FIELD EXPERIENCE MANUAL/GUIDE
HLTH 460
Field Experience in Health Education
(6.0 hours credit)
SUMMER Semester
INTRODUCTION
This course allows Health Science majors to experience hands-on training in an organizational setting, under the supervision of highly qualified professionals in their chosen field of study. All Health Science majors {Community/Public/Worksite/Health Administration patterns} are required to complete the Field Experience as an undergraduate at an off-campus agency/organization. Students usually complete the internship during the summer between their junior and senior year. The field experience requires a minimum of 320 clock hours of full-time experience with one health-related agency.

SYLLABUS: HLTH 460, Field Experience in Health Education

HLTH 460, Field Experience in Health Education (6 credit hours); Department of Health and Exercise Sciences; Truman State University; Summer Session

Instructors: HES Staff; Offices: in the Pershing Bldg.; e-mail: staff ; HES Telephone: 785-4456, Fax 785-7492; Office Hours: Arranged

Course description: The field experience is designed for Health Science majors to apply the responsibilities and competencies of the entry-level health educator in an off-campus health education internship setting for a minimum of 320 hours.

Prerequisite: HLTH 366

Eligibility Requirements: 60 credit hours, mandatory attendance at spring informational session, junior or senior status, consent of his/her academic advisor and HES Department Head, minimum 2.0 cumulative GPA, and minimum 2.5 major GPA.

Prior to the Field Experience: the student must have declared a HS pattern, as well as completed and submitted the Field Experience Checklist.

Field Experience placement: Using HS academic advisor guidance, the student should secure an appropriate placement in a community/public/worksite health or health administration setting during the semester prior to this course.

Required Field Experience Manual: This manual and accompanying resources are located on the HES website at <http://hes.truman.edu/HSfieldexp.shtml>.

Course Objectives: Upon successful completion of this course, students will:

1. Log a minimum of 320 hours in an off-campus health education internship setting
2. Using the seven CHES responsibilities and competencies, produce/create an artifact as evidence of at least one sub-competency in each of the following categories:
   a. assess individual and community needs for health education
   b. plan health education strategies, interventions, and programs
   c. implement health education strategies, interventions, and programs
   d. conduct evaluation and research related to health education
   e. administer health education strategies, interventions, and programs
   f. serve as a health education resource person
   g. communicate and advocate for health and health education
3. Self-critique progress in competence of all 7 areas of responsibility during the field experience: Pre, Mid, Post
4. Create a Personal Plan for Professional Growth as a CHES; Develop a Professional Portfolio: Resume, Mock Interview, Job Search
5. Be evaluated by agency supervisor at midterm of field experience
6. Be evaluated by agency supervisor at completion of field experience
7. Evaluate the agency/field experience

CHES Areas of Responsibility Covered: I, II, III, IV, V, VI, VII

Outline of Content: see also Blackboard site for more information

1. Hours Log: weekly electronic submission/updates of field experience hours until a minimum of 320 hours are met.
   a. Deadline: Hours worked must be submitted electronically at end of log period.
2. Artifact Evidence of CHES responsibilities and competencies: electronic submission of items that prove/demonstrate/illustrate at least one sub-competency in each category.
   a. Deadline: artifacts and explanations are due as soon as the artifact is created or produced
3. Self-Critiques: Field Experience Self-Evaluations; Pre, Mid, and Post field experience. Deadline:
   a. 0-40 hours- Pre
Grading: Grades for the course will be based on a percentage of total points earned during the field experience. All-or-Nothing grading! 90%+ = A; 80-89.9% = B; 70-79.9% = C; 60-69.9% = D; <59.9% or below = F

General Information:

1. Treat the Field Experience as you would a full-time, professional position.
2. The Field Experience is completed when 320 contact hours and satisfactory completion all assignments are met.
3. All forms and assignments required in the field experience should be returned to: HLTH 460 Field Experience, Truman State University, Health and Exercise Sciences Pershing Building 212, 100 E. Normal, Kirksville, MO 63501; (660) 785-4456 (660); 785-7492 Fax ; e-mail: cheers@truman.edu
4. University Disability Accommodation Policy: If you have a disability for which you are or may be requesting an accommodation, you are encouraged to contact both your instructor and the Disability Services office (x4478) as soon as possible. Alternative classroom and testing methods can be provided based on your specific need.
5. Academic Dishonesty Policy (for more information go to http://conduct.truman.edu): Students have a right to be evaluated fairly and to have others accept their work without question. They have the corresponding responsibility to be honest in their own conduct and to insist that other students act honestly. Truman students are responsible for reading and agreeing to the Student Conduct Code when enrolled in classes. Cheating, plagiarism, sabotage, fabrication, and facilitating academic dishonesty are acts of academic dishonesty and are fundamentally dishonorable. These acts are all in violation of the Student Conduct Code. Cheating is using or attempting to use unauthorized materials, information or study aids in any academic exercise. Cheating also occurs if a student submits work actually done by another person or group. Fabrication is unauthorized falsification or invention of any information or citation in an academic exercise. Facilitating academic dishonesty is assisting or attempting to assist another to commit an act of academic dishonesty, whether or not that action is associated with any particular course. Plagiarism is the written or oral use of another person's words or ideas without appropriate citation or credit being given. Sabotage is the unauthorized interference with, modification of, or destruction of the work or intellectual property or another member of the university community. Course exams and quizzes are university property and removal of these items, or taking photo/phone images of exams and quizzes is theft of university property as well as facilitating academic dishonesty. Any student found cheating on an exam, unauthorized removal, or taking photo images of an exam will be immediately removed from the classroom. Any these behaviors will result in a final course grade of F for the student(s) involved. In addition, a report of these violations of the Student Conduct Code will be made to the Office of Citizenship and Community Standards and the Dean of Student Affairs.
6. Assistance with Writing: The Truman State University Writing Center serves writers by appointment or during walk-in hours without an appointment. Most conferences take about 30 minutes; writers should bring ideas or a typed copy of a draft (or a draft on disk or CD), and guidelines for the writing assignment. Written drafts longer than 7 pages should be submitted at least 24 hours—and those over 14 pages at least 48 hours—in advance of a scheduled conference. A consultant will discuss any issues that concern the writer, including content, organization, style, word choice, grammar, mechanics, and formatting. Although writing consultants will not formally edit or proofread a piece of writing, they will assist the writer in acquiring or improving these techniques. For more information about the Center and its services, visit The Writing Center on the third floor of McClain Hall, call 785-4484, or check writingcenter.truman.edu.
7. University Non-Discrimination Statement and Policy: It is the policy of this university to observe and comply fully with federal and state laws prohibiting discrimination on the basis of race, color, religion, national origin, ancestry, sex, age, or handicap in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning the University's compliance with the regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, or Section 504 of the Rehabilitation Act of 1973, is directed to contact Sally Detweiler, at 202 McClain Hall on the University campus (telephone: 660-785-4121).
8. University Disability Accommodation Policy: If you have a disability for which you are or may be requesting an accommodation, you are encouraged to contact both your instructor and the Disability Services office (x4478) as soon as possible. Alternative classroom and testing methods can be provided based on your specific need.
9. Dropping a Class: If you stop attending this class, but do not follow proper procedure for dropping the class, you will receive a failing grade and will also be financially obligated. For further information, go to www.registrar.truman.edu.
ELIGIBILITY REQUIREMENTS

In order to be eligible for the field experience, the following must occur:

• Attend spring mandatory meeting prior to summer enrollment
• Junior or Senior status (minimum 60 hours completed)
• Consent of Advisor and Department Chair
• HLTH 366 is a prerequisite for Field Experience
• Major GPA 2.5 or above
• Cumulative GPA 2.0 or above
• Declare pattern at least one semester prior to enrollment, and successfully complete any courses that fulfill pattern course prerequisites

Enrollment prerequisites; placement procedures; student, supervisor, and agency responsibilities; student and agency evaluation reports are listed in this Field Experience Manual for your perusal. This manual and accompanying resources are located on the HES website at http://hes.truman.edu/fieldexp.asp.

All forms and assignments required in the field experience should be returned to:

HLTH 460 Field Experience
Truman State University
Department of Health and Exercise Sciences
Pershing Building 334
100 E. Normal
Kirksville, MO 63501
cheers@truman.edu
(660) 785-4456
(660) 785-7492 Fax
RESPONSIBILITIES OF THE COOPERATING AGENCY

1. To the University:
   a. Criteria of supervisor:
      1) Worked a minimum of one year in the present position
      2) Certified under national, state, or professional association regulations or standards where appropriate
      3) Experienced Health Educator with demonstrated competence as practitioner and supervisor (recommended)
   b. Criteria of programs:
      1) Maintain a comprehensive and balanced program to provide broad, multiple exposures
      2) Show evidence of long-range and short-term goals in administrative and program services

2. To the University and Student:
   a. Provide a supervisor with time committed expressly for the purpose of supervising the student
   b. Provide a program to meet the learning objectives/responsibilities/competencies of the student
   c. Conduct a formal evaluation with the student at least one time during the field experience
   d. Supervise and assist students with field experience projects
   e. Recognize that services, mileage reimbursement, and/or compensation to the student are acceptable (international students should check with the Truman State University International Student Affairs Director regarding their visa status and work eligibility in the US)

3. To complete the following:
   a. Agency Acceptance/Rejection Form
   b. Brief Orientation Experience
   c. Mid-Term Field Experience Evaluation Report
   d. Final Field Experience Evaluation Report
RESPONSIBILITIES OF THE STUDENT

1. The student agrees:
   a. To accept and adhere to the rules and regulations governing the agency or institution
   b. To accept the agency’s philosophy, methods, leadership, and program
   c. To become an integral and participating member of the agency staff
   d. To comply with the Code of Ethics for the Health Education Profession at all times
   e. To notify the agency supervisor well in advance in cases of anticipated absences from work
   f. To consult with the agency supervisor when confronted with problems that cannot be satisfactorily solved by oneself
   g. To plan thoroughly and well in advance for all assignments
   h. To do the best job possible to carry out all assignments
   i. To behave professionally in dress/speech/behaviors at all times when in contact with staff and clientele

2. The student is responsible for:
   a. Attending **spring mandatory** field experience meeting with the university supervisor(s). Two meeting options will be established to accommodate the scheduling needs of students. If the student’s schedule cannot accommodate either option, the student must contact their advisor PRIOR to the meeting dates. **Failure to attend spring meeting without prior arrangements will result in ineligibility to enroll for the class.**
   b. Arranging conference time with agency supervisor and university supervisor for a site visit/telephone or web conference/e-mail communication, if applicable.
   c. Contacting the university supervisor when concerns or problems are not solved on the site
   d. Meeting all assignment deadlines
   e. (International students should check with the International Student Affairs Director regarding their visa status and work eligibility in the United States).
   f. Selecting site/placement – using the internship spreadsheet, internship listing on the HES website, or other networks/contacts; the student can select their site with the assistance/guidance of their academic advisor. Student makes the initial contact and completes paperwork follow-ups for internship placement.
   g. Completing the degree worksheet and submitting it to the agency supervisor.
RESPONSIBILITIES OF THE UNIVERSITY SUPERVISOR(S)

1. The university supervisor(s) will:
   a. Insure that the student has met all requirements before participating in field experience
   b. Make all official arrangements with cooperating agencies and give final approval of the agency for field experience participation, if applicable
   c. Arrange time, date, and location for field experience meetings
   d. Arrange visits - Visits by a university supervisor will occur based on the location of the cooperating agencies. Whether a visit occurs will not have any bearing on the grade of the student. The university supervisor also has the option to communicate by conference telephone calls, web conferencing, or e-mail.
   e. Evaluate student’s field experience assignments and agency evaluations.

   **Please Note: Students who are dismissed from their agency at the agency supervisor’s request will receive a grade of F.**

RESPONSIBILITIES OF THE INSTITUTION

The Institution will…

   a. Provide insurance coverage upon course enrollment.
   b. Maintain sufficient Blackboard space to accommodate student assignments
SUBMITTING ASSIGNMENTS

a. For students graduating in August, assignments are due by July 21.

b. The final deadline that any assignment will be accepted is September 1

All assignments must be typed and submitted by one of the following methods:

1. **BLACKBOARD**: (Preferred Method) Log onto TruView (http://truview.truman.edu); Click on the Blackboard tab and click “Login”.

2. **E-MAIL**: (use only if for some reason you are unable to use BlackBoard) cheers@truman.edu. The assignment must be submitted as an attachment in MS Word (text file).

3. **LAND MAIL**: Assignment must be **postmarked** by the date due and mailed to:
   Truman State University
   HLTH 460 FIELD EXPERIENCE
   Dept of Health and Exercise Sciences
   100 E. Normal
   Kirksville, MO 63501
FIELD EXPERIENCE CHECKLIST

Attend the mandatory spring pre-experience meeting. Attendance at this meeting is a pre-requisite to enrollment.

1. Meet with academic advisor to determine whether prerequisites for HLTH 460 have been met.


3. Complete Application for Field Experience and Major GPA Calculation forms, and turn them into your advisor by March 1.

4. Contact agency (or agencies) and arrange for an appointment to:
   - Meet with agency supervisor.
   - Inquire about experience and/or duties provided by the agency.
   - Inquire as to the prerequisites (if any) required by the agency.
   - Find out whether the agency will require a criminal background check. Unless otherwise specified by an agency, the criminal background check will be conducted through the Department of Elementary and Secondary Education Department. The form to request the background check is available in the HES Office. You will need to complete the form and bring it into the HES Office with $5.00 to cover the background check fee.

5. Complete Agency Acceptance/Rejection form, and return the form to your advisor by April 1.

6. Deliver one copy of the Field Experience Manual to the agency supervisor.

7. Deliver a copy of your Health Science degree worksheet or degree audit for the catalog year you are following, indicating completed coursework, to the agency supervisor.

8. Complete the Final Internship Information Form and obtain your advisor’s signature. Return materials to your advisor.

9. Attend the mandatory spring meeting. (Check bulletin boards and e-mail for announcement of meeting time and place, usually in mid-April.) Attendance at this meeting is a pre-requisite to enrollment.

10. After all materials above have been submitted, you will meet with your advisor, then provide all the materials to the Department secretary, and then you will receive an e-mail from the HES Office that gives you permission to enroll in the course.

11. Register for HLTH 460 Field Experience.
APPLICATION FOR FIELD EXPERIENCE

INSTRUCTIONS: To be completed by the student, with consultation of academic advisor, by March 1

Name __________________________________________ Date __________________________

Student ID # __________________________ Semester to Complete Field Experience: ______

Local Address
____________________________________________________________________________

Permanent Address
____________________________________________________________________________

Local Phone# __________________________ Permanent Phone# ______________________

Major __________________________ Expected Date of Graduation ______________

Pattern __________________________ # Hours Completed in Pattern ___________

_____ Completed 60 semester hours

_____ Cumulative GPA is _______, as of _____________ (Date)

_____ Major GPA is _______, as of _____________ (Date)

**Attach a copy of the GPA calculation sheet OR Degree Audit with Major GPA calculation from TruView

_____ Consulted with academic advisor, who is ______________________.

I understand during the field experience course that I must meet the full responsibilities of the daily, weekly, and seasonal work schedule of the agency regardless of the hourly schedule. I will abide by the Code of Ethics for the Health Education Profession. In addition, I agree to inform the field experience coordinator of any changes in my situation as to availability. I have not committed a felony or other act that would prohibit my employment with any public agency. I have completed all course requirements; I have the required GPA and will not be taking any course work during my field experience without approval of field experience supervisor and HES Department Chair.

_____________________________ ______________________
Signature Date
## MAJOR GPA CALCULATION

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Course Credit</th>
<th>Credit Completed</th>
<th>Grade</th>
<th>Honor Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>HLTH 255</td>
<td>Intro to Community &amp; Public Health</td>
<td>3.00</td>
<td>N</td>
<td>N</td>
<td>0.00</td>
</tr>
<tr>
<td>HLTH 290</td>
<td>Principles of Hlth Educ &amp; Hlth Science</td>
<td>3.00</td>
<td>N</td>
<td>N</td>
<td>0.00</td>
</tr>
<tr>
<td>HLTH 349</td>
<td>Research Methods in Health Science</td>
<td>3.00</td>
<td>N</td>
<td>N</td>
<td>0.00</td>
</tr>
<tr>
<td>HLTH 366</td>
<td>Program Assessment &amp; Planning</td>
<td>3.00</td>
<td>N</td>
<td>N</td>
<td>0.00</td>
</tr>
<tr>
<td>HLTH 410</td>
<td>Health Communication Methods</td>
<td>3.00</td>
<td>N</td>
<td>N</td>
<td>0.00</td>
</tr>
<tr>
<td>HLTH 440</td>
<td>Program Implementation &amp; Evaluation</td>
<td>3.00</td>
<td>N</td>
<td>N</td>
<td>0.00</td>
</tr>
<tr>
<td>HLTH</td>
<td>(Selective 1)</td>
<td>3.00</td>
<td>N</td>
<td>N</td>
<td>0.00</td>
</tr>
<tr>
<td>HLTH</td>
<td>(Selective 2)</td>
<td>3.00</td>
<td>N</td>
<td>N</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Credits: 0.00  GPA = #DIV/0!
AGENCY ACCEPTANCE/REJECTION FORM

Due April 1

Student’s Name: ____________________________________________

Agency: ___________________________________________________

Agency Address: ____________________________________________

Street City State Zip

Student’s Workplace Address (if different than above):

___________________________________________________________

Street City State Zip

Student’s Immediate Supervisor: _______________________________

Supervisor’s Title: __________________________________________

Work site Telephone #: ____________________ Supervisor’s E-mail: __________________

The field experience student is required to work in the agency a minimum of 320 contact hours to receive six
semester hours of credit (these contact hours may also include seminars, meetings, conferences, etc. related to the field).

__________ This agency will accept this student in field experience.

General description of the assignment:

What compensation, mileage, or reimbursement of services will the student receive from your agency? (Not required)

This agency requires / does not require a criminal background check (Please circle one). Unless otherwise specified by an agency, the criminal background check will be conducted through the Department of Elementary and Secondary Education Department.

__________ This agency will not accept the student in field experience.

State reason:

Authorized Agency Signature __________________ Date ________ Telephone __________________

After the interview, return to: HLTH 460 Field Experience
Department of Health and Exercise Sciences
Truman State University
Kirksville, Missouri 63501
(660) 785-7492 FAX
# FINAL INTERNSHIP INFORMATION FORM

Name: __________________________________ Student ID: _______________________________

<table>
<thead>
<tr>
<th>Summer Address:</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

| Summer Telephone: | _______________________ | Summer E-mail: | ____________________________ |

| Local Telephone Prior to Leaving Campus: | ______________________________ |
| Local E-mail Prior to Leaving Campus: | ______________________________ |

| Agency Name: | ______________________________________ |
| Agency Department: | ______________________________________ |

| Agency Address: | ______________________________________ |
| | Street | City | State | Zip |

| Workplace Address: (where site visit will occur, if different than above) | ______________________________ |
| Workplace Telephone: (where you can be directly reached by phone) | ______________________________ |

| Immediate Supervisor’s Name: (Dr. /Mr. /Ms.) | ____________________________ | Credentials: | ______ |
| Immediate Supervisor’s Title: | ______________________________ |
| Immediate Supervisor’s Telephone: | ____________________________ | E-mail: | ____________________________ |

| Secondary Supervisor’s Name: (Dr. /Mr. /Ms.) | ____________________________ | Credentials: | ______ |
| Secondary Supervisor’s Title: | ______________________________ |
| Secondary Supervisor’s Telephone: | ____________________________ | E-mail: | ____________________________ |

*START DATE: _____________________________ *END DATE: _____________________________

I give my permission for this student to enroll in Field Experience in Health Education.

____________________________
Advisor’s Signature

Date: _________________________
Spring, 2011

Dear Agency Supervisor,

This letter provides verification of student liability insurance for students completing a field experience in Health Science/Exercise Science during the summer 2011 semester.

Ms. Kim Murphy from the Truman State University Business Office has informed our Health and Exercise Sciences Program that Truman State University has purchased student blanket professional liability insurance to cover students of allied health specialties performing internships at off-campus locations. The current policy with Liberty Insurance Company is for the period of August 15, 2010 to August 15, 2011 and is purchased through Marsh Consumer, a service of Seabury & Smith, Inc. PO Box 14576, Des Moines, IA, 50306-3576, Policy # AHV-100368001. The amount of coverage is $1,000,000 per occurrence and an aggregate not to exceed $3,000,000. This policy is renewed annually.

The Truman faculty is covered only while instructing students; and Truman State University is covered as an additional insured.

All Health Science and Exercise Sciences students are required to complete a field experience for a minimum of 200 hours to fulfill ES/HLTH 370, Field Experience in Exercise Science/Health Science (4.0 credit hours.)

Please feel free to notify our office if you have any further questions.

Sincerely,

Christopher D. Lantz
Department Chair and Associate Professor
Health & Exercise Sciences

Health and Exercise Sciences Home page: http://hes.truman.edu
STUDENT EVALUATION OF AGENCY AND FIELD EXPERIENCE

This form is to be filled out by the **STUDENT** at the conclusion of the field experience, and returned to the HES Department Office, 100 E. Normal, Kirksville, MO 63501.

Name ___________________________ Date: ________________

Worksite __________________________________________

Directions: Answer each as accurately and completely as possible.

1. In light of your CHES Responsibilities/Competencies/Sub-Competencies, has this been a good learning experience for you?

2. Have you been able to approach the accomplishment of your objectives?

3. What have been the most significant values of the experience?

4. What have been the most disappointing aspects?

5. How would you rate this work site as a field experience position (Rate from 1 to 5, with 5 being the highest rating)?
   a. Why?

6. What recommended changes would you suggest making it a more meaningful position? (Please be as specific as possible.)
MID-TERM FIELD EXPERIENCE EVALUATION REPORT

For convenience, this form may be submitted by the agency online at http://hes.truman.edu/fieldexpeval.asp.

Student’s Name: ___________________________ Dates Under Your Supervision: ______________

Supervisor Name: __________________________ Your Position (Supervisor): ________________

Name of Your Agency: ______________________ Today’s Date: _______________________________

Overall Evaluation: Overall, I believe the student’s MID-TERM work performance was equivalent to an academic grade of (circle one):

A
B
C
D
F

For the following characteristics, please rate the student appropriately, based on your expectations for an undergraduate student intern, using the following scale:

5 Excellent (Indicates a grade of “A”)
4 Above average (Indicates a grade of “B”)
3 Average (Indicates a grade of “C”)
2 Below average (Indicates a grade of “D”)
1 Unsatisfactory (Indicates a grade of “F”)
NA No basis for judgment

Personal and Professional Characteristics:

1. _____ Timeliness and Responsibility: attendance and punctuality, meets deadlines, willingness to assume responsibility, plans activities well in advance of the program, attends required functions/meetings
   Comments:

2. _____ Personal appearance: neat, clean, appropriately dressed in relation to the job
   Comments:

3. _____ Initiative and Motivational Skills: enthusiastic, generates or shows interest, shows leadership, looks for additional work
   Comments:

4. _____ Adaptability, Judgment and Problem Anticipation: can adjust plans and actions according to developing situations; handles emergency situations, makes common sense decisions, anticipates possible problem areas, works effectively for solutions
   Comments:

5. _____ Resourcefulness and Creativity: uses resources well, originates ideas and approaches, makes creative efforts
   Comments:

6. _____ Evaluation and Self-Improvement: analyzes weaknesses, searches for more knowledge and experience, inquires about profession
   Comments:
Communications and Professional Relations

7. _____ **Written Communications**: Conveys ideas clearly, minimal errors, neat, organized
   
   **Comments:**

8. _____ **Oral Communications**: Expresses self well, uses tact, makes points clear to public
   
   **Comments:**

9. _____ **Attitude towards clients or co-workers**: Willing to assist others, cooperative, industrious, works harmoniously with others, considerate, courteous, respectful
   
   **Comments:**

Knowledge and Skills

10. _____ **Task accomplishment**: Tasks completed effectively, pursues difficult tasks to completion
    
    **Comments:**

11. _____ **Skills**: Displays knowledge of program skills and techniques in developing activities
    
    **Comments:**

12. Please provide any additional information that you feel will be beneficial to the student as they pursue employment in this area.

---

**Agency Supervisor Signature**: ____________________________ **Date:** ______________________

**Further, (please select one)**

☐ I have shared this evaluation with the student
☐ I have not shared this evaluation with the student, but hereby give my consent to release the results of this evaluation to the student
☐ I have not shared the evaluation with the student, and would prefer that it NOT be made available to the student

**Please mail completed form to:**
HLTH 460 Field Experience  
Department of Health and Exercise Sciences  
Truman State University  
100 E. Normal  
Kirkville, MO 63501
FINAL FIELD EXPERIENCE EVALUATION REPORT

For convenience, this form may be submitted by the agency online at http://hes.truman.edu/fieldexpeval.asp.

Student’s Name: ___________________________ Dates Under Your Supervision: ________________

Supervisor Name: __________________________ Your Position (Supervisor): ____________________

Name of Your Agency: ______________________ Today’s Date: _______________________________

Overall Evaluation: Overall, I believe the student’s FINAL work performance was equivalent to an academic grade of (circle one):

   A   B   C   D   F

For the following characteristics, please rate the student appropriately, based on your expectations for an undergraduate student intern, using the following scale:

5 Excellent (Indicates a grade of “A”)
4 Above average (Indicates a grade of “B”)
3 Average (Indicates a grade of “C”)
2 Below average (Indicates a grade of “D”)
1 Unsatisfactory (Indicates a grade of “F”)
NA No basis for judgment

Personal and Professional Characteristics:

1. _____ Timeliness and Responsibility: attendance and punctuality, meets deadlines, willingness to assume responsibility, plans activities well in advance of the program, attends required functions/meetings
   Comments:

2. _____ Personal appearance: neat, clean, appropriately dressed in relation to the job
   Comments:

3. _____ Initiative and Motivational Skills: enthusiastic, generates or shows interest, shows leadership, looks for additional work
   Comments:

4. _____ Adaptability, Judgment and Problem Anticipation: can adjust plans and actions according to developing situations; handles emergency situations, makes common sense decisions, anticipates possible problem areas, works effectively for solutions
   Comments:

5. _____ Resourcefulness and Creativity: uses resources well, originates ideas and approaches, makes creative efforts
   Comments:

6. _____ Evaluation and Self-Improvement: analyzes weaknesses, searches for more knowledge and experience, inquires about profession
   Comments:
Communications and Professional Relations

7. _____ Written Communications: Conveys ideas clearly, minimal errors, neat, organized
   Comments:

8. _____ Oral Communications: Expresses self well, uses tact, makes points clear to public
   Comments:

9. _____ Attitude towards clients or co-workers: Willing to assist others, cooperative, industrious, works harmoniously with others, considerate, courteous, respectful
   Comments:

Knowledge and Skills

10. _____ Task accomplishment: Tasks completed effectively, pursues difficult tasks to completion
    Comments:

11. _____ Skills: Displays knowledge of program skills and techniques in developing activities
    Comments:

12. Please provide any additional information that you feel will be beneficial to the student as they pursue employment in this area.

Agency Supervisor Signature: ____________________________ Date: ________________________

Further, (please select one)

☐ I have shared this evaluation with the student
☐ I have not shared this evaluation with the student, but hereby give my consent to release the results of this evaluation to the student
☐ I have not shared the evaluation with the student, and would prefer that it NOT be made available to the student

Please mail completed form to:
HLTH 460 Field Experience
Department of Health and Exercise Sciences
Truman State University
100 E. Normal
Kirksville, MO 63501