Orientation information for Agency Supervisors: Please read as an orientation to your responsibilities as “Agency Supervisor”

Description of the Course/Field Experience

HLTH 460, Field Experience in Health Education

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.

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.

Liability Insurance Coverage for Student Enrolled in HLTH 460, Field Experience in Health Education

The University verifies student liability insurance coverage for students completing a field experience in Health Education 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 Chicago Insurance Company is for the period of August 15, 2009 to August 15, 2010 and is purchased through Marsh Affinity Group Services, 1776 West Lakes Parkway, Des Moines, IA, 50398, Policy # AHC-2807091. The amount of coverage is $2,000,000 per occurrence and an aggregate not to exceed $4,000,000. This policy is renewed annually. The Truman faculty is covered only while instructing students; and Truman State University is covered as an additional insured.

Contact Information for University Supervisors

If you have any questions, comments, or concerns; please contact:
HLTH 460 Field Experience: Truman State University; Department of Health and Exercise Sciences; 100 E. Normal; Kirksville, MO 63501; cheers@truman.edu; (660) 785-4456 Phone; (660) 785-7492 Fax

Forms to Complete

The following pages include the forms that you will need to complete prior to and during the student’s field experience. The student will contact you to explain any other details. Thank you so much for your time and consideration in serving as Agency Supervisor for HLTH 460 Field Experience in Health Education!
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- This Orientation Information Packet
   c. Mid-Term Field Experience Evaluation Report
   d. Final Field Experience Evaluation Report
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   ( )

Authorized Agency 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
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
Kirksville, 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  
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Department of Health and Exercise Sciences  
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