INSTRUCTIONS FOR OBTAINING STUDENT LIABILITY INSURANCE

Student liability insurance is required - Every student must obtain student liability insurance, with limits of $1,000,000/$3,000,000. The following two options are offered:

1. HPSO – HPSO is a private insurance provider that offers affordable Student Liability Insurance that covers all internship site options. Please follow this link: http://www.hpsow.com/mail/hpsoliability-insurance.jsp?refID=WW2GWi&gclid=COXPi-szsYCFUkHWwodWysGDw Under Professional Liability Insurance, click on ‘Apply Now’ button. Select the ‘Individual’ option. Complete application for quote by indicating Florida as your state of residence, selecting ‘Exercise Physiologist as your area of study, and ‘Student’ status.

2. ACSM – You are required to be a student member of ACSM prior to purchasing their student liability insurance. To become a student member, please follow this link: www.acsm.org. Once a member, you may apply for insurance here: https://acsm.haysaffinity.com. This option is NOT available to those interning at a Chiropractic office.
Florida Atlantic University
PET 4946 Internship Check List

YOU MAY NOT BEGIN WORK AT YOUR INTERNSHIP SITE BEFORE THE FIRST DAY OF THE SEMESTER. Internship hours will be arranged between the student and site supervisor. It is suggested that the hours be consecutive in terms of weeks and continuous hours of employment (minimum of 10 weeks)

I HAVE COMPLETED ALL MY COURSE WORK EXCEPT:

__________________________________________________________

Signature________________________________ Date________________________

__________ 1. Written documentation of Current CPR.

__________ 3. Written documentation of CURRENT professional liability insurance (1-3 million).

__________ 4. Completed Information /Assignment Sheet (attach objectives please)

__________ 5. Attach copy of the Application for Degree, which can be found here: https://www.fau.edu/registrar/pdf/Application_for_degree.pdf Please submit to the Office of Student Services on the 2nd floor of the COE, and attach the stamped copy to your internship packet.

__________ 6. HIPAA (Dr. Whitehurst will discuss this with you prior to registering for class)

Student Name:________________________________________

Registration Approved: YES NO

Faculty Signature:________________________________ Date:________________________

COMMENTS:
Directions: Complete YOUR part of this form then have your site supervisor complete his/her part and sign off to verify your acceptance. Your supervisor may want to keep a copy of the assignment sheet and objectives.

<table>
<thead>
<tr>
<th>Intern Information</th>
<th>Site/Supervisor Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your name__________</td>
<td>Site Supervisor Name________</td>
</tr>
<tr>
<td>Z Number___________</td>
<td>Site Name &amp; Address_________</td>
</tr>
<tr>
<td>Your Address________</td>
<td></td>
</tr>
<tr>
<td>Supervisor’s phone_</td>
<td>Supervisor email___________</td>
</tr>
<tr>
<td>Your phone_________</td>
<td></td>
</tr>
<tr>
<td>Your email_________</td>
<td>Super vis or’s Signature__</td>
</tr>
<tr>
<td>Your Signature______</td>
<td></td>
</tr>
<tr>
<td>Date_______________</td>
<td>Date______________</td>
</tr>
</tbody>
</table>

Signatures indicate that you have been approved to complete the internship (see site above and supervisor)
**FLORIDA ATLANTIC UNIVERSITY**  
Department of Exercise Science and Health Promotion  
**EMPLOYER'S EVALUATION OF THE STUDENT**  
Mid-Term Evaluation

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

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Site Director:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internship Site:</td>
<td></td>
</tr>
<tr>
<td>Employer Complete Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>FAX:</td>
</tr>
<tr>
<td>E-Mail:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Attribute:</th>
<th>Rating: (Please Circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Relationship with others</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B. Judgment</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>C. Dependability</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>D. Ability to grasp new information</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>E. Attitude</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>F. Quality of work</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>G. Work Performance</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>H. Time Management</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>I. Communication Skills (Written &amp; Oral)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>J. Critical Thinking Skills</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>K. Overall Rating</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**POINT TOTAL:** ________ POINTS OUT OF 55

**WHAT DO YOU SEE AS THE STUDENT'S MAJOR STRENGTHS?**
WHAT CHARACTERISTICS DOES THE STUDENT NEED TO IMPROVE IN ORDER TO ADVANCE?

Additional comments:

Did you discuss this evaluation with the student? Yes  No

______________________________  ________________________
Signature of Student            Date

______________________________  ________________________
Signature of Site Director      Date

CONFIRMED BY FAU FACULTY ADVISOR:

______________________________  ________________________
Signature                      Date

PLEASE SCAN AND EMAIL THIS FORM AT THE MID-POINT OF THE INTERNSHIP EXPERIENCE TO:

ESHP Department at
esphpinfo@fau.edu

If you have any questions, please call Dr. Michael Whitehurst at 561.297.2317, or (561) 302-2674.
FLORIDA ATLANTIC UNIVERSITY  
Department of Exercise Science and Health Promotion  
EMPLOYER’S EVALUATION OF THE STUDENT  
Final Evaluation  

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

Student Name: ____________________________  Site Director: ____________________________
Name of Site: ____________________________________________
Phone: ____________________________  E-Mail: ____________________________

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

<table>
<thead>
<tr>
<th>Attribute:</th>
<th>Rating: (Please Circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Relationship with others</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>L. Judgment</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>M. Dependability</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>N. Ability to grasp new information</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>O. Attitude</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>P. Quality of work</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Q. Work Performance</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>R. Time Management</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>S. Communication Skills (Written &amp; Oral)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>T. Critical Thinking Skills</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>U. Overall Rating</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

POINT TOTAL: ___________ POINTS OUT OF 55

WHAT DO YOU SEE AS THE STUDENT’S MAJOR STRENGTHS?
WHAT CHARACTERISTICS DOES THE STUDENT NEED TO IMPROVE IN ORDER TO ADVANCE?

Additional Comments:

Did you discuss this evaluation with the student? Yes No

Signature of Site Director Date Signature of Student Date

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

2) How educationally prepared are the students from our ESHP program at FAU?
   Excellent – Above Average – Average – Lacks Important Preparation – Inadequate Preparation

3) How well prepared are the students from our ESHP program at FAU in their hands-on skills?
   Excellent – Above Average – Average – Lacks Important Preparation – Inadequate Preparation

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

What best describes your type of facility?
   A) Corporate   D) Spa/Resort   G) Health Agency
   B) Commercial E) Recreation   H) Wellness Center
   C) Hospital f) personal training I) Research

4) How many FAU students have done internships, Internships or held employment at your facility over the last three years?
   A) 0   B) 1-2   C) 3-5   D) 6-10   E) More than 10

5) Other Comments:

PLEASE SCAN AND EMAIL THIS FORM ONE WEEK PRIOR TO COMPLETION OF THE INTERNSHIP EXPERIENCE TO:

ESHP Department at esphpinfo@fau.edu

If you have any questions, please call Dr. Michael Whitehurst at 561.297.2317, or (561) 302-2674.
STUDENT’S EVALUATION OF INTERNSHIP

Student: ______________________  Site: ______________  Supervisor: ______________________

1. Did you have a good Internship experience? (Explain)

2. Suggestions for improving your experience:

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

4. Other Comments

STUDENT SURVEY

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

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

3. Did you pass the exam?   Yes  No

4. What certifications do you hold? List all: __________________________

5. Did you or do you plan on taking the ACSM HFI exam or the NSCA-CSCS exam? Yes  No 5b. How many times did you take this exam before you passed?
   ACSM-HFI  a) 1  b) 2  c) 3  d) 4 or more  NSCA-CSCS  a) 1  b) 2  c) 3  d) 4 or more

6. How well do you feel that the educational program at FAU prepares one for taking these certifications exam?
   Excellent – Above Average – Average – Lacks Important Preparation – Inadequate Preparation – Does Not Apply
   5  4  3  2  1  0

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

8. What are your immediate career plans? Mark all that apply
   ____ Seek a job in the field.  ____ Seek additional education  ____ Seek a job outside of the field

9. What career environment are you seeking employment? (select only one)  a) corporate  f) recreation
   b) commercial  g) personal training  c) hospital  h) health agency  d) spa/resort  i) wellness center
   e) graduate school  j) other – Give details__________________________
10. Did your participation in any community service projects while a student in the ESHP program? Yes No

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

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

13. How well do you feel that your academic program in ESHP has helped prepare you for working in the field? Excellent – Above Average – Average – Lacks Important Preparation – Inadequate Preparation – Does not apply?

5 4 3 2 1 0

Please explain: ____________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

PLEASE SCAN AND EMAIL THIS FORM ONE WEEK PRIOR TO COMPLETION OF THE INTERNSHIP EXPERIENCE TO:

ESHP Department at
eshpinfo@fau.edu

If you have any questions, please call Dr. Michael Whitehurst at 561.297.2317, or (561) 302-2674.