
<td>1.3.18</td>
<td>Ability to describe the purpose of testing, determine appropriate protocols, and perform assessments of muscular strength, muscular endurance, and flexibility.</td>
<td></td>
</tr>
<tr>
<td>1.3.19</td>
<td>Ability to perform various techniques of assessing body composition, including the use of skinfold calipers.</td>
<td></td>
</tr>
<tr>
<td>1.3.20</td>
<td>Ability to analyze and interpret information obtained from the cardiorespiratory fitness test and the muscular strength and endurance, flexibility, and body composition assessments for apparently healthy individuals and those with stable disease.</td>
<td></td>
</tr>
<tr>
<td>1.3.21</td>
<td>Ability to identify appropriate criteria for terminating a fitness evaluation and demonstrate proper procedures to be followed after discontinuing such a test.</td>
<td></td>
</tr>
<tr>
<td>1.3.22</td>
<td>Ability to modify protocols and procedures for cardiorespiratory fitness tests in children, adolescents, and older adults.</td>
<td></td>
</tr>
<tr>
<td>1.3.23</td>
<td>Ability to identify individuals for whom physician supervision is recommended during maximal and submaximal exercise testing.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Exercise Prescription &amp; Programming</strong></td>
<td></td>
</tr>
<tr>
<td>1.7.24</td>
<td>Skill in the use of various methods for establishing and monitoring levels of exercise intensity, including heart rate, RPE, and METs.</td>
<td></td>
</tr>
<tr>
<td>1.7.25</td>
<td>Ability to identify and apply methods used to monitor exercise intensity, including heart rate and rating of perceived exertion.</td>
<td></td>
</tr>
<tr>
<td>1.7.26</td>
<td>Ability to describe modifications in exercise prescriptions for individuals with functional disabilities and musculoskeletal injuries.</td>
<td></td>
</tr>
<tr>
<td>1.7.27</td>
<td>Ability to differentiate between the amount of physical activity required for health benefits and the amount of exercise required for fitness development.</td>
<td></td>
</tr>
<tr>
<td>KSA</td>
<td>Description</td>
<td>Initials/Date/Notes</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>1.7.28</td>
<td>Ability to determine training heart rates using two methods: percent of age-predicted maximum heart rate and heart rate reserve (Karvonen).</td>
<td></td>
</tr>
<tr>
<td>1.7.29</td>
<td>Ability to identify proper and improper technique in the use of resistive equipment such as stability balls, weights, bands, resistance bars, and water exercise equipment.</td>
<td></td>
</tr>
<tr>
<td>1.7.30</td>
<td>Ability to identify proper and improper technique in the use of cardiovascular conditioning equipment (e.g., stairclimbers, stationary cycles, treadmills, elliptical trainers).</td>
<td></td>
</tr>
<tr>
<td>1.7.31</td>
<td>Ability to teach a progression of exercises for all major muscle groups to improve muscular strength and endurance.</td>
<td></td>
</tr>
<tr>
<td>1.7.32</td>
<td>Ability to communicate effectively with exercise participants.</td>
<td></td>
</tr>
<tr>
<td>1.7.33</td>
<td>Ability to design, implement and evaluate individualized and group exercise programs based on health history and physical fitness assessments.</td>
<td></td>
</tr>
<tr>
<td>1.7.34</td>
<td>Ability to modify exercises based on age and physical condition.</td>
<td></td>
</tr>
<tr>
<td>1.7.40</td>
<td>Ability to explain and implement exercise prescription guidelines for apparently healthy clients, increased risk clients, and clients with controlled disease.</td>
<td></td>
</tr>
<tr>
<td>1.7.41</td>
<td>Ability to adapt frequency, intensity, duration, mode, progression, level of supervision, and monitoring techniques in exercise programs for patients with controlled chronic disease (e.g., heart disease, diabetes mellitus, obesity, hypertension), musculoskeletal problems, pregnancy and/or postpartum, and exercise-induced asthma.</td>
<td></td>
</tr>
<tr>
<td>1.7.42</td>
<td>Ability to design resistive exercise programs to increase or maintain muscular strength and/or endurance.</td>
<td></td>
</tr>
<tr>
<td>1.7.43</td>
<td>Ability to evaluate flexibility and prescribe appropriate flexibility exercises for all major muscle groups.</td>
<td></td>
</tr>
<tr>
<td>1.7.44</td>
<td>Ability to design training programs using interval, continuous, and circuit training programs.</td>
<td></td>
</tr>
<tr>
<td>1.7.45</td>
<td>Ability to describe the advantages and disadvantages of various commercial exercise equipment in developing cardiorespiratory fitness, muscular strength, and muscular endurance.</td>
<td></td>
</tr>
<tr>
<td>KSA</td>
<td>Description</td>
<td>Initials/Date/Notes</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>1.7.46</td>
<td>Ability to modify exercise programs based on age, physical condition, and current health status.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Safety, Injury Prevention &amp; Emergency Procedures</strong></td>
<td></td>
</tr>
<tr>
<td>1.10.15</td>
<td>Skill to demonstrate exercises used for people with low back pain.</td>
<td></td>
</tr>
<tr>
<td>1.10.16</td>
<td>Skill in demonstrating appropriate emergency procedures during exercise testing and/or training.</td>
<td></td>
</tr>
<tr>
<td>1.10.17</td>
<td>Ability to identify the components that contribute to the maintenance of a safe environment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Program Administration, Quality Assurance &amp; Outcome Assessment</strong></td>
<td></td>
</tr>
<tr>
<td>1.11.1</td>
<td>Knowledge of the health/fitness instructor’s role in administration and program management within a health/fitness facility.</td>
<td></td>
</tr>
<tr>
<td>1.11.2</td>
<td>Knowledge of and the ability to use the documentation required when a client shows signs or symptoms during an exercise session and should be referred to a physician.</td>
<td></td>
</tr>
<tr>
<td>1.11.3</td>
<td>Knowledge of how to manage of a fitness department (e.g., working within a budget, training exercise leaders, scheduling, running staff meetings).</td>
<td></td>
</tr>
<tr>
<td>1.11.4</td>
<td>Knowledge of the importance of tracking and evaluating member retention.</td>
<td></td>
</tr>
<tr>
<td>1.11.6</td>
<td>Ability to administer fitness-related programs within established budgetary guidelines.</td>
<td></td>
</tr>
<tr>
<td>1.11.7</td>
<td>Ability to develop marketing materials for the purpose of promoting fitness-related programs.</td>
<td></td>
</tr>
<tr>
<td>1.11.8</td>
<td>Ability to create and maintain records pertaining to participant exercise adherence, retention, and goal setting.</td>
<td></td>
</tr>
<tr>
<td>1.11.9</td>
<td>Ability to develop and administer educational programs (e.g., lectures, workshops) and educational materials.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX K
UNIVERSITY OF SOUTHERN MAINE
HEALTH FITNESS PROGRAM
GRADUATION SURVEY

DEMOGRAPHIC INFORMATION
Name (optional): ______________________________________________________________
Gender (circle): M  F  Year graduating from USM: ____________________________

Years enrolled in Health Fitness Curriculum (please circle): 1 2 3 4

FITNESS INSTRUCTOR CERTIFICATION INFORMATION
Current certification: ____________
Current date of certification: ____________
Anticipated future certifications: ____________

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: ________________________________

USM UNDERGRADUATE HEALTH FITNESS EDUCATIONAL EXPERIENCE EVALUATION
Please use the following rating scale when evaluating the Health Fitness Major 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 Health Fitness Major with regard to the following:

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH FITNESS DIDACTIC (Classroom) KNOWLEDGE</td>
<td></td>
</tr>
<tr>
<td>HEALTH FITNESS CLINICAL EXPERIENCE</td>
<td></td>
</tr>
<tr>
<td>OVERALL RATING OF PROGRAM</td>
<td></td>
</tr>
</tbody>
</table>
### SPECIFIC COURSE CONTENT RELATED TO HEALTH FITNESS

Please evaluate how well the Health Fitness Major prepared you in each of these areas.

<table>
<thead>
<tr>
<th>EHSS CORE CONTENT</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemistry for the Health Sciences</td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology I</td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology II</td>
<td></td>
</tr>
<tr>
<td>Human Nutrition</td>
<td></td>
</tr>
<tr>
<td>Emergency Response</td>
<td></td>
</tr>
<tr>
<td>Lifetime Physical Fitness &amp; Wellness</td>
<td></td>
</tr>
<tr>
<td>Introduction to Sports Medicine</td>
<td></td>
</tr>
<tr>
<td>Nutrition for Physical Performance</td>
<td></td>
</tr>
<tr>
<td>Physiology of Exercise</td>
<td></td>
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<tr>
<td>Kinesiology</td>
<td></td>
</tr>
<tr>
<td>Exercise Testing, Assessment &amp; Prescription</td>
<td></td>
</tr>
<tr>
<td>Physics</td>
<td></td>
</tr>
<tr>
<td>Statistics</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>HEALTH FITNESS MAJOR CONTENT</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Business</td>
<td></td>
</tr>
<tr>
<td>Psychology of Physical Activity &amp; Sport</td>
<td></td>
</tr>
<tr>
<td>Introduction to Personal Training</td>
<td></td>
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<tr>
<td>Group Exercise Instruction</td>
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<tr>
<td>Methods of Resistance Training &amp; Conditioning</td>
<td></td>
</tr>
<tr>
<td>Health Promotion Programs</td>
<td></td>
</tr>
<tr>
<td>Health Fitness Practicum I (Personal Training)</td>
<td></td>
</tr>
<tr>
<td>Health Fitness Practicum II (Group Exercise)</td>
<td></td>
</tr>
<tr>
<td>Exercise for Special Populations</td>
<td></td>
</tr>
<tr>
<td>Fitness Facility Management</td>
<td></td>
</tr>
<tr>
<td>Clinical Internship</td>
<td></td>
</tr>
<tr>
<td>Electives</td>
<td></td>
</tr>
</tbody>
</table>
HEALTH FITNESS COMPETENCIES
Please evaluate your overall impression of the Health Fitness Major with regard to the Competencies as defined by the ACSM.

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and Biomechanics</td>
<td></td>
</tr>
<tr>
<td>Exercise Physiology</td>
<td></td>
</tr>
<tr>
<td>Human Development &amp; Aging</td>
<td></td>
</tr>
<tr>
<td>Pathophysiology/Risk Factors</td>
<td></td>
</tr>
<tr>
<td>Health Appraisal &amp; Fitness Testing</td>
<td></td>
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<td>Safety, Injury Prevention &amp; Emergency Care</td>
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<tr>
<td>Exercise Programming</td>
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<tr>
<td>Nutrition &amp; Weight Management</td>
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<tr>
<td>Human Behavior &amp; Psychology</td>
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<tr>
<td>Program and Administration/Management</td>
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Please respond to each of the following aspects of the Health Fitness Major with respect to strengths and areas which need improvement.

**Academic Preparation:**
(Areas of strength) __________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
(Areas needing improvement) __________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**Clinical Preparation:** (USM Fitness Center Practicum, Off Campus Clinical Internship Sites)
(Areas of strength) __________________________________________________
______________________________________________________________________
______________________________________________________________________
(Areas needing improvement) ____________________________

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______________________________________________________________________

______________________________________________________________________

Instructors:

(Areas of strength) ____________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

(Areas needing improvement) ____________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Facilities/Equipment:

(Areas of strength) ____________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

(Areas needing improvement) ____________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

ALUMNI ACTIVITIES

Would you be interested in forming (or help to form) a USM Health Fitness Alumni Club? This club would take on the responsibilities of keeping the alumni up to date on USM Health Fitness and University alumni activities and meeting socially at events, such as at the ACSM national meeting each year.

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 you 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 _______