

HUMAN PERFORMANCE PRACTICUM HANDBOOK

EXERCISE SCIENCE DEPARTMENT

TABLE OF CONTENTS

	Page
INTRODUCTION	1
PURPOSE OF HUMAN PERFORMANCE PRACTICUM (EXS 497)	2
PLACEMENT OF STUDENTS	3
RESPONSIBILITIES:	
University Practicum Supervisor	4
Cooperating Human Performance Specialist	5
Orientation to the Site and Site Personal	5
Introduction to Practicum	6
Daily Guidance	6
PRACTICUM STUDENT	7
FINAL EVALUATION	9
APPENDIX:	
Form I Human Performance Application for Off-Campus Practicum	10
Form II Personal and Professional Data	11-12
Form IIIa Human Performance Mid-Practicum Experience: Self-Evaluation	13-14
Form IIIb Practicum Experience: Final Self Evaluation	15-16
Forms IVa & b	
Mid-Practicum Evaluation: Strength & Conditioning Setting	17-20
Final Evaluation: Strength & Conditioning Setting	21-24
Mid-Practicum Evaluation: Fitness Setting	25-27
Final Evaluation: Fitness Setting	28-30
Mid-Practicum Evaluation: Clinical Setting	31-34
Final Evaluation: Clinical Setting	35-38

INTRODUCTION

The Exercise Science Department/Human Performance has prepared this booklet to provide operating guidelines for Practicum students, cooperating specialists, and University practicum supervisors to insure a successful Human Performance experience.

The purpose of the Practicum experience is to provide our students with the opportunity to utilize their skills and knowledge in the corporate, clinical, or agency setting. The practical application of their course work will determine their ability to work with a variety of people within the framework of a specific Human Performance environment and the total wellness/fitness structure.

Policies and procedures presented in this booklet are intended to provide positive suggestions and to assist the student in becoming an integral part of each setting. Our suggestions are intended to provide guidelines which should be further integrated with facility policy outlined by the cooperating specialist in the first week of orientation.

During the senior year, our students will participate in their Practicum experience after completing the following courses:

EXS 184 - Introduction to Athletic Training
EXS 386 – Fitness Management

In addition to the above course prerequisites, departmental acceptance (end of sophomore year) is required. The Practicum may be completed during the Fall or Spring semesters or across Summer Sessions I, II, III. Three-hundred (300) contact hours in the work setting is the minimum time requirement. Students must register for the six (6) credit course, EXS 497 Human Performance Practicum, as they would register for any SCSU class.

A cooperative effort between the student, cooperating specialist and University supervisor is essential to a successful Practicum experience. The University staff appreciates the efforts of the many professionals and facilities who assist us in this important experience.

PURPOSE OF HUMAN PERFORMANCE PRACTICUM

The purpose of the Human performance experience is to provide students with practical situations under the skilled supervision of a fitness professional. During the Practicum period, the students will be involved in both the instructional and administrative aspects of a fitness program. Upon completion of the experience, the students will have been exposed to as many phases of the program as possible.

The exercise science student should have a comprehensive understanding of the responsibilities of the professional within the fitness or rehabilitation setting. Every effort will be made to assure the student a successful experience. The degree of satisfaction and success may influence a student's decision to remain in Human Performance or leave it for other endeavors:

The directed Practicum experience has been planned so that the student will have experience which lead to the following:

1. An application of scientific theory in a supervised fitness environment.
2. The effective use of specificity of training principles through careful planning and practice.
3. The ability to plan, execute and evaluate personal fitness progress.
4. The development of communication skills with clients and others through individuals and group activities.
5. A better understanding of the total fitness and environment, including the cooperative responsibilities of the student from an administrative and the fitness specialist's point of view.
6. The opportunity to make the successful transition from student to "real world" professional regarding one's acceptable, mature on-site behavior.

PLACEMENT OF PRACTICUM STUDENTS

The student must submit an application for the Practicum Experience in the semester proceeding EXS 497 registration. This process includes submitting two forms simultaneously (Application Form I, Personal and Professional Data, Form II) according to the following time table:

Fall Semester	by 15 April
Spring Semester	by 15 October
Summer Session	by 15 February

Students failing to comply with the above deadlines will not be placed for practicum that semester.

The next step in the placement process is the responsibility of the Practicum supervisor. The supervisor will contact the student's first choice Practicum site to determine its educational potential and receptiveness in working with him/her as an exercise specialist. At this time, the supervisor will notify the student by phone or email regarding site receptiveness to the application.

Once the student has been contacted by the Practicum supervisor, he/she **MUST MAKE IMMEDIATE CONTACT** with that site. Call the person listed on Form I as the "contact person" and schedule an on-site interview **AS SOON AS POSSIBLE**.

The interview is a process of information exchange as follows:

- A. Information provided by the student:
 - 1. Copy of Form II as a resume
 - 2. Copy of Practicum Handbook for the site supervisor (highlight evaluation forms)
 - 3. A written statement of goals and what is expect to be accomplished from this practical experience.

- B. Information provided by the site supervisor:
 - 1. Schedule of classes and/or activities
 - 2. Facility calendar (vacations, special events)
 - 3. Required attire in and outside of the work site
 - 4. Provisions for meals and/or parking
 - 5. Duties outside of activities assumed by cooperating specialist
 - 6. Available equipment, facilities and general plant
 - 7. Procedures for reporting personal absences
 - 8. Procedure for learning of changes in usual work schedule or program cancellations.

NOTE: Your practicum interview is a professional meeting; appropriate attire is required.

RESPONSIBILITIES

In order for the Practicum experience to be most effective, it is essential that the University Practicum Supervisor, the Cooperating Specialist and the Student have mutual understanding concerning certain matters relating to this phase of the Practicum. Policies and procedures have been established by the University which form the framework within which off-campus Practicum experience operates. These details are presented here for the guidance of all concerned.

University Practicum Supervisor

The principal function of the University Practicum Supervisor is as a liaison between the University, the Coordinating Specialist, and the Practicum Student. The cooperating specialist, who sees the student on a daily basis, provides the supervisor with an overview of the student's performance between visits. The supervisor coordinates all areas related to the Practicum experience. His/Her main concerns are to:

1. Determine readiness for the Practicum and help select an appropriate fitness environment assignment.
2. Consult with the cooperating specialist regarding needs and progress of the Practicum.
3. Give professional advice.
4. Constructively criticize fitness programs, daily work and Practicum performance.
5. Review and discuss self-evaluation.
6. Show concern for any problems a Practicum student may encounter.
7. Be available for immediate consultation regardless of distance.
8. Evaluate progress on the basis of performance.

Each student will be observed twice or more during the Practicum period. It is recommended that a conference be held with either or both the student and cooperating specialist on each visit. Suggestions and/or criticisms which the University Practicum Supervisor may make will be advisory in nature and specific to the practicum situation.

Cooperating Human Performance Specialist

The Practicum student is placed under the supervision of an experienced specialist selected jointly by the Exercise Science Department and the University Supervisor. The willingness of the cooperating specialist to accept the responsibility of a Practicum student gives the University the assurance of valuable guidance and direction.

This is a learning experience for the student. The cooperating specialist should not expect the student to demonstrate master or superior skills in conducting fitness programs in the beginning of Practicum period. As a result of the guidance, suggestions, and encouragement given by the cooperating specialist, the student should develop better techniques and acquire a broader knowledge of Human Performance content material applied in a general fitness or clinical rehabilitation setting. The cooperating specialist should encourage and required the Practicum student to become involved in all phases of fitness program which represent a specialist's regular workload, including special event activities. It is hoped that the Practicum student will assure a major participation in the specialist's responsibilities during the second week of the Practicum experience.

The following guidelines are suggested to provide a desirable climate in which the Practicum student may develop and grow to feel a part of the fitness program.

Orientation to the Site and Site Personnel

1. Provide a tour of the building and facilities; meeting administrative, clerical and custodial personnel.
2. Inform colleagues of the arrival of the Practicum student.
3. Provide copies of pertinent materials regarding fitness programs policies, regulations, schedules, and handbooks.
4. Introduce Practicum student to the clients at the earliest possible time.
5. Provide the necessary tools and supplies which will be needed in the Practicum experience: desk, records, dressing space, etc.

Introduction to Practicum:

1. Establish an appropriate work/activity schedule to direct the student's first week of introduction.
2. Induct the Practicum student gradually to the responsibilities of the facility. As the student develops confidence and competency, it can be determined when actual client contact should begin.
3. Permit the student to assist with program details such as: attendance, equipment, announcements, conducting exercises, and individual supervision.
4. Identify a fitness program or special project for which the Practicum student will be responsible.
5. In the case where the student's performance is marginal or unacceptable, the University Practicum Supervisor or Cooperating Specialist should contact Dr. Joan A. Finn, Director of the Human Performance Laboratory, Moore Fieldhouse, Southern Connecticut State University, New Haven, CT 06515. (203) 392-6036.

Daily Guidance:

Observe, critique and provide feedback to the practicum student regarding his/her daily performance and personal interaction with others in the environment.

PRACTICUM STUDENT

A successful beginning is very important! BE PROFESSIONAL. The following responsibilities must be assumed by the Practicum student:

1. Obtain liability insurance as required by practicum site (clinical settings) in advance of starting date.
2. Provide your Practicum supervisor with an accurate copy of your schedule and explicit directions to the site. This should be done during the first week of the Practicum.
3. Inform the Practicum supervisor of any deviation from the submitted scheduled immediately.
4. Notify the Practicum supervisor and the cooperating specialists, or site supervisor, if you are to be absent or late to the site.
5. **REPORT ON TIME EACH DAY** and remain until the designated end of the scheduled day.
6. Prepare thoroughly for each work day.
7. Prepare thoroughly for each assignment and/or fitness program that will be conducted.
8. Submit fitness program plans to the cooperating specialist, or site supervisor, in advance so that he or she may approve the plans and make additions or corrections.
9. Wear appropriate professional attire. Personal appearance and behavior is a reflection on your University, the profession, and yourself.
10. At the midpoint of the Practicum (approximately 150 hours), each student must submit evaluation forms to the Practicum supervisor. Form IIIa should be completed by each student. The student and cooperating specialist should complete, discuss and submit the appropriate Form IVa specific to that professional setting. IE: Strength & Conditioning, Fitness, Clinical, specialization.

EVALUATIONS

As is detailed in the **Practicum Student** section above, two evaluations are to be completed by each student and cooperating specialist. Students are to complete both the self-evaluation and check list forms at the midpoint and final of the experience.

Supervisors are to complete the check list form at both the midpoint and final time periods. It should be noted that these check list evaluations forms are specific to the Practicum Strength & Conditioning, Fitness, or Clinical setting. Evaluations should be reviewed by the cooperating specialist and student as instruments for discussion and feedback. It is the responsibility of the student to initiate these processed and to deliver the evaluations to the Practicum supervisor.

The final evaluation should be mailed to the Exercise Science Department/Human Performance, Southern Connecticut State University on the final day of the Practicum period.

Grades are recorded in terms of Pass/Fail, with no letter grade equivalents. It is University policy that the supervisor be the determinant when there is a question regarding the grade.

APPENDICES

FORM I

SOUTHERN CONNECTICUT STATE UNIVERSITY
HUMAN PERFORMANCE APPLICATION FOR OFF-CAMPUS PRACTICUM

Please Type _____ Year _____

Human Performance Preference (preference does not assure choice):

Fall _____ Spring _____ Summer _____

Mr./Miss/Mrs.

Name: _____

Date of Birth: _____

Phone No. _____

Current Address: _____

(Street) (Town) (Zip Code)

Phone No. _____

Transportation: Kind _____ Via Other Means (specify) _____

Students must assume responsibility for securing own transportation to and from facility.

I. Requests for Off-Campus Placement Contact

Choice Town Fitness Setting Address Phone # Person

1. _____

2. _____

3. _____

II. I attended Private ___/Public ___
Elementary School in_(name of town)_____

I attended Private ___/Public ___
High School in-(name of town)_____

III. Record any information about yourself pertinent to Human Performance (i.e. conflicts with required courses, problems affecting placement. Personal obligations, courses, only offered in a particular semester, etc.)

FORM II

SOUTHERN CONNECTICUT STATE UNIVERSITY

HUMAN PERFORMANCE

PERSONAL AND PROFESSIONAL DATA

Directions: Type in triplicate

Mr./Miss/Mrs.

Name: _____ Date: _____

School Address:

Telephone:

No. _____

(Street) (Town) (Zip)

Permanent Address:

Telephone:

No. _____

(Street) (Town) (Zip)

Transportation: Yes _____ No _____ Kind _____

Academic Concentration: _____

Date of Birth _____ Single _____ Married _____ No. of Children _____
Mo./Da./Yr.

1. Educational or professional courses completed (COURSE TITLES ONLY.)

2. Courses completed in academic concentration.

FORM II (CONT.)

3. Participation in extra-curricular activities:

A. Activities

B. Office Held

4. Give your current schedule for outside work, if any:

A. Hours: Daily_____ Weekly_____

B. Kind of Work: (i.e. factory, clerical, etc.):

C. Previous Work Experience:_____

5. Travel Experiences: Description, time spent.

6. Talents, skills or interests which may be assets in experience:

7. Type of position you hope to obtain upon graduation.



Southern Connecticut State University
Exercise Science Program: Human Performance
Practicum Experience: Final Self Evaluation (Form IIIb)

Student's Name: _____ Date: _____

Site: _____

Please complete at 300 hours into your practicum experience and return to the University Practicum Supervisor.

1. Briefly describe techniques and skills you learned during your practicum experience.

2. List the goals you set and accomplished during your hours at your site.

Practicum Experience: Final Self Evaluation (Form IIIb – cont.)

3. Has your practicum experience intensified or diminished your enthusiasm to enter the work force in a similar setting?

4. Other. Use this space to add any comments you wish to express.

Southern Connecticut State University

Exercise Science Program: Human Performance

Mid-Practicum Evaluation: Strength & Conditioning Setting (Form IVa)

Student's Name: _____

Date: _____

Site: _____ Person Evaluating: _____

One copy each to be filled out by the student and cooperating specialist at 150 hours (middle) of the practicum experience. Circle the number below that corresponds to how you see yourself/ the student in his/ her relationships with the clients and the cooperating specialist. Feel free to add comments in explanation of your evaluation.

Cooperating Specialist: Please send the evaluation to:

Dr. Joan A. Finn, Director
Human Performance Lab
Moore Fieldhouse
Southern Connecticut State University
New Haven, CT 06515

Using the scale below, rate the quality of your performance during your fieldwork experience.

5= Excellent

4= Above Average

3= Average

2= Below Average

1= Poor

N/A= Not Applicable

Personal Attributes

Circle One:

✘ Appearance	5	4	3	2	1	N/A
✘ Poise & Self Confidence	5	4	3	2	1	N/A

Mid-Practicum Evaluation: Strength & Conditioning (Form IVa – cont.)

✘ Sense of Humor	5	4	3	2	1	N/A
✘ Initiative	5	4	3	2	1	N/A
✘ Attitude	5	4	3	2	1	N/A
✘ Patience	5	4	3	2	1	N/A
✘ Punctuality	5	4	3	2	1	N/A
✘ Dependability	5	4	3	2	1	N/A
✘ Self-Control	5	4	3	2	1	N/A
✘ Voice: Quality	5	4	3	2	1	N/A
Projection	5	4	3	2	1	N/A
Tone	5	4	3	2	1	N/A
✘ Use of English language	5	4	3	2	1	N/A

Personal Relationships

✘ Courtesy	5	4	3	2	1	N/A
✘ Cooperative Attitude	5	4	3	2	1	N/A
✘ Sincerity	5	4	3	2	1	N/A
✘ Concern for others	5	4	3	2	1	N/A
✘ Respects opinions of others	5	4	3	2	1	N/A
✘ Ability to benefit from constructive criticism	5	4	3	2	1	N/A
✘ Concern for others	5	4	3	2	1	N/A

Mid-Practicum Evaluation: Strength & Conditioning (Form IV – cont.)

✘ Tact 5 4 3 2 1 N/A

✘ Honesty 5 4 3 2 1 N/A

Preparation

✘ Knowledge of anatomy & physiology 5 4 3 2 1 N/A

✘ Knowledge of proper lifting techniques 5 4 3 2 1 N/A

✘ Proper use of warm up/ cool down/ stretching 5 4 3 2 1 N/A

✘ Knowledge of proper spotting technique 5 4 3 2 1 N/A

✘ Effective presentation 5 4 3 2 1 N/A

✘ Ability to demonstrate skills 5 4 3 2 1 N/A

✘ Sufficient variety of activity in each session to prevent boredom 5 4 3 2 1 N/A

✘ Specificity of program content for individuals 5 4 3 2 1 N/A

✘ Ability to explain skills 5 4 3 2 1 N/A

✘ Evidence of thorough preparation 5 4 3 2 1 N/A

✘ Knowledge of emergency procedures 5 4 3 2 1 N/A

✘ Utilization of motivational techniques 5 4 3 2 1 N/A

✘ Quality of written exercise prescription 5 4 3 2 1 N/A

✘ Ability to adapt program for injury 5 4 3 2 1 N/A

Mid-Practicum Evaluation: Strength & Conditioning (Form IVa)

Organization & Management

✘ Ability to effectively organize group activity	5	4	3	2	1	N/A
✘ Ability to keep athletes constructively active	5	4	3	2	1	N/A
✘ Use & care of equipment	5	4	3	2	1	N/A
✘ Use of safety precautions	5	4	3	2	1	N/A
✘ Effective use of available space	5	4	3	2	1	N/A
✘ Effective time management	5	4	3	2	1	N/A
✘ Ability to secure client attention when needed	5	4	3	2	1	N/A
✘ Flexibility in adapting to unanticipated situations	5	4	3	2	1	N/A

Evaluation of Client

✘ Recognition of appropriate individual exercise intensity, frequency, duration, mode	5	4	3	2	1	N/A
✘ Ability to analyze skills & make corrections	5	4	3	2	1	N/A
✘ Attainment of program objectives	5	4	3	2	1	N/A
✘ Ability to employ strength & condition. progression	5	4	3	2	1	N/A
✘ Praises athlete accomplishments	5	4	3	2	1	N/A
✘ Gives encouragement when needed	5	4	3	2	1	N/A
✘ Ability to provide constructive feedback for client	5	4	3	2	1	N/A

Comments/ Strengths/ Areas in need of Improvement:

Southern Connecticut State University

Exercise Science Program: Human Performance Final Evaluation: Strength & Conditioning Setting (Form IVb)

Student's Name: _____ Date: _____

Site: _____ Person evaluating: _____

One copy each to be filled out by the student and cooperating specialist at 300 hours (end) of the practicum experience. Circle the number below that corresponds to how you see yourself/ the student in his/ her relationships with the clients and the cooperating specialist. Feel free to add comments in explanation of your evaluation.

Cooperating Specialist: Please send the evaluation to:

Dr. Joan A. Finn, Director
Human Performance Lab
Moore Fieldhouse
Southern Connecticut State University
New Haven, CT 06515

Using the scale below, rate the quality of your performance during your fieldwork experience.

5= Excellent
4= Above Average
3= Average

2= Below Average
1= Poor
N/A= Not Applicable

Personal Attributes

Circle One:

✘ Appearance	5	4	3	2	1	N/A
✘ Poise & Self Confidence	5	4	3	2	1	N/A
✘ Sense of Humor	5	4	3	2	1	N/A
✘ Initiative	5	4	3	2	1	N/A
✘ Attitude	5	4	3	2	1	N/A

Final Evaluation: Strength & Conditioning (Form IVb – cont.)

✘ Patience	5	4	3	2	1	N/A
✘ Punctuality	5	4	3	2	1	N/A
✘ Dependability	5	4	3	2	1	N/A
✘ Self-Control	5	4	3	2	1	N/A
✘ Voice: Quality	5	4	3	2	1	N/A
Projection	5	4	3	2	1	N/A
Tone	5	4	3	2	1	N/A
✘ Use of English language	5	4	3	2	1	N/A

Personal Relationships

✘ Courtesy	5	4	3	2	1	N/A
✘ Cooperative Attitude	5	4	3	2	1	N/A
✘ Sincerity	5	4	3	2	1	N/A
✘ Concern for others	5	4	3	2	1	N/A
✘ Respects opinions of others	5	4	3	2	1	N/A
✘ Ability to benefit from constructive criticism	5	4	3	2	1	N/A
✘ Concern for others	5	4	3	2	1	N/A
✘ Tact	5	4	3	2	1	N/A
✘ Honesty	5	4	3	2	1	N/A

Preparation

✘ Knowledge of anatomy & physiology	5	4	3	2	1	N/A
-------------------------------------	---	---	---	---	---	-----

Final Evaluation: Strength & Conditioning Setting (Form IVb – cont.)

✘ Knowledge of proper lifting techniques	5	4	3	2	1	N/A
✘ Proper use of warm up/ cool down/ stretching	5	4	3	2	1	N/A
✘ Knowledge of proper spotting technique	5	4	3	2	1	N/A
✘ Effective presentation	5	4	3	2	1	N/A
✘ Ability to demonstrate skills	5	4	3	2	1	N/A
✘ Sufficient variety of activity in each session to prevent boredom	5	4	3	2	1	N/A
✘ Specificity of program content for individuals	5	4	3	2	1	N/A
✘ Ability to explain skills	5	4	3	2	1	N/A
✘ Evidence of thorough preparation	5	4	3	2	1	N/A
✘ Knowledge of emergency procedures	5	4	3	2	1	N/A
✘ Utilization of motivational techniques	5	4	3	2	1	N/A
✘ Quality of written exercise prescription	5	4	3	2	1	N/A
✘ Ability to adapt program for injury	5	4	3	2	1	N/A

Organization & Management

✘ Ability to effectively organize group activity	5	4	3	2	1	N/A
✘ Ability to keep athletes constructively active	5	4	3	2	1	N/A
✘ Use & care of equipment	5	4	3	2	1	N/A
✘ Use of safety precautions	5	4	3	2	1	N/A
✘ Effective use of available space	5	4	3	2	1	N/A

Final Evaluation: Strength & Conditioning (Form IVb – cont.)

✘ Effective time management	5	4	3	2	1	N/A
✘ Ability to secure client attention when needed	5	4	3	2	1	N/A
✘ Flexibility in adapting to unanticipated situations	5	4	3	2	1	N/A

Evaluation of Client

✘ Recognition of appropriate individual exercise intensity	5	4	3	2	1	N/A
✘ Ability to analyze skills & make corrections	5	4	3	2	1	N/A
✘ Attainment of program objectives	5	4	3	2	1	N/A
✘ Ability to employ strength & conditioning progression	5	4	3	2	1	N/A
✘ Praises athlete accomplishments	5	4	3	2	1	N/A
✘ Gives encouragement when needed	5	4	3	2	1	N/A
✘ Ability to provide constructive feedback for client	5	4	3	2	1	N/A

Comments/ Strengths/ Areas in need of Improvement:

Southern Connecticut State University

Exercise Science Program: Human Performance Mid-Practicum Evaluation: Fitness Setting (Form IVa)

Student's Name: _____

Date: _____

Site: _____ Person

Evaluating: _____

One copy each to be filled out by the student and cooperating specialist at 150 hours (middle) of the practicum experience. Circle the number below that corresponds to how you see yourself/ the student in his/ her relationships with the clients and the cooperating specialist. Feel free to add comments in explanation of your evaluation.

Cooperating Specialist: Please send the evaluation to:

Dr. Joan A. Finn, Director
Human Performance Lab
Moore Fieldhouse
Southern Connecticut State University
New Haven, CT 06515

Using the scale below, rate the quality of your performance during your fieldwork experience.

5= Excellent

4= Above Average

3= Average

2= Below Average

1= Poor

N/A= Not Applicable

Personal Attributes

Circle One:

✘ Appearance	5	4	3	2	1	N/A
✘ Poise & Self Confidence	5	4	3	2	1	N/A
✘ Sense of Humor	5	4	3	2	1	N/A
✘ Initiative	5	4	3	2	1	N/A

Mid-Practicum Evaluation: Fitness Setting (Form IVa – cont.)

✘ Attitude	5	4	3	2	1	N/A
✘ Patience	5	4	3	2	1	N/A
✘ Punctuality	5	4	3	2	1	N/A
✘ Dependability	5	4	3	2	1	N/A
✘ Self-Control	5	4	3	2	1	N/A
✘ Voice: Quality	5	4	3	2	1	N/A
Projection	5	4	3	2	1	N/A
Tone	5	4	3	2	1	N/A
✘ Use of English language	5	4	3	2	1	N/A

Personal Relationships

✘ Courtesy	5	4	3	2	1	N/A
✘ Cooperative Attitude	5	4	3	2	1	N/A
✘ Sincerity	5	4	3	2	1	N/A
✘ Functions well with and adjusts to individual needs	5	4	3	2	1	N/A
✘ Ability to benefit from constructive criticism	5	4	3	2	1	N/A
✘ Concern for others	5	4	3	2	1	N/A
✘ Tact	5	4	3	2	1	N/A
✘ Honesty	5	4	3	2	1	N/A

Mid-Practicum Evaluation: Fitness Setting (Form IVa – cont.)

Preparation

✘ Knowledge of anatomy & physiology	5	4	3	2	1	N/A
✘ Effective time management	5	4	3	2	1	N/A
✘ Effective presentation	5	4	3	2	1	N/A
✘ Ability to demonstrate skills	5	4	3	2	1	N/A
✘ Ability to explain skills	5	4	3	2	1	N/A
✘ Specificity of program content for individuals	5	4	3	2	1	N/A
✘ Sufficient variety of activity in each session	5	4	3	2	1	N/A
✘ Utilization of motivational techniques	5	4	3	2	1	N/A
✘ Quality of written exercise prescription	5	4	3	2	1	N/A

Organization and Management

✘ Ability to organize group activity	5	4	3	2	1	N/A
✘ Provides for individual differences	5	4	3	2	1	N/A
✘ Demonstration of leadership skills	5	4	3	2	1	N/A
✘ Ability to keep clients constructively active	5	4	3	2	1	N/A
✘ Effective use of time management	5	4	3	2	1	N/A
✘ Ability to secure client attention when needed	5	4	3	2	1	N/A
✘ Flexibility in adapting to unanticipated situations	5	4	3	2	1	N/A
✘ Use and care of equipment	5	4	3	2	1	N/A
✘ Effective use of available space	5	4	3	2	1	N/A

Mid-Practicum Evaluation: Fitness Setting (Form IVa – cont.)

Evaluation of Client

✘ Ability to analyze skills and make corrections	5	4	3	2	1	N/A
✘ Recognition of appropriate individual exercise intensity, frequency, duration, mode	5	4	3	2	1	N/A
✘ Opportunity for client self appraisal	5	4	3	2	1	N/A
✘ Attainment of program objectives	5	4	3	2	1	N/A
✘ Ability to develop and utilize fitness progression	5	4	3	2	1	N/A
✘ Recognition of individual needs	5	4	3	2	1	N/A
✘ Praises client accomplishments	5	4	3	2	1	N/A
✘ Ability to provide constructive feedback	5	4	3	2	1	N/A

Comments/ Strengths/ Areas in need of Improvement:

Southern Connecticut State University

Exercise Science Program: Human Performance

Final Evaluation: Fitness Setting (Form IVb)

Student's Name: _____

Date: _____

Site: _____ Person Evaluating: _____

One copy each to be filled out by the student and cooperating specialist at 300 hours (end) of the practicum experience. Circle the number below that corresponds to how you see yourself/ the student in his/ her relationships with the clients and the cooperating specialist. Feel free to add comments in explanation of your evaluation.

Cooperating Specialist: Please send the evaluation to:

Dr. Joan A. Finn, Director
Human Performance Lab
Moore Fieldhouse
Southern Connecticut State University
New Haven, CT 06515

Using the scale below, rate the quality of your performance during your fieldwork experience.

5= Excellent
4= Above Average
3= Average

2= Below Average
1= Poor
N/A= Not Applicable

Personal Attributes

Circle One:

✘ Appearance	5	4	3	2	1	N/A
✘ Poise & Self Confidence	5	4	3	2	1	N/A
✘ Sense of Humor	5	4	3	2	1	N/A
✘ Initiative	5	4	3	2	1	N/A
✘ Attitude	5	4	3	2	1	N/A

Final Evaluation: Fitness Setting (Form IVb – cont.)

✘ Patience	5	4	3	2	1	N/A
✘ Punctuality	5	4	3	2	1	N/A
✘ Dependability	5	4	3	2	1	N/A
✘ Self-Control	5	4	3	2	1	N/A
✘ Voice: Quality	5	4	3	2	1	N/A
Projection	5	4	3	2	1	N/A
Tone	5	4	3	2	1	N/A
✘ Use of English language	5	4	3	2	1	N/A

Personal Relationships

✘ Courtesy	5	4	3	2	1	N/A
✘ Cooperative Attitude	5	4	3	2	1	N/A
✘ Sincerity	5	4	3	2	1	N/A
✘ Functions well with and adjusts to individual needs	5	4	3	2	1	N/A
✘ Ability to benefit from constructive criticism	5	4	3	2	1	N/A
✘ Concern for others	5	4	3	2	1	N/A
✘ Tact	5	4	3	2	1	N/A
✘ Honesty	5	4	3	2	1	N/A

Final Evaluation: Fitness Setting (Form IVb)

Preparation

✘ Knowledge of anatomy & physiology	5	4	3	2	1	N/A
✘ Effective time management	5	4	3	2	1	N/A
✘ Effective presentation	5	4	3	2	1	N/A
✘ Ability to demonstrate skills	5	4	3	2	1	N/A
✘ Ability to explain skills	5	4	3	2	1	N/A
✘ Specificity of program content for individuals	5	4	3	2	1	N/A
✘ Sufficient variety of activity in each session	5	4	3	2	1	N/A
✘ Utilization of motivational techniques	5	4	3	2	1	N/A
✘ Quality of written exercise prescription	5	4	3	2	1	N/A

Organization and Management

✘ Ability to organize group activity	5	4	3	2	1	N/A
✘ Provides for individual differences	5	4	3	2	1	N/A
✘ Demonstration of leadership skills	5	4	3	2	1	N/A
✘ Ability to keep clients constructively active	5	4	3	2	1	N/A
✘ Effective use of time management	5	4	3	2	1	N/A
✘ Ability to secure client attention when needed	5	4	3	2	1	N/A
✘ Flexibility in adapting to unanticipated situations	5	4	3	2	1	N/A
✘ Use and care of equipment	5	4	3	2	1	N/A
✘ Effective use of available space	5	4	3	2	1	N/A

Final Evaluation: Fitness Setting (Form IVb – cont.)

Evaluation of Client

✘ Ability to analyze skills and make corrections	5	4	3	2	1	N/A
✘ Recognition of appropriate individual exercise intensity, frequency, duration, mode	5	4	3	2	1	N/A
✘ Opportunity for client self appraisal	5	4	3	2	1	N/A
✘ Attainment of program objectives	5	4	3	2	1	N/A
✘ Ability to develop and utilize fitness level progression	5	4	3	2	1	N/A
✘ Recognition of individual needs	5	4	3	2	1	N/A
✘ Praises client accomplishments	5	4	3	2	1	N/A
✘ Ability to provide constructive feedback	5	4	3	2	1	N/A

Comments/ Strengths/ Areas in need of Improvement:



Southern Connecticut State University

Exercise Science Program: Human Performance Mid-Practicum Evaluation: Clinical Setting (Form IVa)

Student's Name: _____ Date: _____

Site: _____ Person _____

Evaluating: _____

One copy each to be filled out by the student and cooperating specialist at 150 hours (middle) of the practicum experience. Circle the number below that corresponds to how you see yourself/ the student in his/ her relationships with the clients and the cooperating specialist. Feel free to add comments in explanation of your evaluation.

Cooperating Specialist: Please send the evaluation to:

Dr. Joan A. Finn, Director
Human Performance Lab
Moore Fieldhouse
Southern Connecticut State University
New Haven, CT 06515

Using the scale below, rate the quality of your performance during your fieldwork experience.

5= Excellent
4= Above Average
3= Average

2= Below Average
1= Poor
N/A= Not Applicable

Personal Attributes

Circle One:

✘ Appearance	5	4	3	2	1	N/A
✘ Poise & Self Confidence	5	4	3	2	1	N/A
✘ Sense of Humor	5	4	3	2	1	N/A
✘ Initiative	5	4	3	2	1	N/A
✘ Attitude	5	4	3	2	1	N/A

Mid-Practicum Evaluation: Clinical Setting (Form IVa –cont.)

✘ Patience	5	4	3	2	1	N/A
✘ Punctuality	5	4	3	2	1	N/A
✘ Dependability	5	4	3	2	1	N/A
✘ Self-Control	5	4	3	2	1	N/A
✘ Voice: Quality	5	4	3	2	1	N/A
Projection	5	4	3	2	1	N/A
Tone	5	4	3	2	1	N/A
✘ Use of English language	5	4	3	2	1	N/A

Personal Relationships

✘ Gives encouragement when needed	5	4	3	2	1	N/A
✘ Cooperative Attitude	5	4	3	2	1	N/A
✘ Sincerity	5	4	3	2	1	N/A
✘ Functions well with and adjusts to individual needs	5	4	3	2	1	N/A
✘ Respects opinions of others	5	4	3	2	1	N/A
✘ Ability to benefit from constructive criticism	5	4	3	2	1	N/A
✘ Concern for others	5	4	3	2	1	N/A
✘ Tact	5	4	3	2	1	N/A
✘ Honesty	5	4	3	2	1	N/A

Mid-Practicum Evaluation: Clinical Setting (Form IVa – cont.)

Preparation

✘ Knowledge of anatomy & physiology	5	4	3	2	1	N/A
✘ Familiarity with diseases & disorders	5	4	3	2	1	N/A
✘ Competency in exercise testing	5	4	3	2	1	N/A
✘ Skills necessary for interpreting medical history	5	4	3	2	1	N/A
✘ Effective/ accurate presentation of subject matter	5	4	3	2	1	N/A
✘ Ability to demonstrate skills	5	4	3	2	1	N/A
✘ Ability to explain skills	5	4	3	2	1	N/A
✘ Evidence of thorough preparation	5	4	3	2	1	N/A
✘ Knowledge of emergency procedures	5	4	3	2	1	N/A
✘ Utilization of motivational techniques	5	4	3	2	1	N/A
✘ Quality of written exercise prescription	5	4	3	2	1	N/A

Professional Competencies

✘ Participation in staff meetings	5	4	3	2	1	N/A
✘ Provides for individual differences	5	4	3	2	1	N/A
✘ Demonstration of leadership skills	5	4	3	2	1	N/A
✘ Ability to keep clients constructively active	5	4	3	2	1	N/A
✘ Follows tasks through to completion	5	4	3	2	1	N/A
✘ Effective use of time management	5	4	3	2	1	N/A
✘ Endeavors to resolve problems individually	5	4	3	2	1	N/A

Mid-Practicum Evaluation: Clinical Setting (Form IVa – cont.)

✘ Ability to secure client attention when needed	5	4	3	2	1	N/A
✘ Flexibility in adapting to unanticipated situations	5	4	3	2	1	N/A
✘ Use & care of equipment	5	4	3	2	1	N/A

Specific Skills Attained in Clinical Environment

✘ Ability to interpret ECG correctly	5	4	3	2	1	N/A
✘ Knowledge of degenerative diseases	5	4	3	2	1	N/A
✘ Pharmacology comprehension	5	4	3	2	1	N/A
✘ Knowledge of cardio respiratory diseases	5	4	3	2	1	N/A
✘ Ability to recognize lung sounds	5	4	3	2	1	N/A
✘ Ability to select proper test protocol for individual	5	4	3	2	1	N/A
✘ Competent assessment of HR, BP & RPE	5	4	3	2	1	N/A
✘ Recognition of appropriate individual exercise intensity	5	4	3	2	1	N/A
✘ Ability to provide constructive feedback	5	4	3	2	1	N/A

Comments/ Strengths/ Areas in need of Improvement:



Southern Connecticut State University

Exercise Science Program: Human Performance

Final Evaluation: Clinical Setting (Form IVb)

Student's Name: _____

Date: _____

Site: _____ Person

Evaluating: _____

One copy each to be filled out by the student and cooperating specialist at 300 hours (end) of the practicum experience. Circle the number below that corresponds to how you see yourself/ the student in his/ her relationships with the clients and the cooperating specialist. Feel free to add comments in explanation of your evaluation.

Cooperating Specialist: Please send the evaluation to:

Dr. Joan A. Finn, Director
Human Performance Lab
Moore Fieldhouse
Southern Connecticut State University
New Haven, CT 06515

Using the scale below, rate the quality of your performance during your fieldwork experience.

5= Excellent
4= Above Average
3= Average

2= Below Average
1= Poor
N/A= Not Applicable

Personal Attributes

Circle One:

✘ Appearance	5	4	3	2	1	N/A
✘ Poise & Self Confidence	5	4	3	2	1	N/A
✘ Sense of Humor	5	4	3	2	1	N/A

Final Evaluation: Clinical Setting (Form IVb – cont.)

✘ Initiative	5	4	3	2	1	N/A
✘ Attitude	5	4	3	2	1	N/A
✘ Patience	5	4	3	2	1	N/A
✘ Punctuality	5	4	3	2	1	N/A
✘ Dependability	5	4	3	2	1	N/A
✘ Self-Control	5	4	3	2	1	N/A
✘ Voice: Quality	5	4	3	2	1	N/A
Projection	5	4	3	2	1	N/A
Tone	5	4	3	2	1	N/A
✘ Use of English language	5	4	3	2	1	N/A

Personal Relationships

✘ Gives encouragement when needed	5	4	3	2	1	N/A
✘ Cooperative Attitude	5	4	3	2	1	N/A
✘ Sincerity	5	4	3	2	1	N/A
✘ Functions well with and adjusts to individual needs	5	4	3	2	1	N/A
✘ Respects opinions of others	5	4	3	2	1	N/A
✘ Ability to benefit from constructive criticism	5	4	3	2	1	N/A
✘ Concern for others	5	4	3	2	1	N/A
✘ Tact	5	4	3	2	1	N/A
✘ Honesty	5	4	3	2	1	N/A

Final Evaluation: Clinical Setting (Form IVb – cont.)

Preparation

✘ Knowledge of anatomy & physiology	5	4	3	2	1	N/A
✘ Familiarity with diseases & disorders	5	4	3	2	1	N/A
✘ Competency in exercise testing	5	4	3	2	1	N/A
✘ Skills necessary for interpreting medical history	5	4	3	2	1	N/A
✘ Effective/ accurate presentation of subject matter	5	4	3	2	1	N/A
✘ Ability to demonstrate skills	5	4	3	2	1	N/A
✘ Ability to explain skills	5	4	3	2	1	N/A
✘ Evidence of thorough preparation	5	4	3	2	1	N/A
✘ Knowledge of emergency procedures	5	4	3	2	1	N/A
✘ Utilization of motivational techniques	5	4	3	2	1	N/A
✘ Quality of written exercise prescription	5	4	3	2	1	N/A

Professional Competencies

✘ Participation in staff meetings	5	4	3	2	1	N/A
✘ Provides for individual differences	5	4	3	2	1	N/A
✘ Demonstration of leadership skills	5	4	3	2	1	N/A
✘ Ability to keep clients constructively active	5	4	3	2	1	N/A
✘ Follows tasks through to completion	5	4	3	2	1	N/A
✘ Effective use of time management	5	4	3	2	1	N/A
✘ Endeavors to resolve problems individually	5	4	3	2	1	N/A

Final Evaluation: Clinical Setting (Form IVb - cont)

✘ Ability to secure client attention when needed	5	4	3	2	1	N/A
✘ Flexibility in adapting to unanticipated situations	5	4	3	2	1	N/A
✘ Use & care of equipment	5	4	3	2	1	N/A

Specific Skills Attained in Clinical Environment

✘ Ability to interpret ECG correctly	5	4	3	2	1	N/A
✘ Knowledge of degenerative diseases	5	4	3	2	1	N/A
✘ Pharmacology comprehension	5	4	3	2	1	N/A
✘ Knowledge of cardio respiratory diseases	5	4	3	2	1	N/A
✘ Ability to recognize lung sounds	5	4	3	2	1	N/A
✘ Ability to select proper test protocol for individual	5	4	3	2	1	N/A
✘ Competent assessment of HR, BP & RPE	5	4	3	2	1	N/A
✘ Recognition of appropriate individual exercise intensity	5	4	3	2	1	N/A
✘ Ability to provide constructive feedback	5	4	3	2	1	N/A

Comments/ Strengths/ Areas in need of Improvement:

