

INDIANA STATE UNIVERSITY
DEPARTMENT OF KINESIOLOGY, RECREATION, AND SPORT
PROFESSIONAL PRACTICUM HOURS REPORT FORM (Rev. 05.01.13)

Supervisors Name: _____ Location of Activities: _____
Student Name: _____ Supervisors Email: _____
Agency Name: _____ Date of Activities: _____
Student ID: #991- _____ Supervisors Phone: _____
Agency Address: _____ Advisor's Signature: _____

SUPERVISOR'S SIGNATURE: _____

Description of Practicum Activities (be as specific as possible)

_____ *Hours Completed: **FACE TO FACE LEADERSHIP**
Involves primary (direct) oversight of a group activity or meeting

_____ *Hours Completed: **RCSM APPLIED EXPERIENCES**
Involves facility & site tours, program observation, face to face (non-leadership) contact with patrons, and program/product support
(eg. Planning, promotions, registration, set up/take down, etc.)

_____ *Hours Completed: **PROFESSIONAL ORGANIZATION ACTIVITIES**
Involves attending conferences & meetings, professional presentations & committee assignments, and networking

_____ *Hours Completed: **PROFESSIONAL CERTIFICATIONS**
Involves face to face trainings or webinars, practical experiences, and related activities directly related to acquiring a credential (staple
copy of credential to form)

_____ *Total Hours Claimed
*round to nearest .5 hour

*Student's Signature: _____
*False reporting is a form of academic misconduct and will be handled according to university policies.

Students must submit forms within 30 days of the date of activity to receive practicum credit. Hours earned during semester breaks must be turned in during the first week of classes.

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SUPERVISOR'S EVALUATION OF STUDENT

Thank you for completing this professional work experience assessment tool. Your contribution is very important and likely to take less than 5 minutes. This feedback will assist ISU faculty in the design and implementation of learning experiences to prepare students to successfully enter the profession.

	Far Below	EXPECTATIONS					Far Above	Do Not Know/ Does Not Apply
Q1. The ISU Student:								
Understands the agency's mission & goals	1	2	3	4	5	6	7	N/A
Adheres to agency policies & procedures	1	2	3	4	5	6	7	N/A
Displays professional appearance	1	2	3	4	5	6	7	N/A
Displays professional behavior	1	2	3	4	5	6	7	N/A
Uses effective verbal (conversational) communication	1	2	3	4	5	6	7	N/A
Uses effective non-verbal communication	1	2	3	4	5	6	7	N/A
Uses effective written communication	1	2	3	4	5	6	7	N/A
Uses effective electronic communication	1	2	3	4	5	6	7	N/A
Uses effective listening skills	1	2	3	4	5	6	7	N/A
Q2. The ISU student displays ability to:								
Displays positive attitude toward learning	1	2	3	4	5	6	7	N/A
Seeks learning situations & experiences	1	2	3	4	5	6	7	N/A
Asks pertinent & purposeful questions	1	2	3	4	5	6	7	N/A
Accepts constructive criticism	1	2	3	4	5	6	7	N/A
Work cooperatively with others	1	2	3	4	5	6	7	N/A
Be sensitive to the needs of others	1	2	3	4	5	6	7	N/A
Resolve conflicts	1	2	3	4	5	6	7	N/A
Contributes to team efforts	1	2	3	4	5	6	7	N/A
Lead & direct co-workers	1	2	3	4	5	6	7	N/A
Follow direction given by co-workers	1	2	3	4	5	6	7	N/A
Collegially works with diverse co-workers	1	2	3	4	5	6	7	N/A
Motivate co-workers	1	2	3	4	5	6	7	N/A

Q3. Please explain the circumstances surrounding any items scored ≤ 3 in the list above.

Q4. Please make an additional comment or suggestion pertaining to this student's potential to be successful in the profession.

Q5. Please make an additional comment of suggestion which may be helpful in the design and implementation of the Kinesiology, Recreation, and Sport curriculum at Indiana State University.

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