

Winona State University
College of Nursing & Health Sciences

Department of Health, Exercise, & Rehabilitative Sciences

Internship Handbook

Exercise & Rehabilitative Sciences

❖ Cardiopulmonary Rehabilitation

❖ Exercise Science

Health Promotion

❖ Community Health

Revised Spring 2012

Internships provide students the opportunity to develop career interests and skills in professional settings. This handbook provides an overview of the internship process.

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INTRODUCTION/PURPOSE

The Health, Exercise & Rehabilitative Sciences (HERS) Internship Program provides significant experiential learning opportunities valuable to a student's professional development. The field experience provides a means of reinforcing and enhancing academic preparation, while interns actively apply knowledge and skills in a real work environment. Through cooperative planning and implementation in partnership with the internship agency (site), the Department requires the following internships of eligible degree candidates:

HERS 496	Community Health	10 credits
HERS 497	Cardiopulmonary Rehabilitation	8 credits
HERS 499	Exercise Science	8 credits

All HERS Department internships are offered for up to 12 credit hours. See Credit/Work Hours section, page 5, for details.

This handbook has been designed to assist Cardiopulmonary Rehabilitation, Exercise Science and Community Health majors in the procedural aspects involved in successful acquisition and completion of the "capstone" internship experience.

The internship experience serves as a practical vehicle of transition for students to make the change from classroom to work place settings. With the structured environment of a University approved agency/site and under the direct supervision of a university approved professional in the field, the student receives guidance in transitioning from the academic setting to the role of an employee in a "real life" worksite.

HERS DEPARTMENT CONTACTS:

<p>Dr. Shellie Nelson, Professor, Chairperson Telephone: 507.457.5214 (800.242.8978) E-mail: snelson@winona.edu Fax: 507.457.2554</p>	<p>Mary Kaye Pecarina, Administrative Assistant Telephone: 507.457.2600 (800.242.8978) E-mail: mkpecarina@winona.edu Fax: 507.457.2554</p>
<p><u>Cardiopulmonary Rehabilitation Faculty Internship Advisor:</u> Teresa E. Lee Telephone: 507.457.2271 (800.242.8978) E-mail: telee@winona.edu Fax: 507.457.2554</p>	<p><u>Community Health Faculty Internship Advisor:</u> Dr. Peter Sternberg Telephone: 507.457.5693 (800.242.8978) E-mail: pssternberg@winona.edu Fax: 507.457.2554</p>
<p><u>Exercise Science Faculty Internship Advisor:</u> Dr. Phil Appicelli Telephone: 507.457.5388 (800.242.8978) E-mail: pappicelli@winona.edu Fax: 507.457.2554</p>	<p><u>Internship Handbook and Evaluation Sheets</u> May be found on the web: http://www.winona.edu/hers or the HERS Portal: https://mywsu.winona.edu/departments/hers/default.aspx</p>

INTERNSHIP CHECKLIST

1. Obtain a copy of the Internship Handbook in the HERS Department office, on the HERS website <http://www.winona.edu/hers> , or the Portal <https://mywsu.winona.edu/departments/hers/default.aspx>. Read thoroughly before proceeding. Attend all mandatory internship meetings.
2. Meet with Faculty Internship Advisor about possible internship sites and determine student's eligibility.
 - Review DARS Report
 - All major courses completed with grade of "C" or better and student meets 2.50 minimum GPA (*Cardiopulmonary Rehabilitation requires 2.8 minimum major GPA*)
 - Bring and review résumé and cover letter. (Additional assistance is available from Career Services, Maxwell Hall 3rd Floor.) *A database of past internship sites is on the HERS portal <https://mywsu.winona.edu/departments/hers/>*
3. Contact possible internship sites and ask about:
 - Types of internships available
 - Application procedures
 - Obtain copy of intern's duties and responsibilities.
 - Obtain credentials and experience of internship site supervisor for potential site (example: supervisor's business card)
4. Meet again with Faculty Internship Advisor. Bring duties/responsibilities and credentials as listed in No. 3 and complete "Intent to Internship" form (page 8) with 2-3 site choices. Complete this is least 10 weeks prior to start of Internship, and give "Intent to Internship" form to HERS Administrative Assistant.
5. Special Circumstance Appeal
Student may file an appeal to the Department Chair if student and faculty advisor agree upon circumstances. (see page 4)
6. Meet with HERS Department Administrative Assistant for additional information and to complete all forms.
 - Important Notices
 - Student Background Study Forms: Students are financially responsible for background studies that meet both WSU and the internship site's requirements.
 - Reduced Student Activity Fee Authorization (if site is more than 50 miles away from Winona)
 - Health Information and Requirements for Internship Program
 - Proof of Medical Insurance.
 - Dates of Mantoux (Tuberculosis) Test and All Immunizations Listed.
 - CPR/AED and First Aid Certification Requirements (See Page 22.)
7. HERS Department will e-mail affiliate agreement with cover letter to potential sites.
8. Once affiliate agreement is fully executed, meet with Faculty Internship Advisor to obtain a blue card and register for course. (Consider: Financial Aid, scholarships, personal insurance).
9. Intern reminders:
 - Submit logs, journals and other materials to Faculty Internship Advisor as directed.
 - Follow up with site supervisor on timely filing of midpoint and final evaluation forms.
10. Submit the Student Evaluation of Internship Supervisor and Site to Faculty Internship Advisor at end of internship. All paperwork will be reviewed for completion.
11. Internship closure conference with Faculty Internship Advisor.

INTERNSHIP PROCESS

Objectives

The capstone internship experience affords student interns opportunities to:

- Participate in productive work activities as cooperative, contributing team members.
- Actively apply previously acquired knowledge and technological skills to meeting site/agency job requirements and expectations.
- Demonstrate interpersonal relations and communication skills as applied to on-the-job oral and written communications.
- Exercise decision-making and problem-solving abilities in performing self-directed work assignments.
- Evaluate current expertise and academic achievements in relation to agency/site needs and performance standards.
- Assess career plans and aspirations in relation to field experience.

Prerequisites

- A minimum major GPA of 2.5 or better. (*Cardiopulmonary Rehabilitation requires 2.8 minimum major GPA.*)
- Completion of all major coursework.

Special Circumstance Appeal Process

Students may consider filing an appeal for the right to intern by following the procedure below:

If students have not completed all major coursework prior to the start of the intended internship student **must** file a written appeal with the HERS Department. An application for appeal form is available from the HERS Administrative Assistant. Appeals will be reviewed by the HERS Department Chair and then by the HERS curriculum committee. **The appeal process will take at least one month. Please note that a student may not begin his/her internship without departmental approval.**

The curriculum committee will make recommendations based upon the following documents provided by the student:

- Student must explain his/her extraordinary circumstances.
- Letter of support from student's major advisor supporting early internship and student's abilities.
- Copy of student's academic record.

Appeals should not be requested frivolously. An Internship appeal represents a procedural safeguard for the student. Decisions made by the curriculum committee are final.

Planning

The application procedures for some intern sites recommend more than a semester's notice. Therefore, begin planning early. Read carefully all forms, procedures and requirements.

Advising

Meet with your Faculty internship advisor to:

- discuss internship requirements.
- discuss the search process for securing your internship.

Qualifying Internship

- Since securing the internship experience is essentially the same as finding a professional position, you should use appropriate job search procedures to locate a *qualifying* internship experience.
- You are responsible for establishing and verifying the quality of your internship position. For a meaningful experience, qualifying positions must meet the following guidelines:
 - Interns are to report to an on-site internship supervisor who is an experienced management/supervisory-level employee.
 - Work experience must involve a challenging variety of responsibilities rather than repetitive, routine

tasks in order to be a quality experience. Positions comparable to file clerk, record-keeper, or purely clerical positions do not qualify.

- Special work assignments delegated to the HERS student intern may include special projects, administrative management and/or supervisory responsibilities consistent with the intern's academic preparation and background.
- If you have a double option within your major, each with an internship requirement, two distinct internships are required. This may be done at the same agency or different agencies but you must follow and complete all requirements such as hours, evaluations, summaries in a distinctly individual manner
- Some internship sites provide a salary or stipend with the internship. This is acceptable as long as the internship meets the objectives of the HERS Department and is approved by the Faculty Internship Advisor.
- Internships involving a student's relatives in any capacity normally are not approved because of the potential conflict of interest.

Interview

- Arrange a face-to-face or phone interview with appropriate site/agency personnel to discuss all pertinent internship information and forms. Be sure to discuss such topics as the nature of your academic preparation in your subject discipline, criteria for qualifying for internship positions, detailed job description, monetary compensation, site supervisor's verification on reports and any other details necessary for a mutual understanding of internship requirements, conditions and standards.

Credits/Work Hours

- All internships are taken on a **pass/no credit** basis.
- The number of hours required for each internship varies based upon program standards for each subject discipline. Generally one semester (15 weeks) or equivalent is set aside to complete the internship with a total of 600 hours required.
- Students must work a minimum of 20 hours/week and no more than 45 hours/week. Fewer than 40 hours in any one week will necessitate additional weeks at the internship site. A student may not decrease the required consecutive internship weeks by consistently working more than 40 hours per week. Conversely, students working less than 40 hours per week must complete all internship requirements within 20 weeks, unless prior approval has been granted by the internship faculty advisor.
- Students must begin and complete at least one-half (1/2) of the required hours during the semester in which registered.
- Students may enroll in a maximum of 19 credit hours per semester; however, the internship is a full-time commitment and this is strongly discouraged.
- Students in the HERS Department may complete only one internship per semester.

Contract – Memorandum of Agreement

After meeting with the appropriate Faculty Internship Advisor and at least **10 weeks** prior to the start of the internship, the student intern must submit completed *Intent to Internship* form to the HERS Administrative Assistant. Upon receipt, the HERS Administrative Assistant will e-mail a Memorandum of Agreement and cover letter to potential sites.

Registration

Once the student intern completes all required documentation, has received confirmation from the internship site, and a fully executed Memorandum of Agreement is in place, the student intern should obtain a blue card from the Faculty Internship Advisor in order to register.

Student Intern's Responsibilities

- Successfully complete the total work hours and job requirements as agreed upon with the on-site internship supervisor/site/agency and the Faculty Internship Advisor.
- Complete an *Internship Log/Work Report* and *Journal* for each week of the internship and review with the on-site supervisor. Send these as directed to the HERS Faculty Internship Advisor. Retain a copy for your

own future use. Observe the usual standards for effective written communications.

- Complete and submit the *Site/Supervisor Evaluation* forms to the HERS Faculty Internship Advisor. (page 26)
- For Community Health Interns – prepare a 15-minute illustrated (with photographs, etc.) PowerPoint presentation about your internship and either e-mail it as an attachment to the Faculty Internship Advisor OR set up a date to give your presentation in person to students in the health promotion: community health major.

(NOTE: In order to receive a final grade, all of the above must be satisfactorily completed and submitted to the HERS Faculty Internship Advisor within two weeks of completion of internship.)

Student Professional Liability Insurance

All WSU students enrolled in internships and/or practicum must purchase professional liability insurance. It is an industry standard that any individual involved with the wellbeing of another must carry malpractice insurance. Therefore, Minnesota State Colleges and Universities (MnSCU) provides a blanket liability insurance policy with American Casualty Company (\$2 million per occurrence; \$5 million aggregate) at a cost of \$13.00 per academic year.

Student Health Insurance

All WSU students enrolled in internships must possess health insurance; some internship sites may require verification of coverage.

HERS Faculty Internship Advisor's Responsibilities

- Meet with student interns.
- Approve eligibility of student.
- Review resume and cover letter.
- Approve internship site, supervisor and duties/responsibilities and *Intent to Internship* form.
- Prepare blue card for student after accepted to site and Memorandum of Agreement is fully executed.
- Receive and review daily/weekly intern logs & journals.
- Receive and review midpoint and final evaluations.
- Ensure that *Intern Evaluation Forms* (midpoint and final) are completed by the on-site supervisor and reviewed with student intern.
- Contact the site supervisor periodically.
- Receive and review *Site/Supervisor Evaluation* form.
- Exit interview with the student intern.
- Assign final grade.

HERS Administrative Assistant's Responsibilities

- Provide handbooks to student interns
- Receive the *Intent to Internship* form from the student intern and start file.
- Start the Affiliate Agreement Process.
- Meet with the student intern to complete forms:
 - o Important Notices
 - o Student Background Study/Studies, as required by WSU and Internship Site.
 - o Reduced Student Activity Fee (if applicable).
 - o Health Information & Requirements.
- Explain MnSCU liability insurance to the student intern.
- Track the Memorandum of Agreement and obtain appropriate signatures.
- Send midpoint and final evaluations to site and identify Faculty Internship Advisor.
- Give student intern's file to appropriate Faculty Internship Advisor.
- Route forms to appropriate Faculty Internship Advisor as necessary.

INTERNSHIP SEARCH TIPS

1. View the internship search process as a learning experience that will provide insights into your future job searches. The HERS Department considers it the responsibility of prospective interns to locate their own internship sites. The Department provides a list of previous internships and national organizations publish site locations and directories to assist the search.
2. The Internet is an excellent source, in particular sites at The National Wellness Institute and ACSM. Also Directory Guides from national organizations can lead the student to specific internship sites at a wide range of geographical locations.
3. After compiling a list of possible sites that interest you, meet with your HERS Faculty Internship Advisor to discuss them.
4. Internship applications will usually proceed in one of two ways. If time permits, a cover letter and resume should be sent to the potential internship sites. Tips for sample cover letter and resume are available in this packet. This may then be followed up with a phone contact. If time is limited, direct telephoning may be your initial contact with the internship site. At all times during the search process, it is important to project a professional image.
5. Always remember to keep in touch with your HERS Faculty Internship Advisor during the search process. Your internship advisor may have information about potential internship sites and can provide coaching with cover letters, resumes, interviewing techniques, etc.
6. When you have a site that has agreed to accept you as an intern, verify that it meets the HERS site qualifications including: focus on subject area, professional in nature, new learning experience and on-site supervisor availability.

DEPARTMENT OF HEALTH, EXERCISE, & REHABILITATIVE SCIENCES

Intent to Internship

Name: _____ Date: _____

Address: _____ Phone: _____

Permanent Address: _____

Tech ID# _____ WSU E-Mail: _____

Other E-Mail: _____ Major/Option: _____

Number of Credits Sought: _____ Faculty Internship Advisor: _____

of Credits obtained prior to Internship _____ ALL HERS Courses Completed _____

GPA _____ Returning to WSU Next Semester _____

***First Choice:**

Internship Site: _____

Address: _____

On-Site Supervisor: _____ Title: _____

E-Mail _____ Phone: _____

Internship Start Date: _____ End Date: _____ Hours Per Week: _____

***Second Choice:**

Internship Site: _____

Address: _____

On-Site Supervisor: _____ Title: _____

E-Mail _____ Phone: _____

Internship Start Date: _____ End Date: _____ Hours Per Week: _____

***Third Choice:**

Internship Site: _____

Address: _____

On-Site Supervisor: _____ Title: _____

E-Mail _____ Phone: _____

Internship Start Date: _____ End Date: _____ Hours Per Week: _____

***Attach duties/responsibilities from site and credentials of prospective site supervisors.**

Student Signature: _____ Date: _____

Faculty Internship
Advisor Signature: _____ Date: _____

SAMPLE STUDENT'S INTERNSHIP COVER LETTER

(DATE)

(ADDRESS)

Dear ()::

I am currently a (senior) at Winona State University majoring in Exercise & Rehabilitative Sciences: Exercise Science. As a part of my academic program, I am required to complete an internship, which will allow me to utilize the skills I am developing in my coursework. I would like to do this internship with (name of agency).

To date, I have completed coursework in () as well as (). My minor in () further enhances my () degree by giving my () program a direct focus on ().
I have earned a (3.5) grade point average on a 4.0 scale.

As a part of my internship contract, I would need to work a minimum of 600 hours for your organization between () and (). This time can be changed to fit any special projects you might be working on which I might be of assistance. During the time period, I will (have no other obligations/list any other obligations).

If you are willing to consider the possibility of sponsoring an intern, please contact me, and I will forward letters of recommendation and a transcript of my coursework. At that time, I could also set up an appointment to talk with you further about my qualifications.

I have enclosed a resume for your review. I look forward to the possibility of interning with your organization and hope to hear from you in the near future.

Sincerely,

(Name)

(Address)

(Phone Number)

(E-mail Address)

Jane Smith

Current Address:
123 Winona Street
Winona, MN 55987
(507) 450-1111

Permanent Address:
321 Main Street
Any town, MN 55123
(507) 444-2222

jsmith@winona.edu

CAREER OBJECTIVE

An internship promoting healthy lifestyles

EDUCATION & TRAINING

Winona State University, Winona, MN
B.S. in Health Promotion (Community), Communication Minor
Expected Graduation: Fall, 2010 GPA: 3.48/4.0

RELEVANT COURSEWORK

Nutrition	Personal & Community Health	Health Perspectives
Community Health	Comprehensive School Health Program	Public Health
Health Promotion Skills	Program Planning in Health Promotion	Epidemiology
Behavioral Interventions	Health Promotion Skills	Grant Writing

RELATED EXPERIENCE

- Health Behavior Assessment of Rochester Community Technical College and Winona State University Project
 - Established and distributed a Health Needs Assessment Survey to students through Survey Monkey
 - Developed and distributed Health Needs Assessment Survey to students
 - Maintained and analyzed survey responses using Zoomerang survey database program
 - Successfully awarded a University Foundation Grant
 - Made recommendations to WSU Health Educator based on survey findings
- Grant Writing
 - Wrote an extensive grant proposal for non-profit organization
- Campaign for Safer Drinking Standards for students at Winona State University; designed poster, pamphlet, and website
- WSU Binge Drinking and First Year Students Investigation, Community Health Course
 - Researched and implemented several research methods related to college drinking “norms”
 - Obtained data from comprehensive needs assessment
 - Created and distributed personal interest surveys
 - Conducted personal interviews
 - Conducted and led focus groups
- Middle School Health Experience
 - Worked with local Middle School health teacher to develop a student led Health Fair
 - Assisted students with research of health topics and displays for school Health Fair

OTHER EXPERIENCE

- Any town Park District, Any town, MN
 - Camp Counselor: 5/2008 – present
 - Safety: Promoted safe environment, counseled healthy living for children
 - Responsibility: Created daily agendas, supervised children at all time
- Any town Fitness Center, Any town, MN
 - Swim Instructor, Lifeguard: 5/2008-6/2009
 - Customer Service: Communicated with colleagues, patrons, and children
 - Leadership: Supervised swim lessons and enforced rules to patrons
 - Safety: Maintained safe environment for adults and children

SKILLS AND CERTIFICATIONS

- **Adult, Child and Infant CPR**, American Red Cross
- **AED Essentials**, American Red Cross
- **Disease Prevention**, American Red Cross
- **Experience with Computers**: Proficient with Windows, Office packages (Word, PowerPoint, Excel, Access), data processing packages (Epi Info, SPSS), and computer design packages(Adobe Photoshop and InDesign)

COMMUNITY SERVICE

- **Breast Cancer Fundraiser, 2009**: Helped organize and run fundraiser
- **Winona Middle School, 2009, 2008**: Helped 6th grade health class organize a health fair
- **Flood Disaster Relief, 2007**: Minnesota City, Spent time helping families rebuild their homes
- **Winona Food Drive, 2007**: Worked with community for two weeks collecting canned food
- **Adopt-A-Family, 2009, 2007**: Adopted numerous families and provided them with gifts for the holidays

EXTRA-CURRICULAR ACTIVITIES

- **Women's Health Issues Club**: Assistant Vice President, 2008 - present
- **H.O.P.E (Health Organization for Promotion and Education)**: 2008 - present
- **College Intramural Team**: Soccer, 2008

AWARDS AND HONORS

- **Dean's List**: Winona State University, 2010
- **Etiquette Dinner**: Winona State University, 2009
- **Honor Student**: Winona State University, 2009

MINNESOTA STATE COLLEGES AND UNIVERSITIES
WINONA STATE UNIVERSITY
HEALTH, EXERCISE & REHABILITATIVE SCIENCES

IMPORTANT NOTICES

REASONABLE ACCOMMODATIONS

There are conditions for which accommodations may be appropriate under the Americans with Disabilities Act. The Health, Exercise & Rehabilitative Sciences Department will make all reasonable accommodations required by law for otherwise qualified individuals. To receive accommodations, you must contact the Office of Disability Services, located in Maxwell 313. The telephone number is 507.457.5878.

RESPONSIBILITY FOR HEALTH CARE COSTS

Any health care costs incurred during the period of time you are a student in the Health, Exercise & Rehabilitation Programs will be your responsibility. Students enrolled in a Winona State University HERS program are required to have proof of health insurance.

WORKERS' COMPENSATION

It is the position of the internship site/facility and the College/University that, as a WSU student intern, you are not an employee of either the site or the College/University for purposes of Workers' Compensation insurance. (However, if you are officially employed by the site, you would follow the site's workers' compensation policy.)

BACKGROUND CHECKS

An integral part of the HERS Program is the experiential education opportunities. To provide this experience, the College/University contracts with organizations outside of the University. State law requires that any person who provides services which involve direct contact with community members or others outside the University have a background study conducted by the State. A site may initiate a background study by asking you to complete a form so that a background check can be conducted. If, as a result of the background study, you are disqualified from direct contact, it is highly unlikely that the site will be able to allow you to participate in its internship program. If you refuse to cooperate in the background check, the facility will refuse to allow you the internship opportunity. The HERS Program does not guarantee an alternative site placement.

DATA PRACTICES ADVISORY AND INFORMED CONSENT

Some facilities also impose certain requirements regarding the health of persons working in their facilities and may require that health information about students in internship programs be made available to them. The College/University may ask you to provide health information which will be used to determine whether you meet an internship site's health requirements for care providers. Health information collected is private data on you. A site may refuse to allow you to participate based on data provided by you. The information provided will be disclosed, as needed, to the Department of HERS and, should any site request the data, to any site where you are placed as a student intern. You are not legally required to provide this information to the HERS Department. However, refusal to provide the information requested could mean that a facility may refuse to accept you at its site. The HERS Department does not guarantee an alternative placement.

I hereby authorize the Department of Health, Exercise & Rehabilitative Sciences to release my health information to any facility to which I am assigned during my HERS education, should the facility request the information. This authorization is valid for one year from the date on my background study clearance.

_____ Student's Name (please print)

_____ Student's Signature _____ Date

MINNESOTA DEPARTMENT OF HUMAN SERVICES

Background Study Form Information

PLEASE PRINT CLEARLY!!!!

First Name	Middle Name	Last Name
------------	-------------	-----------

Date of Birth (mm/dd/yyyy)	Gender (M or F)	MN Driver's License # (if applicable)
----------------------------	-----------------	---------------------------------------

Ethnicity:	Asian	Pacific Islander	African American
	Native American	Caucasian	Hispanic/Latino
	Two or More Races	Unknown/Other	

Social Security # (optional)	Phone # (including area code)
------------------------------	-------------------------------

Home Address: _____

City: _____ State: _____ Zip: _____

Other First Names you have used _____

Other Last Names you have used _____

Email Address	Warrior ID #
---------------	--------------

Signature	Date
-----------	------

Indicate your classification:

- AT major
- ERCR major
- ERES major
- ERMS major
- HPCH major
- HPST major
- Faculty

Return to:

Health, Exercise & Rehabilitative Sciences Dept. Winona State University P.O. Box 5838, Maxwell 351 Winona, MN 55987

Or fax to 507.457.2554

OVER →

WINONA STATE UNIVERSITY
Department of Health, Exercise & Rehabilitative Sciences

**AUTHORIZATION FOR THE RELEASE
OF STUDENT BACKGROUND STUDY INFORMATION**

To Whom It May Concern:

I, _____, hereby
authorize Winona State University located at:

Health, Exercise & Rehabilitative Sciences Department
College of Nursing & Health Sciences
PO Box 5838 – 351 Maxwell Hall
Winona MN 55987-5838
Office 507.457.2600; Fax 507.457.2554

to release information contained in its files (including, but not limited to reports, records and letters or copies thereof) regarding a background study performed by the Department of Human Services, or a request to the Commissioner of Health for reconsideration of a disqualification, to determine my eligibility to participate in practicum and/or internship placements to fulfill the requirements of the HERS programs at Winona State University. This information may be released to the following facilities:

**Any organization/site affiliated with Winona State University's
Department of Health, Exercise, & Rehabilitative Sciences**

I understand that the University will review this information to assess whether I may be permitted to participate in an educational experience outside the university, such as practicum or internship placements, or any other community program experiences through the Health, Exercise & Rehabilitative Sciences Department.

I understand that I am not legally obligated to provide this information. If I do provide it, the data will be considered private education data under state and federal law, and released only in accordance with those laws, or with my consent. I provide this information voluntarily and understand that I may revoke this consent at any time. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents. **This authorization expires one year from the date on my background study clearance.**

Today's Date

Student Signature

Address

City

State

Zip Code

BACKGROUND INFORMATION DISCLOSURE INSTRUCTIONS

The Background Information Disclosure form (HFS64) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes, for persons who have been convicted of certain acts, crimes or offenses:

1. The Department of Health and Family Services (DHFS) may not license, certify or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://www.dhfs.state.wi.us/> at the Licensing link and then under the Caregiver Program link.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (REFERRED TO AS "ENTITIES")

Programs Regulated Under Chapter 48 of Wisconsin Statute	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated Under Chapters 50, 51, and 146 of Wisconsin Statute	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHFS.
- Anyone who has a foster home licensed by DHFS.
- Anyone certified by DHFS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHFS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, ss. 111.31 - 111.395, Wisconsin Statutes, prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION: This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary, however your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health and Family Services' Caregiver Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

BACKGROUND INFORMATION DISCLOSURE

Completion of this form is required under the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes. Failure to comply may result in a denial or revocation of your license, certification or registration; or denial or termination of your employment or contract. Refer to the attached instructions (HFS-64 A) for additional information. Providing your social security number is voluntary, however, your social security number is one of the unique identifiers used to prevent incorrect matches.

Please print your answers.

Check the box that applies to you.

- Employee / Contractor (Including new applicant) Household member / lives on premises - but not a client
 Applicant for a license or certification or registration (including continuation or renewal) Other – specify:

NOTE: If you are an owner, operator, board member, or nonclient resident of a Bureau of Quality Assurance (BQA) regulated facility (1) print only your first, middle and last name; (2) complete Sections A and B; (3) sign the form; (4) complete the Appendix, HFS-69, in its entirety and (5) submit this form and the Appendix to the address noted in the Appendix Instructions.

Name - First and Middle		Name - Last		Position Title (Complete only if you are a prospective employe or contractor, or a current employe or contractor.)		
Any other names by which you have been known (including maiden name)				Birthdate	Gender (M / F)	Race
Address					Social Security Number(s)	
Business Name and Address of Employer or Care Provider (Entity)						

Section A - ACTS, CRIMES AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? > If Yes , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) > If Yes , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.		
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) > If Yes , explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? > If Yes , explain, including when and where it happened.		

(Continued on next page)

Section A - Continued	YES	NO
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? ➤ If Yes, explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you <u>abused an elderly person</u> ? ➤ If Yes, explain, including when and where it happened.		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➤ If Yes, explain, including credential name, limitations or restrictions, and time period.		
Section B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied or revoked your license, certification or registration to provide care, treatment or educational services? ➤ If Yes, explain, including when and where it happened.		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? ➤ If Yes, explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If Yes, attach a copy of your discharge papers (DD214) if you were discharged within the past 3 years. ➤ You may be asked to provide a copy of your DD214 if your discharge occurred more than 3 years ago.		
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes, list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➤ If Yes, list the date of each check, and the name, address and phone number of the person, facility or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health and Family Services, a county department, a private child placing agency, school board, or DHFS designated tribe? ➤ If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.		

A "NO" answer to all questions does not guarantee employment, residency, a contract or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in HFS 12.05 (4), Wis. Adm. Code.

YOUR SIGNATURE	Date Signed
-----------------------	-------------

WINONA STATE UNIVERSITY
**HEALTH INFORMATION AND REQUIREMENTS FOR PARTICIPATION IN THE
DEPARTMENT OF HEALTH, EXERCISE & REHABILITATIVE SCIENCES CLINICAL INTERNSHIP PROGRAM**

STUDENT NAME: _____

This completed form must be in our possession before you can begin your internship.

NOTE: You will NOT be allowed to start clinical internships without this form or any of the required supporting documentation! If you have questions about any of this information, please contact the Health, Exercise & Rehabilitative Sciences Department. Most tests, immunizations or titer laboratory work can be done at WSU Health Services.

FREEDOM FROM TUBERCULOSIS

The mantoux test is available through public health departments, clinics, and campus health centers. A tuberculin skin (mantoux) test is usually done on the forearm, and the test is read 48-72 hours after injection. If your mantoux test result is positive, you must follow through and have a chest x-ray. Mantoux tests are required yearly and you are responsible for keeping track of the mantoux test date and results. A negative skin test or chest x-ray is required. Positive results require written documentation of follow-up and/or treatment.

MUST PROVIDE ADMINISTRATIVE ASSISTANT WITH MANTOUX TEST RESULTS

DIPHTHERIA-TETANUS (Td) IMMUNIZATION

The Td vaccine affords the protection against diphtheria (an acute, highly contagious infection affecting the throat) and tetanus (a highly fatal disease characterized by muscle spasms and convulsions; also known as lockjaw). Td boosters are required every 10 years and are available from public health departments, clinics, and campus health centers.

Date of your last Td booster (must be within last 10 years): _____

MEASLE, MUMPS, and RUBELLA (MMR) IMMUNITY

The MMR vaccine affords protection against the infections of measles (rubeola), mumps (parotitis), and rubella (German measles). A second MMR dose is recommended at 11-12 years of age. HERS students must: provide dates for their last two MMR immunizations (which must be after 12 months of age); or 2) specify the date they had the rubella disease; or 3) have a rubella titer done. MMR immunization is available through public health departments and clinics. WSU Health Service does not carry the rubella vaccine. A rubella titer is a blood test that assesses the presence of antibodies against the rubella virus. If the HERS student is found to be *not immune*, MMR vaccination is then required. The rubella titer is available through clinics and campus health centers. As proof of MMR immunity, you must provide dates for one of the following:

1) Dates of last two MMR immunizations (must be after 12 months of age): _____

--OR--

2) Date of rubella disease: _____

--OR--

3) Rubella titer results: _____ immune _____ not immune (MMR vaccination required) Date of titer: _____

POLIO IMMUNIZATION

Affords protection against poliomyelitis (an acute, contagious viral disease that attacks the central nervous system); the series is completed in infancy. The Minnesota Department of Health’s recommendation for the polio vaccine is a series of a minimum of 3 immunizations. If you do not have a minimum of 3 polio immunizations, please contact your health care provider to complete this series.

Dates of Series: _____ | _____ | _____ | _____ | _____ |

HEPATITIS B VACCINE

Affords protection against acute inflammation of the liver caused by the Hepatitis B virus. Vaccination is HIGHLY recommended for student interns because they are part of a high-risk group of workers who may be exposed to contaminated blood products and body fluids.

Student interns are strongly encouraged to be immunized. Immunizations are given in a series of 3 doses, and are available through public health departments, clinics, some hospital health services, and campus health centers.

Dates of Series: (1) _____ | (2) _____ |
(3) _____ |

--OR--

If you choose not to be immunized, you must sign a statement of understanding (waiver) of the risk of non-immunization.

CHICKEN POX (VARICELLA)

Chicken pox is communicable disease of childhood. If you did not have chicken pox or are not sure you had this disease, a vaccination or chicken pox titer is required. The WSU Health Service does not carry the chicken pox vaccine.

Date of Chicken Pox (Varicella) Infection: _____

--OR--

If you never had chicken pox or if you are not sure you had the disease, you MUST have **one** of the following:

(1) Vaccination for Chicken Pox Date of vaccination: _____

--OR--

(2) Chicken Pox Titer Results Indicating Immunity

Chicken Pox Titer Results: _____ immune _____ not immune Date of titer: _____

MEDICAL/HOSPITALIZATION INSURANCE COVERAGE

All student interns must be covered by some kind of health insurance: your own policy, that of your parents, or through Medical Assistance, which assists in paying for bills for medical services and/or hospitalization. Student interns can also purchase a student health insurance plan on a quarterly basis. In Winona, contact the Counseling Center for a brochure (507-457-5330/Gildemeister 132). At the University Center-Rochester, brochures can be picked up in the WSU Student Services Area (507-285-7100/Room 128). A photocopy of your health insurance card or policy would be helpful, but is not required. Please indicate:

Name of Company: _____ Policy Number: _____

Effective Date: _____ Expiration Date: _____

HEALTH HISTORY INFORMATION

All students must have a completed health history form on file at the Student Health Service at the campus where they are registered. To receive the appropriate form, students assigned to the Winona campus should contact: WSU Student Health Service, PO Box 5838, Winona MN 55987-5838; (507) 457-5160. Students assigned to the University Center Rochester should contact: Student Health Service - RCTC, 851 30th Avenue SE, Rochester MN 55904-4999; (507) 285--7261. Transfer students should have their health files transferred to the appropriate Student Health Service in either Winona or Rochester; contact the health service of the college where you are currently or were most recently enrolled.

Health history form on file at the (check one) _____WSU Student Health Service _____RCTC Student Health Service

PHYSICAL EXAMINATION

Student interns are required to have had a physical examination within the past ten years. Records indicating completion of the physical examination must be on file at the Student Health Service in either Winona or Rochester.

Records indicating completion of a physical examination within the past 10 years are on file at the:
_____WSU Student Health Service _____RCTC Student Health Service

HEALTH, EXERCISE & REHABILITATIVE SCIENCES STUDENT INTERN STATEMENT OF CONTINUED HEALTH RESPONSIBILITY

If there is change in my health status, I understand a subsequent health examination may be required by the Department of Health, Exercise & Rehabilitative Sciences. I understand it is my responsibility throughout the program of study to inform my clinical instructor(s) or the Department Chair of any condition that could possibly affect my performance or the welfare of my clients in the clinical area(s). I understand this is necessary to make appropriate arrangements for me to participate in my Health, Exercise & Rehabilitative Sciences courses. I understand that this disclosure is necessary to protect my health and well-being, as well as, the health and well-being of clients for whom I may provide care.

All information contained in this document must be retrievable from a health care provider (i.e., physician or nurse practitioner) upon request from the Department of Health, Exercise & Rehabilitative Sciences faculty or staff.

I declare the information contained on this form to be accurate, current and complete.

I further understand any falsification of this information is sufficient cause for dismissal from the Health, Exercise & Rehabilitative Sciences Major.

Student Signature

Date

PROFESSIONAL LIABILITY INSURANCE

All student interns will be billed by Winona State University during the semester of interning for professional liability insurance coverage. The policy is an occurrence-based professional liability insurance with \$2,000,000/\$5,000,000 limits of coverage. No proof of liability insurance coverage is required from you at this time.

HEPATITIS B VACCINE DECLINATION

Name: _____

Tech ID Number _____

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection.

However, I decline Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. I accept all responsibility for the consequences of my decision to decline.

If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series.

I also understand that I will bear the expense of the series of vaccine injections and will notify and submit documentation to the HERS office that the series has been completed.

Signature: _____ Date: _____

(Revised 1/23/03)

CPR/AED & FIRST AID CERTIFICATIONS

Student interns must be certified in CPR for ADULT resuscitation. This certification is available from the American Heart Association (Healthcare Provider Course) or the Red Cross (CPR for the Professional Rescuer Course). You are responsible for keeping track of your CPR expiration date; and you are responsible for getting re-certified in CPR if the expiration date occurs prior to the end of the internship period. In addition, Standard First Aid certification must be current. CPR and Standard First Aid certifications MUST be current throughout the period of the internship. You will need to submit photocopies (front and back) of CPR/AED and First Aid cards, indicating date issued, expiration date, and instructor's signature.

<u>Cardiopulmonary Rehabilitation</u> Required Certification	Certifying Agency	Course Requirement
1. Basic Life Support for Health Care Providers Or CPR/AED for the Professional Rescuer AND 2. Standard First Aid	American Heart Or American Red Cross (On-line certification will NOT be accepted!)	HERS 361 CR Practicum * A front/back photocopy of Certification cards <u>MUST</u> be presented <u>PRIOR</u> to registering. * Certification <u>MUST</u> last thru entire semester or practicum experience.
<u>Community Health</u> Required Certification	Certifying Agency	Course Requirement
1. Adult CPR and AED AND 2. Standard First Aid	American Heart Or American Red Cross (On-line certification will NOT be accepted!)	HERS 350 Program Planning And HERS 395 CH Practicum * A front/back photocopy of Certification cards <u>MUST</u> be presented <u>PRIOR</u> to registering. * Certification <u>MUST</u> last thru entire semester or practicum experience.
<u>Exercise Science</u> Required Certification	Certifying Agency	Course Requirement
1. Adult CPR and AED AND 2. Standard First Aid	American Heart Or American Red Cross (On-line certification will NOT be accepted!)	HERS 363 ES Practicum * A front/back photocopy of Certification cards <u>MUST</u> be presented <u>PRIOR</u> to registering. * Certification <u>MUST</u> last thru entire semester or practicum experience.

WINONA STATE UNIVERSITY - REDUCED STUDENT FEE AUTHORIZATION

TO BE COMPLETED BY STUDENT OR DEPARTMENT ADVISOR/INSTRUCTOR _____

Semester _____ **OR** **201** **Year** **Term** _____
 (Summer, Fall, Spring) (1, 3, 5)

Student's Last Name _____ Student's First Name _____ Warrior ID # _____

Cr Hr	0 0 Course ID#	Subj	Nbr	Course Name	Course Site (City/State)
Cr Hr	0 0 Course ID#	Subj	Nbr	Course Name	Course Site (City/State)
Cr Hr	0 0 Course ID#	Subj	Nbr	Course Name	Course Site (City/State)

PLEASE NOTE Reduced student fees include the **Union Facility Fee, Wellness Fee, Student Life Fee, Athletics Fee & Health Service Fee ONLY**. These fees will be reduced in half, **if the course(s) qualify**. All other fees at Winona State University are not reduced. Qualification requires that the course(s) be completed **beyond the 50 mile radius** from the Winona campus.

REDUCED FEES DO NOT APPLY TO ONLINE COURSES OR IF YOU ARE ENROLLED CONCURRENTLY IN A WINONA OR ROCHESTER CAMPUS COURSE.

Please submit form to: WSU Department Advisor/Instructor

TO BE COMPLETED BY DEPARTMENT ADVISOR/INSTRUCTOR

This student is scheduled for the entire term at a location outside a 50 mile radius from the Winona State University campus and is engaged in the following activity: (check one)

INTERNSHIP STUDENT TEACHING
 INDEPENDENT STUDY MEDICAL TECHNOLOGY
 OTHER _____ (Please specify)

WSU Advisor/Instructor's Signature _____ **Department** _____ **Date** _____

Please return form to: Student Accounts, 225 Maxwell

Student Accounts/Accounts Receivable Office Use Only

201 # _____ \$ _____

Term	Cr Hr	Total Waived
9157 FACILITY USE FEE	_____	_____
9190 WELLNESS CTR FEE	_____	_____
9156 STUDENT LIFE FEE	_____	_____
9172 ATHLETICS FEE	_____	_____
9163 HEALTH SVC FEE	_____	_____

DATE _____ BY _____

**Health, Exercise and Rehabilitative Science Department Internship
WEEKLY WORK LOG & REFLECTIVE JOURNAL (Please follow this format.)**

NAME: _____ **SITE:** _____

I. Hours Worked

	SHIFT	HOURS
Monday	7:30 – 5:00	8
Tuesday	8:00 – 5:00	8
Wednesday	8:00 – 5:00	8
Thursday	8:00 – 5:00	8
Friday	8:00 – 5:00	8
Saturday		
Sunday		
	TOTAL HOURS	40

II. SEQUENCE OF EVENTS

Make a brief list describing what happened. By making a list, you keep a record of what happened. This record may be useful for future reference. It allows you to mention all events, even those that seemed insignificant at the time. For example:

Monday

Mayo Orientation – Mayo Service: You Make the Difference, Employee Policy Information, Mutual Respect/Sexual Harassment, Safety/Infection Control/Employee Health Service/Employee Assistance Program, Activities/Recognition and Recreation Programs/Dan Abraham Healthy Living Center/Children’s R & R; observed staff members.

Tuesday

Basic review of job at the DAHLC; defibrillator training; observed staff members.

Wednesday

Cardiovascular equipment troubleshooting; DAHLC database training; observed staff members

Thursday

Observed staff members; had discussion with Dr. Morrey about what projects I will be involved with; sat in on Action and Implementation Team Meeting – discussed orientation process and improvements to be made; started absenteeism research – search system for absenteeism rates for current new members

Friday

Observed staff members; worked on absenteeism research.

Saturday

Did not work today.

Sunday

Did not work today

III. ELABORATION OF ONE OR TWO SIGNIFICANT EXPERIENCES OF THE WEEK

Select one or two experiences that are significant to you. An experience may be significant because what happened bothers you, excites you, causes you to rethink your initial ideas (i.e., your perspective, goals, or plans), or convinces you that your initial ideas were valid. Therefore, whether the experiences reflect your successes or your failures, they are significant if you learned something important from them. Once you have selected one or two significant experiences, you should describe them in detail. When you describe the experience, try to relive it. Reliving the experience will enable you to provide as much detail as possible. Make certain that you include what people said, what they did, and how they looked.

Topics might include:

- new technology, equipment and tools I worked with
- new knowledge, skills or related information I gained from this week’s work,
- highlights of this week – new/different/interesting experiences,
- interesting relations incidents I observed during this week: (example: observation of management techniques/supervisory styles, communication problems, conflict resolution methods)
- meetings, consultations or training sessions I observed and/or participated in during this period.

IV. ANALYSIS OF EXPERIENCE(S)

An analysis of experience s includes an interpretation of what feelings and thoughts may have caused the experience to occur, why they were significant, what questions they raise, and what you think you learned from them. Try to figure out what you accomplished; identify problems that emerge and how you plan to follow up. This last point is the most important. You may have learned what does and does not work in this situation. If so, describe what you conclude. But you may also have learned something about your philosophy (your perspective). Does the experience confirm your ideas or force you to reconsider them? If so, what was it about the situation that affected the applicability of the ideas? Perhaps the episode relates to something you read or learned about in this or some other education course. This would be the place to discuss it. Many experiences raise more questions than they answer.

Department of Health, Exercise, and Rehabilitative Sciences
STUDENT EVALUATION of Internship Supervisor and Site

Student Intern _____

Internship Supervisor _____

Site _____

Semester _____

Instructor/ Site Evaluation

- 5- Strongly Agree- excellent learning experience
- 4- Agree- valuable learning experience
- 3- Disagree- improvement would facilitate my learning
- 2- Strongly Disagree- great improvement is necessary for student learning to take place
- 1- Not enough information to comment

SUPERVISOR EVALUATION	1	2	3	4	5
1. Overall, the quality of my internship experience was					
2. Overall, I would rate this internship supervisor					
3. My internship supervisor let me know what was expected of me					
4. My internship supervisor had time for my questions					
5. My internship supervisor was approachable					
6. My internship supervisor challenged me to think critically					
7. My internship supervisor allowed me to make mistakes					
8. My internship supervisor is fair and impartial					
9. My internship supervisor gave me immediate feedback on my skills and performances					
10. My internship supervisor is knowledgeable					
11. I would recommend this internship supervisor to another student					
SITE EVALUATION					
12. Overall, this internship was beneficial to my learning and career development					
13. Overall, this internship provided me with a variety of experiences					
14. This site was receptive to interns					
15. This site had adequate space for learning to take place					
16. This site had adequate supplies for learning to take place					
17. This site had adequate equipment for learning to take place					
18. This site had adequate reference materials available					
19. This site had adequate learning experiences available					
20. I would recommend this internship site to another student					

Comments:

1. What did you like most about this supervisor, experience and site?

2. What did you like least?

3. Suggestions for the future?

Winona State University
 Department of Health, Exercise, and Rehabilitative Sciences
Internship Mid-point Evaluation

CARDIOPULMONARY REHABILITATION

Student Name _____

Semester/Year _____

Behaviors	Excellent	Very Good	Average	Fair	Poor	N/A*
Shows initiative.....						
Demonstrates Team Attitude.....						
Models Wellness Lifestyle.....						
Respects Organizations policies/procedures.....						
Demonstrates sensitivity to diversity.....						
Accepts supervision/constructive criticism.....						
Skills						
Business Communication (oral, phone).....						
Organizes and completes tasks.....						
Motivates clients.....						
Written communication.....						
Presentation abilities.....						
Computer literacy.....						
Exercise Leadership/Prescriptor.....						
Administration of physical assessments.....						
Health counseling with individuals.....						
Knowledge						
Understanding Program Components.....						
Understanding Documentation.....						
Understanding risk stratification and monitoring.....						
Understanding Graded Exercise Testing.....						
Exercise Prescription and Programming.....						
Topics in Patient Education.....						
Applied exercise physiology.....						
Applied electrocardiography.....						
Applied pharmacology.....						
Health care costs/utilization.....						
Management of emergencies.....						
Facilities and equipment.....						

**Please make additional comments on a separate sheet, based on student's preparation, performance and attitude. In what areas did the intern demonstrate special strengths?
 In what areas does the intern need additional work?**

Signature _____ Title _____

Organization _____ Phone _____

Please Return to: Teresa E. Lee, 358 Maxwell
 Winona State University
 Winona, MN 55987-5838
 Fax - (507) 457-2554 or email: telee@winona.edu

Internship Final Evaluation

CARDIOPULMONARY REHABILITATION

Student Name _____ Semester _____/Year _____

Internship Location _____ Address _____

Person doing evaluation _____ Phone _____

The student named above was an intern under my direction from _____ to _____.

Behaviors	Excellent	Very Good	Average	Fair	Poor	N/A*
Shows initiative.....						
Demonstrates Team Attitude						
Models Wellness Lifestyle.....						
Respects Organizations policies/procedures.....						
Demonstrates sensitivity to diversity.....						
Accepts supervision/constructive criticism.....						
Skills						
Business Communication (oral, phone).....						
Organizes and completes tasks.....						
Motivates clients.....						
Written communication.....						
Presentation abilities.....						
Computer literacy.....						
Exercise Leadership/Prescriptor.....						
Administration of physical assessments.....						
Health counseling with individuals.....						
Knowledge						
Understanding Program Components.....						
Understanding Documentation.....						
Understanding risk stratification and monitoring...						
Understanding Graded Exercise Testing.....						
Exercise Prescription and Programming.....						
Topics in Patient Education.....						
Applied exercise physiology.....						
Applied electrocardiography.....						
Applied pharmacology.....						
Health care costs/utilization.....						
Management of emergencies.....						
Facilities and equipment.....						

Please make additional comments on a separate sheet, based on student's preparation, performance and attitude.

In what areas did the intern demonstrate special strengths?

In what areas does the intern need additional work?

Signature _____ Title _____ Date _____

Please return to: Winona State University - Teresa E. Lee, Fax - (507) 457-2554 or email: telee@winona.edu

Community Health Internship Supervisor's Evaluation Form

Thank you for undertaking this evaluation of your interns' work. Please award students a grade (1 – 5) for each competency listed in the rubric below. If a competency is not applicable to the internship, please write in 'N/A.' Please write any other comments you have about the student in the space below the rubric. If you have a question or comment please contact the internship supervisor whose address is at the end of this form.

Please check one

This is the:

Mid-point evaluation

Final evaluation

Name of Student

Date the student's internship began

Name of agency/organization sponsoring the internship

Name of supervisor

Competency	Very Poor 1	Poor 2	Good 3	Very Good 4	Exemplary 5	<i>Score</i>
Use the code of Ethics in professional practice	Practice is very unprofessional. Behavior is not what you would expect of a professional.	Always respects the rights, dignity and confidentiality diverse audiences. AND Practice is usually professional. (occasionally can behave in a childish or irresponsible way but changes behavior when this is pointed out.)	Practice and personal behavior is always professional – never needs advice on how to behave professionally.	Practice and personal behavior is always professional. AND All practice respects the dignity and confidentiality of diverse populations.	Practice and personal behavior is always professional. AND All practice respects the dignity and confidentiality of diverse populations. AND Obviously goes to some length to remain current and updated on all professional issues.	
Initiate a plan of action	Does nothing without being told first what to do – 'a bump on a log.'	Will ask what to do rather than sitting and doing nothing but needs a great	Can initiate a plan of action but requires others to sit down and plan	An excellent and reliable implementation team member but not a leader.	Is able to lead an implementation team. You can trust	

Competency	Very Poor 1	Poor 2	Good 3	Very Good 4	Exemplary 5	Score
	Will sit for hours doing nothing if not told what to do.	deal of micro-management and support to keep on task. Lacks initiative and/or confidence.	out the work in some detail. Some lack of initiative and confidence.		them to completely implement a plan.	
Apply implementation strategies	Seems unable to follow a plan or strategy – cannot be kept on task.	Sometimes follows plans and strategies, but sometimes seems unable to see what needs to be done.	Is always able to follow implementation plans BUT Cannot see when changes need to be made.	Is always able to follow implementation plans AND is able to recognize when changes need to be made to plans or strategies. Will alert you to this but will wait for you to suggest what changes need to be made.	Is always able to follow implementation plans AND is able to recognize when changes need to be made to plans or strategies – will suggest what changes need to be made.	
Implement intervention strategies to facilitate health related behavior change.	Seems completely unable or unwilling to work with target audience to promote behavior change.	Is able to give information to target audience regarding behavior change but is not really able to discuss it – seems shy or unconfident.	Gives information to target audience and is able to discuss the information with the target audience.	Is able to discuss target audience’s behavior with them and give out appropriate information and advice regarding change.	Involves the target audience in planning, implementing and evaluating plans and strategies for behavior change.	
Develop volunteer opportunities	Never involves or consults target audience in any programming work despite being expected to.	Recruits volunteers to provide services for implementation.	Consults target audience about all plans and interventions. Asks questions such as: do they like it, do they understand it? Assigns work to volunteers.	Works with target audience to plan, implement and evaluate the work. Target audience plays a central role in all program activities.	Actively recruits AND trains leaders from target audiences to play a central role in planning, implementing and evaluating programs.	
Select resource materials for dissemination.	Selects resource material which is not relevant to program information needs.	Selects resource material which is relevant but not well designed to meet audience needs.	Selects resource material which is relevant and well designed to meet program objectives.	Selects resource material which is relevant and well designed to meet program objectives Material	Devises a checklist for material selection and reviews all available material before suggesting ordering.	

Competency	Very Poor 1	Poor 2	Good 3	Very Good 4	Exemplary 5	Score
				<p>selected is culturally competent – designed with the needs/ perspectives of the target audience.</p> <p>All material suggested for use is actually usable in the program.</p>	<p>AND</p> <p>Suggests printing own material if adequate resource material is not available.</p> <p>AND</p> <p>Considers costs and possibilities of designing/ printing own material for the program versus using pre-designed resources.</p>	
Establish consultative relationships	Does not see the need for consultation – prefers to ‘go it alone.’	Recognizes the need for consultative relationships but is unable to suggest appropriate organizations or individuals who might be useful to work with.	<p>Suggests organizations and individuals to work with to develop and implement plans.</p> <p>Does not seem to know how to contact these organizations.</p>	<p>Suggests organizations and individuals to work with to develop and implement plans.</p> <p>Will establish contacts.</p> <p>Contacts these organizations but is not always able to maintain a relationship and involve them appropriately.</p>	<p>Suggests organizations and individuals to work with to develop and implement plans.</p> <p>Takes the lead in contacting these organizations/ individuals and involves them in appropriate ways in all stages of planning and implementation.</p>	
Respect of working practices	<p>Often late or absent.</p> <p>AND/OR</p> <p>Often inappropriately dressed</p> <p>AND/OR</p> <p>Is sometimes disrespectful.</p>	<p>Late once without prior apology</p> <p>AND/OR</p> <p>Dressed inappropriately once – corrects behavior when asked.</p> <p>Always respectful</p>	<p>Never late or absent without prior apology.</p> <p>Never inappropriately dressed.</p> <p>Always respectful</p> <p>Sometimes is unable to complete tasks on time –</p>	<p>Never late or absent without prior apology</p> <p>Never inappropriately dressed</p> <p>Always respectful</p> <p>Sometimes is unable to complete tasks on time but tells</p>	<p>Never late or absent without prior apology</p> <p>Never inappropriately dressed</p> <p>Always respectful</p> <p>Informs you promptly of any problems concerning</p>	

Competency	Very Poor 1	Poor 2	Good 3	Very Good 4	Exemplary 5	Score
			explains this when asked	you that this might be a possibility and negotiates new times.	completion of tasks – can foresee problems and take action to circumvent them before they occur.	
Response to constructive criticism	Gets angry and argues – takes the criticism as an insult. Makes no attempt to change behavior.	Is defensive – makes excuses and does not seem to listen. Will change behavior if pushed to do so – requires repetition of criticism before change even contemplated.	Seems to accept criticism but does not always make the changes you agree need to be made.	Always listens to feedback and discusses your criticism in a helpful positive way. Makes the changes that you both agree need to be made.	Always listens to feedback and discusses your criticism in a helpful positive way. Makes the changes that you both agree need to be made. Is able to criticize own behavior and make changes before you suggest them.	
Total						

Other comments:

Supervisor's Signature

Date this form was completed

Thank you for completing this form. Please send, fax or email completed forms to:

Dr. Peter Sternberg pssternberg@winona.edu
 Department of Health, Exercise and Rehabilitative Sciences
 Winona State University
 PO Box 5838
 Winona, MN 55987
 Tel: (507) 457-5693
 Fax: (507) 457-2554

Winona State University
 Department of Health, Exercise, and Rehabilitative Sciences
Internship Mid-point Evaluation
EXERCISE SCIENCE

Student Name: _____ Semester/Year: _____
 Internship Location: _____ Address: _____
 Person doing evaluation _____ Phone: _____
 The student named above was an intern under my direction from _____ to _____.

5=Exceeds Expectations, 4=Often Exceeds Expectations, 3=Regularly Meets Expectations,
 2=Sometimes Doesn't Meet Expectations, 1=Seldom Meets Expectations, NA=Not Applicable.

Behaviors	5	4	3	2	1	N/A*
Shows initiative.....						
Demonstrates team attitude & functions with team						
Models wellness lifestyle.....						
Respects Organization's policies/procedures.....						
Demonstrates enthusiasm.....						
Accepts supervision/constructive criticism.....						
Is Punctual with few absences						
Exhibits ethical behavior						
Responds calmly & effectively under pressure						
Skills						
Business communication (oral, phone).....						
Organizes and completes tasks.....						
Motivates clients.....						
Written communication.....						
Presentation abilities.....						
Exercise Leadership.....						
Administration of health/exercise assessments.....						
Health/exercise counseling with individuals.....						
Exhibits compassion & confidentiality.						
Demonstrates problem solving skills.						
Knowledge						
Understanding behavior change.....						
Topics in health promotion (e.g. nutrition, stress)						
Functional anatomy.....						
Applied exercise physiology.....						
Exercise Testing.....						
Exercise Prescription & Programming.....						
Pathophysiology and Risk Factors						
Exercise Technique.....						
Safety, injury prevention, & emergency procedures						
Seeks new knowledge.....						
Program administration, quality assurance and outcome assessment						

What is the quality of the student's performance to date (specify both strengths/weaknesses)?
How will the student be addressing areas that need improvement?

Please make additional comments, based on student's preparation, performance and attitude, on a separate sheet.

Signature _____ Title _____ Date _____

Please return to: Phil Appicelli, Internship Advisor – pappicelli@winona.edu

Winona State University, HERS Department -361 Maxwell, Winona, MN 55987-5838; Fax - (507) 457-2554

Winona State University
 Department of Health, Exercise, and Rehabilitative Sciences
Internship Final Evaluation
EXERCISE SCIENCE

Student Name: _____ Semester/Year : _____
 Internship Location: _____ Address: _____
 Person doing evaluation _____ Phone: _____
 The student named above was an intern under my direction from _____ to _____.

**5=Exceeds Expectations, 4=Often Exceeds Expectations, 3=Regularly Meets Expectations,
 2=Sometimes Doesn't Meet Expectations, 1=Seldom Meets Expectations, NA=Not Applicable.**

Behaviors	5	4	3	2	1	N/A*
Shows initiative.....						
Demonstrates team attitude & functions with team						
Models wellness lifestyle.....						
Respects Organization's policies/procedures.....						
Demonstrates enthusiasm.....						
Accepts supervision/constructive criticism.....						
Is Punctual with few absences						
Exhibits ethical behavior						
Responds calmly & effectively under pressure						
Skills						
Business communication (oral, phone).....						
Organizes and completes tasks.....						
Motivates clients.....						
Written communication.....						
Presentation abilities.....						
Exercise Leadership.....						
Administration of health/exercise assessments.....						
Health/exercise counseling with individuals.....						
Exhibits compassion & confidentiality.						
Demonstrates problem solving skills.						
Knowledge						
Understanding behavior change.....						
Topics in health promotion (e.g. nutrition, stress)						
Functional anatomy.....						
Applied exercise physiology.....						
Exercise Testing.....						
Exercise Prescription & Programming.....						
Pathophysiology and Risk Factors						
Exercise Technique.....						
Safety, injury prevention, & emergency procedures						
Seeks new knowledge.....						
Program administration, quality assurance and outcome assessment						

What areas did the intern demonstrate strengths?

In what areas does the intern need additional work?

What suggestions for improvement in training of future interns/graduates would you like to make?

Please make additional comments, based on student's preparation, performance and attitude, on a separate sheet.

Signature _____ Title _____ Date _____

Please return to: Phil Appicelli, Internship Advisor – pappicelli@winona.edu

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