**FLORIDA ATLANTIC UNIVERSITY**

**Exercise Science and Health Promotion Department**

**PET 5947--Practical Applications**

I. General Objectives

The student will work at least 130 hours (equivalent to approximate three credit hours) in an approved (see ESHP Department’s posted internship list posted on home page) fitness/health-related setting (actual work environment) under the supervision of professionals whose expertise, interest, and time in the health/fitness-related field chosen. *Note: If the site requires more than 130 hours, the student will need to accommodate the additional time requirement. The student will need to locate another site, if not able to meet the additional time commitment.*

II. Specific Objectives

The practical application will provide the student with opportunities to observe and participate in clinical experiences relative to the nature of the field experience. The following list contains examples of specific objectives for a general practical application site:

1. Measurement of musculoskeletal fitness (strength testing, flexibility, etc.)
2. Strength and conditioning for different populations
3. Risk factor identification
4. Measurement of body composition
5. Prescribing exercise and helping to implement programs
6. Exercise Leadership (class instruction and/or coaching)
7. Client Education (e.g., exercise, nutrition, weight control-lectures, workshops, bulletin board, newsletters)
8. Measurement of resting and exercise HR, BP
9. Submaximal and/or maximal aerobic fitness testing (graded exercise tests, ECG observation)
10. Administration (staff meetings, equipment maintenance, marketing, future programming and other duties)

**Evaluation:**

BlackBoard daily/weekly postings (15%)

Electronic notebook postings (10%)

Mid-Term evaluation from site director (10%)

Site visit scheduled and completed (20%)

Final evaluation from site director (30%)

Final student evaluation (10%)

Final student survey (10%)

**Total 100%**

**Grading Scale:**

94.0-100.0%=A

90.0- 93.9%=A- 70.0- 73.9%=C-

88.0- 89.9%=B+ 68.0- 69.9%=D+

84.0- 87.9%=B 64.0- 67.9%=D

80.0- 83.9%=B- 60.0 - 63.9%=D-

78.0- 79.9%=C+ < 60.0%=F

74.0- 77.9%=C

**GENERAL POLICIES AND PRACTICAL APPLICATION CRITERIA**

The criteria which follows is to enhance quality control within the ESHP Program:

1. An average grade of “B” (3.0) or higher in all required coursework.
2. Completion of the majority of all core course work and most electives before placement unless in the strength and conditioning track (see below). Approved by the faculty advisor prior to enrolling.
3. Practical application experience occurs during the last semester of the student’s coursework.
4. Placement is found by individual student. Check “internship list” on ESHP website.
5. The practical application experience begins ONLY after the site director and sponsoring agency have agreed and student formally assigned, in writing.
6. The practical application site SHOULD be different from other experiences, which the candidate has gained during the course of study.
7. The practical application experience requires at least 130 contact hours. Three credit hours will be received towards the student’s degree program. The hours will be arranged between the student and site supervisor. Practical application hours be consecutive in terms of weeks and continuous hours of employment for a minimum of 10 hours and 13 weeks.
8. The student may receive compensation for work/services at the discretion of the site director.
9. Professional liability insurance of at least **$2 million per claim/$4 million aggregate** and professional membership for liability insurance during the practical application course must be current during the semester. The insurance takes four to six weeks to process, so student needs to get this well in advance of the semester.
10. **If practical application is for the Strength and Conditioning Track, the student must have passed and provided original documentation of the National Strength and Conditioning’s Certified Strength and Conditioning Specialist (CSCS) prior to registering for this course, plus must be in the last semester of degree program. (Note: Retakes of CSCS cannot be completed within 90 days of taking original exam).**
11. Student must register, if in the S/C track, for **three** credit hours.

**STUDENTS WITH DISABILITIES**

In compliance with the Americans with Disabilities Act (ADA), students who require special accommodations due to a disability to properly execute coursework must register with the Office for Students with Disabilities (OSD) located in Boca Raton – SU 133 (561-297-3880), in Davie – MOD I (954-236-1222), in Jupiter – SR 117 (561-799-8585), or at the Treasure Coast – CO 128 (772-873-3305), and follow all OSD procedures.

**FAU HONOR CODE**

Students at Florida Atlantic University are expected to maintain the highest ethical standards. Academic dishonesty, including cheating and plagiarism, is considered  
a serious breach of these ethical standards, because it interferes with the University mission to provide a high

quality education in which no student enjoys an unfair  advantage over any other. Academic dishonesty is also destructive of the University  community, which is grounded in a system of mutual trust and places high value on  personal integrity and individual responsibility. Harsh penalties are associated   
with academic dishonesty. For more information, see   
<http://www.fau.edu/regulations/chapter4/4.001_Honor_Code.pdf>.

**STUDENT RESPONSIBILITIES**

1. Before registering for practical application, the student must meet with the FAU Site Director to review academic progress. Before permission is granted to register for practical application, the following forms **must** be completed and be in the student’s file:

\*Copy of current CPR card

\*Professional Membership (ACSM, NSCA for Insurance)

\*Written Verification of Current Professional

Liability Insurance (**$2,000,000/$4,000,000 coverage)**

**\***Practical Application Information Sheet

\*Practical Application Assignment Sheet

\*Practical Application List of Specific Objectives

\*Practical Application Agreement (2-page contract)-If a contract agreement is not already in place.

\*Practical Application Checklist

\*Application for graduation (if for the Strength & Conditioning track)

\*HIPPA Student Responsibilities (*faculty member in charge of practical applications will have this information*)

The student is responsible for retaining a copy of these forms and for providing copies to the FAU Site Director.

**NOTE: Practical Application will not be approved until all necessary completed forms are in the student’s file. Students who attempt to begin the Practical Application experience without the appropriate processing listed above will receive an automatic administrative drop from the course, regardless of how many hours may have been accrued.**

2. Professional liability insurance is required and may be obtained through the American College of Sports Medicine’s insurance company, providing that the student is a student member of the ACSM (see below) or the National Strength and Conditioning Association (must be a member, check the site www.nsca-lift.org)

HOW TO APPLY for ACSM:

a. Complete an ACSM Membership Application Form. An ACSM member must sponsor the student. The Faculty FAU Advisor will provide the student with the form or locate online.

ACSM Address: American College of Sport Medicine

P.O. Box 1440

Indianapolis, IN 46206-1440

Phone: 317-637-9200 FAX: 317-634-7817

b. After verification is received that the student is a member of ACSM, complete the liability insurance application form available from the Faculty Practical Application Advisor or contact Ms. Thomas by email, see below.

Student Fee: ~$80 to $150 year

Insurance Company Address: Forrest T. Jones & Company

3130 Broadway

PO Box 418131

Kansas City, MO 64141-8131

Phone 866-820-5183; Fax 816-968-0577

Contact Keri Thomas, [info@ftj.com](mailto:info@ftj.com)

Application information may be found in the Exercise Science and Health Promotion Department, too.

3. At least one **site visit** by the faculty advisor to the practical application location will be made to review the student’s progress. The student will arrange this visit during scheduled hours, accommodating both the site director and the faculty advisor’s schedule. The site director must be available for a brief meeting with the faculty advisor. Exception to a personal site visit: If the site is not within a one-hour driving range from the Faculty Advisor’s office, then the student must arrange a telephone meeting between the faculty member and site director. The student will be logging information about the practical application on the Blackboard site for this class. The student will also email their FAU practical application advisor during the experience to keep their advisor informed of their progress. The student must also personally **“meet”** with the faculty advisor on campus to discuss progress at the end of the semester (unless experience is over a two-hour drive).

4. The student will keep a practical application **notebook on Blackboard** and submit it at the end of the experience. The following information should be typed and placed in the notebook:

a. Review of the specific objectives and whether or not they were accomplished.

b. Practical application “work” schedule of hours.

c. Detailed daily log for the first week; Daily log of NEW experiences thereafter throughout the practical application experience. Log of dates and copy of messages sent to FAU practical application advisor.

d. Description of the practical application site: brief history, funding, personnel, and facilities.

e. Work relationship with supervisors, co-workers, and clients.

f. Description of duties and responsibilities.

g. Any additional materials developed for special projects, etc.

h. Student evaluation of sited and exit student survey.

I. Copies of both the mid-term and final evaluation.

**NOTEBOOK DUE DATE ONLINE: ON/BEFORE the first day of finals for that semester.**

5. The student will meet with the practical application site director to review evaluations prior to completing the course. The original Employer Evaluations of the Student (mid-term and final) must be mailed, faxed or emailed to the Faculty Practical Application Advisor at mid-term and on/before the last academic day of the semester, prior to the final testing period.

6. The student may arrange a meeting with the FAU Faculty Advisor to review the practical application experience.

**SECTION II: PRACTICAL APPLICATION FORMS**

The forms, which follow, are to be completed as instructed. Both the Student and FAU Site Supervisor should be retaining a copy of all completed forms. The completed originals are to be sent to the ESHP Department, for placement in the Student’s File.

E-mail addresses for faculty in the Exercise Science and Health Promotion:

Dr. Graves: [sgraves@fau.edu](mailto:sgraves@fau.edu)

Dr. Penhollow: [tpenholl@fau.edu](mailto:tpenholl@fau.edu)

Dr. Whitehurst: [whitehur@fau.edu](mailto:whitehur@fau.edu)

Dr. Zoeller: [rzoeller@fau.edu](mailto:rzoeller@fau.edu)

**Florida Atlantic University**

**PET 5947 Practical Application Check List**

THE FOLLOWING MATERIALS MUST BE SUBMITTED TO THE FACULTY PRACTICAL APPLICATION DIRECTOR AT FAU’S EXERCISE SCIENCE DEPARTMENT **PRIOR** TO REGISTERING FOR THE COURSE. APPROVAL WILL NOT BE GRANTED WITHOUT THESE COMPLETED MATERIALS. REGISTERING WITHOUT SUBMITTING THESE MATERIALS WILL RESULT IN AN **ADMINISTRATIVE DROP** FROM THE COURSE. NEED ORIGINAL COPIES FOR EACH OF THE FOLLOWING:

\_\_\_\_\_\_\_\_\_\_\_\_ 1. Copy of signed ESHP contract with all signatures (yours, advisor, and department chair).

\_\_\_\_\_\_\_\_\_\_\_\_ 2. Original written documentation of Current CPR.

\_\_\_\_\_\_\_\_\_\_\_\_ 3. Verification of Professional Membership for liability insurance.

\_\_\_\_\_\_\_\_\_\_\_\_\_4. Written documentation of **CURRENT** professional liability insurance. Must be in effect to start this class.

($2,000,000/$4,000,000 each claim/annual aggregate).

\_\_\_\_\_\_\_\_\_\_\_\_ 5. Completed Information Sheet.

\_\_\_\_\_\_\_\_\_\_\_\_ 6. Completed Assignment Sheet, **ORIGINAL COPY** of the signed document.

\_\_\_\_\_\_\_\_\_\_\_\_ 7. Completed List of Specific Objectives.

\_\_\_\_\_\_\_\_\_\_\_\_ 8. FAU Agreement, Site must be an approved facility. Check ESHP Department ‘internship list.’ If on list, no

need to provide agreement.

\_\_\_\_\_\_\_\_\_\_\_\_ 9. Bring completed graduation application for MS degree (on line verification or COE student services).

\_\_\_\_\_\_\_\_\_\_\_\_ 10. Meet with Student Services, get a degree Audit to see that all requirements have been

satisfied for graduation OR print from facts.org. You need to turn in a copy of your degree audit.

\_\_\_\_\_\_\_\_\_\_\_\_ 11. Scheduled comprehensive exams or thesis defense for semester (see ESHP graduate coordinator).

Confirmation of appointment with Dr. Zoeller regarding comprehensive exams this term.

\_\_\_\_\_\_\_\_\_\_\_\_ 12. Current resume.

\_\_\_\_\_\_\_\_\_\_\_\_ 13. HIPAA Document ([http://www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/consumer_rights.pdf) and

http://www.cdc.gov/mmwr/preview/mmwrhtml/m2e411a1.htm). Print and read both prior to

meeting with faculty member. Be able to discuss and know what HIPAA is.

\_\_\_\_\_\_\_\_\_\_\_\_ 14. Bring Z number to meeting with Dr. Graves. After permission to register is given, make sure

you are registered for **3** credit hours.

\_\_\_\_\_\_\_\_\_\_\_\_ 15. If background check is required for the site, the student is responsible for obtaining the check and any costs involved.

\_\_\_\_\_\_\_\_\_\_\_\_ 16. **If this practical application is for the Strength and Conditioning Track, the student must have passed and provided original documentation of the National Strength and Conditioning’s Certified Strength and Conditioning Specialist (CSCS) prior to registering for the course and must be in the last semester of degree.**

Registration Approved: YES NO

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS:

**FLORIDA ATLANTIC UNIVERSITY**

**Department of Exercise Science & Health Promotion**

**PRACTICAL APPLICATION’S INFORMATION SHEET**

Directions: The student should complete this form, attach it to a brief resume, and submit to the practical application site director. A copy of this form/resume must also be returned to the FAU faculty responsible for the course, to be retained in the student’s/director’s files. The student will work at least 130 hours in an approved fitness/health-related setting (actual work environment) under the supervision of professionals whose expertise, interest, and time in the health/fitness-related field chosen. *Note: If the site requires more than 130 hours, the student will need to accommodate the additional time requirement. If that is not possible, the student will need to locate another site.*

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Internship Site Director) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (email)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city/state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (fax)

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student Intern)

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus/Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAU Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_ Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Hours Desired \_\_\_\_\_ Desired Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major Areas of Interest & Population Desired**

\_\_\_ Healthy \_\_\_\_ High Risk \_\_\_\_ Diseased and/or Injured

Age Group: \_\_\_\_ Adults \_\_\_\_ Adolescents \_\_\_\_ Children

**Types of Programs Desired**:

\_\_\_\_ Fitness Testing/Training \_\_\_\_ Exercise Class Leadership

\_\_\_\_ Activities/Recreation \_\_\_\_ Health/Wellness

\_\_\_\_ Therapeutic Recreation \_\_\_\_ Sports

\_\_\_\_ Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

**PET 5947--Practical Applications**

**FLORIDA ATLANTIC UNIVERSITY**

**Department of Exercise Science & Health Promotion**

**PRACTICAL APPLICATION ASSIGNMENT SHEET**

Directions: Please complete the following information and return signed original to the FAU faculty advisor before the practical application begins. Both the students and FAU director should retain a copy for their files.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Please Print) Date

You have been approved for 3 hours of academic credit, for at least a total of 130 actual work hours.

You have been assigned to the following site:

Name of Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned Starting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_

Site Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Director Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Director E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*You are to contact your site director at least**

**two weeks prior to your assigned starting date.**

Faculty Advisor Approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**FLORIDA ATLANTIC UNIVERSITY**

**Department of Exercise Science & Health Promotion**

PRACTICAL APPLICATION LIST OF SPECIFIC OBJECTIVES

Directions: The student and site director should discuss the goals for this practical application experience and complete this form for the student’s file. A copy of this form should be retained by both the student and the site director. The original must be returned to the FAU Faculty Advisor before the practical application begins. Hint: Make sure the objectives are measurable. **(Must be typed)**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Site Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PET 5947--Practical Applications**

**FLORIDA ATLANTIC UNIVERSITY**

**Department of Exercise Science and Health Promotion**

**EMPLOYER’S EVALUATION OF THE STUDENT**

**Mid-Tem Evaluation**

Directions: Please make every attempt to evaluate the STUDENT as objectively as possible. Compare this individual with other interns or practical applications of similar academic status and/or employees having similar responsibilities.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practical Application Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Complete Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RATE THE FOLLOWING ATTRIBUTES OF THE STUDENT ON THE FOLLOWING NUMERICAL SCALE: 5 = EXCELLENT; 4 =ABOVE AVERAGE; 3 = AVERAGE; 2 = BELOW AVERAGE; 1 = POOR.**

Attribute:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rating: (Please Circle)

A. Relationship with others 1 2 3 4 5

B. Judgment 1 2 3 4 5

C. Dependability 1 2 3 4 5

D. Ability to grasp new information 1 2 3 4 5

E. Attitude towards work assignments 1 2 3 4 5

F. Quality of work 1 2 3 4 5

G. Work Performance 1 2 3 4 5

H. Time Management 1 2 3 4 5

I. Communication Skills (Written & Oral) 1 2 3 4 5

J. Critical Thinking Skills 1 2 3 4 5

K. Overall Rating 1 2 3 4 5

**POINT TOTAL: \_\_\_\_\_\_\_\_\_POINTS OUT OF 55**

**WHAT DO YOU SEE AS THE STUDENT’S MAJOR STRENGTHS?**

**WHAT CHARACTERISTICS DOES THE STUDENT NEED TO IMPROVE IN ORDER TO ADVANCE?**

Additional comments:

Page 2, Employer’s Evaluation of Student

Did you discuss this evaluation with the student? Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Site Director Date

CONFIRMED BY FAU FACULTY ADVISOR:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**PLEASE RETURN THIS FORM AT THE TIME OF MID-TERM OF THE PRACTICAL EXPERIENCE TO:**

**ATTN: Dr. Sue Graves, Chair**

**Department of Exercise Science and Health Promotion**

**Practical Application Experience**

**Florida Atlantic University**

**777 Glades Road, Field House 11**

**Boca Raton, Florida 33431**

**sgraves@fau.edu**

**fax, 561-297-2839**

If you have any questions, please call **Dr. Sue Graves at 561-297-2970**. This form may also be FAXED.

**PET 5947--Practical Applications**

**FLORIDA ATLANTIC UNIVERSITY**

**Department of Exercise Science and Health Promotion**

**EMPLOYER’S EVALUATION OF THE STUDENT**

**Final Evaluation**

Directions: Please make every attempt to evaluate the STUDENT as objectively as possible. Compare this individual with other interns or practical application experience of similar academic status and/or employees having similar responsibilities.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Complete Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RATE THE FOLLOWING ATTRIBUTES OF THE STUDENT ON THE FOLLOWING NUMERICAL SCALE: 5 = EXCELLENT; 4 = ABOVE AVERAGE; 3 = AVERAGE; 2 = BELOW AVERAGE; 1 = POOR.**

Attribute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rating: (Please Circle) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. Relationship with others 1 2 3 4 5

B. Judgment 1 2 3 4 5

C. Dependability 1 2 3 4 5

D. Ability to grasp new information 1 2 3 4 5

E. Attitude 1 2 3 4 5

F. Quality of work 1 2 3 4 5

G. Work Performance 1 2 3 4 5

H. Time Management 1 2 3 4 5

I. Communication Skills (Written & Oral) 1 2 3 4 5

J. Critical Thinking Skills 1 2 3 4 5

K. Overall Rating 1 2 3 4 5

**POINT TOTAL: \_\_\_\_\_\_\_\_\_\_\_POINTS OUT OF 55**

**WHAT DO YOU SEE AS THE STUDENT’S MAJOR STRENGTHS?**

**WHAT CHARACTERISTICS DOES THE STUDENT NEED TO IMPROVE IN ORDER TO ADVANCE?**

Additional Comments:

Page 2, Employer’s Evaluation of Student

Did you discuss this evaluation with the student? Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Site Director Date Signature of Student Date

**Circle your answers, please.**

1) If a position were available, would you hire a graduate from our ESHP program at FAU? Yes No

2) How educationally prepared are the students from our ESHP program at FAU?

Excellent – Above Average – Average – Lacks Important Preparation – Inadequate Preparation

3) How well prepared are the students from our ESHP program at FAU in their hands-on skills?

Excellent – Above Average – Average – Lacks Important Preparation – Inadequate Preparation

3a) What other specific skills or knowledge would help our students be better prepared to be in your facility?

4) What best describes your type of facility?

A) Corporate D) Spa/Resort G) Health Agency

B) Commercial E) Recreation H) Wellness Center

C) Hospital f) personal training I) Research

5) How many FAU students have done internships, practical applications or held employment at your facility over the last three years?

A) 0 B) 1-2 C) 3-5 D) 6-10 E) More than 10

6) Other Comments:

**PLEASE RETURN THIS FORM ONE WEEK PRIOR TO COMPLETION OF THE PRACTICAL APPLICATION EXPERIENCE TO:**

**ATTN: Dr. Sue Graves, Chair**

**Practical Application**

**Department of Exercise Science and Health Promotion**

**Florida Atlantic University**

**777 Glades Road, Field House 11**

**Boca Raton, Florida 33431**

[**sgraves@fau.edu**](mailto:sgraves@fau.edu)

**Office: 561-297-2938**

**Fax: 561-297-2839**

This form may also be **FAXED.**

**PET 5947--Practical Applications**

**FLORIDA ATLANTIC UNIVERSITY**

**Department of Exercise Science and Health Promotion**

STUDENT’S EVALUATION OF PRACTICAL APPLICATIONS

(Confidential- For Student Only)

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Practical Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,200\_\_\_\_\_\_.

Start Date End Date

1. What specific jobs did you have? (Attach additional pages if necessary)

2. Did you have a good practical application experience? (Explain)

3. Suggestions for improving your experience:

4. Would you recommend this site for other students? (Explain)

5. Other Comments

**PET 5947--Practical Applications**

**FLORIDA ATLANTIC UNIVERSITY**

**Department of Exercise Science and Health Promotion**

**Student Survey**

1. Have you taken a professional certification exam? Yes No

2. Do you have plans on taking a certification exam? Yes No

3. Did you pass the exam? Yes No

4. What certifications do you hold? List all:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Did you or do you plan on taking the ACSM HFI exam or the NSCA-CSCS exam? Yes No

5b. How many times did you take this exam before you passed?

ACSM-HFI a) 1 b) 2 c) 3 d) 4 or more

NSCA-CSCS a) 1 b) 2 c) 3 d) 4 or more

6. How well do you feel that the educational program at FAU prepares one for taking these certifications exam?

Excellent – Above Average – Average – Lacks Important Preparation – Inadequate Preparation – Does Not Apply

5 4 3 2 1 0

7. Are you presently working in the field of Exercise Science/Health Promotion? Yes No

8. What are your immediate career plans? Mark all that apply

⁪ Seek a job in the field.

⁪ Seek additional educational training

⁪ Seek a job outside of the field

⁪ Other- please explain

9. What career environment are you seeking employment? (select only one)

a) corporate f) recreation

b) commercial g) personal training

c) hospital h) health agency

d) spa/resort i) wellness center

e) graduate school j) other – Give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Did your participation in any program sponsored community service projects while a student in the ESHP program? Yes No

11. Did you participate in any program sponsored research project while a student in the ESHP program? Yes No

12. Were you active in the activities of the ESHP club while you were a student in the ESHP program? Yes No

13. How well do you feel that your academic program in ESHP has helped prepare you for working in the field?

Excellent – Above Average – Average – Lacks Important Preparation – Inadequate Preparation – Does not apply?

5 4 3 2 1 0

Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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14. What part or parts of the program might need to be expanded or strengthened? Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FLORIDA ATLANTIC UNIVERSITY**

**Department of Exercise Science and Health Promotion**

**Practical Application Checklist of Requirements**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Task** | **Completed** | **Date** |
| Provide e-mail address to FAU Supervisor one week prior  to start of the semester of the course – log on to BlackBoard  Start log of activities on BlackBoard, first day of class for one week. |  |  |
| Post summary of each week’s experiences after the first week of daily logs. |  |  |
| Sent mid-term evaluation to FAU Supervisor |  |  |
| Scheduled site visit with FAU Supervisor |  |  |
| Turn in description of the site, organizational structure and other information to BlackBoard. |  |  |
| Contact of FAU Supervisor during week nine if still doing hours |  |  |
| Sent final evaluation with FAU ESHP Site Director – Exit Interview |  |  |
| Turn in final Notebook (BlackBoard) |  |  |
| Turn in any projects related to practical application |  |  |
| Turn in student site evaluation & student survey form and meet with FAU supervisor |  |  |
| Provide outlook for future plans and employment direction |  |  |
| Other |  |  |