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PURPOSE & OBJECTIVES OF THE PROFESSIONAL INTERNSHIP

The purpose of the Professional Internship Program is to provide a planned transition from the university curriculum to a professional leisure services setting. In the internship experience, students test the practical application of the theories of leisure studies in the agency setting under the guidance and supervision of an agency professional and a university faculty advisor. As part of the internship experience, students are evaluated by the agency supervisor and the university faculty advisor. The student will continually review his/her own knowledge, skills, accomplishments and professional growth as they prepare for entry into the recreation and leisure services profession.

BASIC OBJECTIVES

1. To provide the student an opportunity to integrate theory and practice in his/her professional education; to encourage the exchange of contemporary thinking and insights between the internship student and agency personnel.

2. To provide the student an opportunity to promote and broaden his/her philosophy and understanding of the recreation and leisure services profession.

3. To enable the student to obtain information which can be used as a basis for making choices in relation to future jobs, areas of specialization, and further study in recreation, parks, resorts or leisure services.

4. To enable the student to realize his/her own strengths and weaknesses.

5. To provide the student an opportunity to gain experience in leadership, supervisory, administrative and delivery functions within a recreation, parks, resorts or leisure service setting.

6. To help the student gain an understanding and appreciation of the role, duties and responsibilities of a recreation and leisure services professional.

7. To provide the student with experiences that will enable him/her to develop sound human relationships.

8. To strengthen relationships between recreation, parks, resorts and leisure service agencies and the university.

9. To provide the student a wide range of experience, acquainting the student with all phases of the "typical" work setting.

10. To assist the student in future employment by providing professional experience, job contacts and personal references.

11. To provide the university with a practical setting for evaluating student performance, enabling the appropriate alteration of curriculum.

12. To develop a coherent, rational point of view concerning the relationship of recreation to the needs and desires of individuals and groups.
GENERAL POLICIES OF THE PROFESSIONAL INTERNSHIP

1. The student is responsible to meet all steps leading up to an internship (See Timetable For Professional Internship).

2. Students should not complete their professional internship at an agency in which they have held a similar position (paid or voluntary). Requests for exception to this must be submitted in writing to their advisor. Criteria to be met in order for the request to be considered must include the following:
   • The internship position is significantly different in terms of responsibilities.
   • The internship position is in a significantly different program area.
   • The internship location is not primarily based upon student convenience.

3. Internships are only available and can only be registered for during Summer Quarter.

4. Student must be a senior.

5. All undergraduate requirements must be completed.

6. All RCLS core and major supporting courses must be completed and meet departmental grade standards listed in the catalog.

7. There must be documented verification of the 1,500 hours work experience. A maximum of 750 hours may be from one location. Students are encouraged to find diverse recreation job experiences to provide flexibility in several areas and also to increase marketability.

8. The internship may be paid or not paid, depending upon the resources of the agency at which the internship takes place and on the agreements made between the student intern and agency supervisor.

9. Students who do an internship but do not pay the tuition will have to go through the entire process the following year and will have to do another full internship.

10. Students should not plan to take other university courses during the internship. Should this be absolutely necessary, written permission from the student's advisor is required.

11. The student is expected to bear all expenses incidental to living in the area of the internship placement and to work out his/her own satisfactory housing. It is recommended that the student visit the area of placement in advance and arrange living facilities. Agency personnel may be able to assist the student in locating housing possibilities.

12. The internship student should be covered either by the agency's liability insurance and/or medical malpractice insurance or personal coverage. The student is not covered through the university in any way.

13. Student intern must be a member of a professional organization prior to internship. Proof of membership in one or more of the professional organizations relative to recreation and leisure services must be cleared through the student's advisor.
TIMETABLE FOR PROFESSIONAL INTERNSHIP

FALL QUARTER
• Print and read BOTH student and supervisor manuals.
• Consult with faculty advisor on possible internship sites.
• Contact 3-4 potential sites and conduct information interviews whenever possible.
• Join a professional organization
• Finish the major/minor form to confirm completion of required and supporting classes. DO NOT DEPEND ON THIS FORM TO CATCH ANY CLASSES OR REQUIREMENTS YOU HAVE MISSED. This major/minor form is an application to graduate, due in November or February, for those who will finish their requirements in the spring or summer. We recommend you complete the earlier one. Your name is placed in the spring commencement ceremony and you are allowed to walk with the graduates.

WINTER QUARTER
• Narrow internship site selections down to 1-2.
• Get faculty advisor’s approval of the site selected.
• YOU are responsible for securing the internship site and making all of the arrangements after getting faculty advisor’s approval.

SPRING QUARTER
• Get site supervisor final approval and appropriate signatures on the contract.
• Give site supervisor copy of Supervisor Internship Supplement.
• Explain to site supervisor the initial goal and objectives requirements. Student and supervisor MAY opt to complete this requirement before internship officially begins.
• Have necessary paperwork submitted by May 15th to faculty advisor (see checklist).
• Meet with faculty adviser for a final check before the start of the internship.
• Register for RCLS 496 (your advisor will confirm the required section number).

SUMMER QUARTER
• During the first week of the internship (OR prior to your internship), sit down with your direct supervisor and come up with a list of learning goals and an agenda for ten weeks. Make sure the agenda is geared towards your learning goals and objectives.
• Start assembling material for a resource notebook for future reference.
• Email goals and objectives and your agenda to your faculty advisor. These items must be completed either before the internship or by the end of the first week.
• Follow the weekly reporting system agreed to by you and your faculty advisor. You cannot miss one week and make it up the following week. Your grade will be affected.
• Have mid term evaluation completed; submit to your faculty advisor by week 6.
• Have final evaluation completed and submit to your faculty advisor no later than one week after completion of your internship.
• Submit follow up paperwork (copy of thank-you letter, site evaluation, agency supervisor evaluation, internship coordinator evaluation and alumni register).
• Since summer grades are due before the internship is completed, an incomplete is given. As soon as all materials are received, your final grade will be issued. If everything is not completed and turned in two weeks after your internship is over, you will receive a failing grade. You will then be required to do a new internship and pay the registration amount for next summer.
GRADING PROCEDURE

According to the policy of Eastern Washington University, numerical grades will be assigned to each student at the completion of the Professional Internship Program. The final determination of the student’s grade is based upon the following breakdown:

**Agency Supervisor 70%**
As determined in the student’s final student performance appraisal.

**Faculty Advisor 30%**
As determined from the following:
- Objectives and agenda submitted on time
- Weekly reporting consistency
- Attitude and professionalism
- Overall performance
- All paperwork submitted

The faculty advisor has the right to withhold a grade if materials have not been submitted or if the internship was not completed.

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**SAMPLE INTERNSHIP GOALS, OBJECTIVES AND AGENDA**

**AGENDA CRITERIA:**
Three formats are acceptable:
(1) chronological (listing each week of accomplishments),
(2) functional (citing your main areas or divisions, but not specific dates) or
(3) combination.

**Week #1**
June 16-22
Attend Kid’s Clubs of Metro Detroit workshop at Ft. Worde, Port Townsend, Washington; Basic orientation to the club.
Read Standard Operating Procedures manual.
Meet with part time staff that you will supervise
PR for Superfit All-Star program

**Week #2**
June 23-30
Run Superfit All-Stars, M,W,F 4:00 5:00 p.m.
Run Indoor Soccer League, T 4:15 6:15 p.m.
Run games room activities 1 1.5 hours per day
Staff meeting regarding extended hours

(place all ten weeks in similar format)
GOALS and OBJECTIVES CRITERIA:

By the end of the first week or before the internship begins, each student, in consultation with his or her direct supervisor, must create a document which outlines learning goals for the internship. In addition, each learning goal should include objectives that will detail how and when each individual goal will be reached. Ideally, we would like to see 3-5 well-stated goals that span the responsibilities of a new recreation professional. Each student will address success or non-success with goals and objectives in the final internship reflection paper.

The following information is provided at the top of the document:

Intern: Student’s Name
Dates: June____ through August___
Supervisor: Name and Title
Address: P.O. Box
          City, State, and Zip
Phone: Area Code and Number
Email: (Please also include website address if appropriate)
FORMAT SAMPLE:

Goal #1: By the end of this internship I want to become more competent with the direct facilitation of activities.

Objective 1: By the end of week two, I will research and plan two activities for my organization. The planning process will include: researching appropriate activities for this age group, making sure this activity falls in line with the mission of the organization, making sure that I have the appropriate resources and personnel to complete the activities, and the generation of an appropriate risk management plan.

Objective 2: By the end of week five, I will implement and evaluate my two planned activities. Evaluation activities will include a debriefing with my supervisor, the generation of a written post-activity report, and the development of a client satisfaction survey instrument. I will provide the results of this survey instrument to my supervisor once I have compiled my data.

Objective 3: By the end of week ten, I will plan, implement, and evaluate at least one more activity – this time I will incorporate the information I learned during the first two attempts. I will generate another post trip report and client satisfaction survey as part of this process.

Goal #2: By the end of this internship, I want to become more competent with the direct supervision of seasonal staff and volunteers

Objective 1: By the end of week one I will meet with my supervisor and/or the appropriate human resources staff in order to become familiar with my responsibilities as a supervisor. This orientation might include (but is not limited to) familiarization with job descriptions, the employee evaluation process, sexual harassment policy, grievance procedures, dress codes, behavior management procedures, and any other appropriate policies or laws that might affect my ability to successfully supervise seasonal staff.

Objective 2: By the end of week five I will provide employee performance feedback to each of my staff in the form of a one-on-one meeting. I will document suggestions for employee improvement, work well done, suggestions from staff to improve my effectiveness as a supervisor, and any work objectives for the remaining five weeks. The outcome of this meeting and all documentation will be shared with my direct supervisor. I plan to implement suggestions for improvement from my supervisor.

Objective 3: By the end of this internship I will complete employee performance appraisals for all of my staff, including an exit interview. I will document this process via appropriate organizational mechanisms. I will also receive an appraisal from my direct supervisor regarding my effectiveness in this role over the past ten weeks.
Checklist of things to do before May 15:

- Major /minor form
  YES_____DATE____________
- Student/EWU Faculty Agreement
  YES_____DATE____________
- Student/Agency Agreement (signed & attached)
  YES_____DATE____________
  (this form in Supervisor Supplement only)
- Professional Internship Application Submitted
  YES_____DATE____________
- Experience Record Form (completed & attached)
  YES_____DATE____________
- 1,500 Hour Forms (attached to Experience Record form in order listed above)
  YES_____DATE____________

Student/Faculty Agreement

This checklist must be complete before the faculty advisor will sign the contract. Please initial each item and turn in with all necessary paperwork.

1. Student agrees to complete daily journals and contact university internship supervisor by email or letter weekly, unless other arrangements are made.

2. Student agrees to complete a 10-week internship agenda with site supervisor stating goals and objectives, and return it to university supervisor either before the internship begins or at the end of the first week. (Internship agenda must demonstrate how internship objectives will be met.)

3. Student will be responsible for having mid-term evaluation complete and returned to faculty advisor by week six.

4. Student is responsible for completing forms and any other faculty requirements at the end of internship and returning by week 11.

5. Student realizes that failure to comply with any of the above may result in termination of internship or withholding of grade.

I have read all of the above agreements and understand them.

Signed
____________________________________ (Student)
____________________________________ (Faculty Advisor)

Date
_____________________________________
PROFESSIONAL INTERNSHIP APPLICATION

This form to be completed and turned into student’s faculty advisor on or before May 15.

Student’s name ____________________________________________

First        Middle        Last

Option __________________________ Faculty Advisor __________________________

EWU Student ID __________________________ Preferred email: __________________________

**Current Campus Address:**

Phone (_______) _____________

Street __________________________

City ______________ State ______________ Zip ______________

**Permanent Address: (parents &/or)**

Phone (_______) _____________

Street __________________________

City ______________ State ______________ Zip ______________

Your Intern Title at Agency/Business __________________________________________

**Address While Interning:**

Phone (_______) _____________

Street __________________________

City ______ State ______________ Zip ______ Email _____________

**Agency and Supervisor Information:**

Supervisor’s Name __________________________ Title __________________________

Phone (_______) _____________

Business Name __________________________ Web site __________________________

Department Name __________________________ Phone (_____) _____________

Address __________________________

City ______________ State _____ Zip ______ Email _____________
EXPERIENCE RECORD

The form needs to be completed and turned in to the student’s faculty advisor by May 15. The actual Experience Record Forms must be attached to this form in the order listed.

Faculty Name ____________________________  Student Name ____________________________

<table>
<thead>
<tr>
<th>AGENCY SUPERVISOR</th>
<th>YOUR JOB TITLE</th>
<th>DATES</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>10</td>
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</table>

TOTAL HOURS _________________
Internship Midterm Evaluation

Completion Date: [__]–[__]–[__]

Name of Intern

Agency

Name of Supervisor

Date of Evaluation

Please evaluate with care and fairness for the interest of the intern. Reflect carefully upon the intern’s performance and make an honest judgment of the qualities of the intern. Base your judgment on the entire period covered, not upon isolated incidents alone. A final evaluation will be completed at the conclusion of the internship.

Please insert the appropriate rating in the blank provided for each area to be rated.

<table>
<thead>
<tr>
<th>Excellent</th>
<th>5</th>
<th>Exceptional performance, skill, and level of expertise; performs independently and consistently above expected level.</th>
</tr>
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<tbody>
<tr>
<td>Very Good</td>
<td>4</td>
<td>Consistently meets and occasionally exceeds expected level of performance. Goes beyond job description in some areas.</td>
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<tr>
<td>Good</td>
<td>3</td>
<td>Consistently meets expected level of performance.</td>
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<tr>
<td>Fair</td>
<td>2</td>
<td>Requires assistance and needs monitoring in some areas in order to meet expected level of performance.</td>
</tr>
<tr>
<td>Poor</td>
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<td>Rarely or never meets expected level of performance; unable to perform without supervision.</td>
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<table>
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<tr>
<th>Item</th>
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<tr>
<td>2. Productivity: Use of time, facilities, and available resources; volume and nature of work produced; planning and follow-through.</td>
<td></td>
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<tr>
<td>4. Communication: Communicates effectively with staff members and secures acceptance of ideas, methods, and plans by other staff members. Considers viewpoints of others.</td>
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<td>5. Relationships with agency staff: Respect, tact, insight, effectiveness, and courtesy. Ability to coordinate and cooperate with other departments.</td>
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<td>6. Relationship with participants: Respect, tact, insight, effectiveness, courtesy.</td>
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To be returned to faculty advisor, PEB 200, EWU, Cheney, WA 99004
### Internship Midterm Evaluation

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<td><strong>8. Responsibility:</strong> Dependability, ability to meet schedules, follow-through, and attend to instructions.</td>
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<td><strong>9. Independent functioning:</strong> Performs without constant supervision and functions constructively on own initiative when necessary.</td>
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<td><strong>10. Attendance and punctuality:</strong> Regularity of attendance; promptness of reporting absence, tardiness and time off for illness or personal business; clock watching.</td>
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<tr>
<td><strong>11. Attitude:</strong> Enthusiasm, loyalty, interest, and approach to the internship, associates, public, and the agency. Ability to comply with established procedures and policies.</td>
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<td><strong>12. Judgment:</strong> Possesses common sense, distinguishes important from unimportant, ability to reason through situations, evaluates the problem before deciding, tact.</td>
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**OVERALL MIDTERM PERFORMANCE ON THE INTERNSHIP:**

*(SUM OF INDIVIDUAL SCORES DIVIDED BY 12 ITEMS)*
# Internship Final Evaluation

Eastern Washington University  
RCLS 496-01,02,03, 04 – Internship in Recreation and Leisure Services  
To be returned to faculty advisor, PEB 200, EWU, Cheney, WA 99004

<table>
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<th>Agency</th>
<th>Name of Supervisor</th>
<th>Date of Evaluation</th>
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One again, please complete this final evaluation with care and fairness for the interest of the intern. Reflect carefully upon the intern’s performance and make an honest judgment of the qualities of the intern. Base your judgment on the entire period covered, not upon isolated incidents alone.

Please insert the appropriate rating in the blank provided for each area to be rated.

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**OVERALL FINAL PERFORMANCE ON THE INTERNSHIP:**

*(SUM OF INDIVIDUAL SCORES DIVIDED BY 12 ITEMS)*
STUDENT EVALUATION OF INTERNSHIP SITE

This form is to be returned to your EWU faculty advisor, PEB 200, EWU, Cheney, WA 99004 at the end of the internship.

Name of Intern_________________________ EWU Faculty Advisor__________________________

Agency name and location_______________________________________________________

Instructions: Please rate the strengths and weaknesses of the site in terms of meeting your needs as a student intern. Use the following scale:

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
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<tbody>
<tr>
<td>5</td>
<td>Excellent</td>
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<tr>
<td>4</td>
<td>Very Good</td>
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<tr>
<td>3</td>
<td>Good</td>
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<td>2</td>
<td>Fair</td>
</tr>
<tr>
<td>1</td>
<td>Poor</td>
</tr>
</tbody>
</table>

____ Acceptance of you as a functional member of the staff; willingness to integrate you into all appropriate levels in activities, programs and projects.
Comments:

____ Provision of relevant experiences in administration, supervision and leadership.
Comments:

____ Cooperation of agency staff to provide professional growth experiences through training programs, seminars and similar activities.
Comments:

____ Provision of assistance in helping you meet your personal and professional goals and objectives.
Comments:

____ Possession of resources essential to the preparation of professionals (library, equipment, supplies, etc.).
Comments:

____ Employment of qualified, professional staff with demonstrated capability to provide competent supervision.
Comments:

____ Adequate scheduling of conferences with you and ongoing evaluation of your performance, followed by brief, written progress reports.
Comments:

____ Allowance for relating classroom theory to practical situations.
Comments:

____ Willingness to listen to whatever suggestions or recommendations you might offer and willingness to discuss them with you, explaining the rationale for their acceptance or rejection.
Comments:
STUDENT EVALUATION OF AGENCY INTERNSHIP SUPERVISOR

This form is to be returned to your EWU faculty advisor, PEB 200, EWU, Cheney, WA 99004 at the end of the internship.

Name of Intern__________________________EWU Faculty Advisor ________________________

Supervisor's Name__________________________Agency____________________________________

Instructions: Please evaluate the quality of the supervision you received during the internship. Please rate on the following items, but include other information you feel pertinent under each category in the comments section. Use the following scale:

<table>
<thead>
<tr>
<th>5 = Excellent</th>
<th>4 = Very Good</th>
<th>3 = Good</th>
<th>2 = Fair</th>
<th>1 = Poor</th>
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</table>

_____ Interest in you as a person and as a student.
Comments:

_____ Willingness to discuss the full range of your activities at the site
Comments:

_____ Ability to respond to your problems and to help you work toward solutions.
Comments:

_____ Number and quality of conferences.
Comments:

_____ Adequacy of arrangements made to orient you to the site.
Comments:

_____ Sensitivity to your needs in accomplishing your objectives.
Comments:

_____ Expression of encouragement and sincerity.
Comments:

_____ Understanding of philosophy and practices in the profession.
Comments:

_____ Flexibility in arranging your tasks in light of changing situations within the site and with consideration to you.
Comments:

_____ Openness to change, innovation and new techniques.
Comments:
STUDENT EVALUATION OF EWU INTERNSHIP ADVISOR

This form is to be returned to the PEHR Department Secretary, PEB 200, EWU, Cheney, WA 99004 at the end of the internship.

Name of Intern _________________________________  Date _________________________

EWU Faculty Advisor's Name ______________________________________________________

Date ________________________________

Course Title: Professional Internship
Quarter: Summer

Justification: The PEHR Department and the College of Arts, Letters, and Education are interested in knowing what students think about the instruction they have received. It is our desire to receive an honest and confidential evaluation of each instructor. The information you provide will be used in making decisions about the instructor's eligibility for tenure, promotion and merit. It may also improve the quality of instruction provided.

Direction: Please answer the following question by circling the number which you feel best describes the instruction you received.

The instructor's effectiveness in teaching the subject matter was: (circle one)

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments: Please feel free to comment and use back of this form if additional space is needed.
STUDENT EXIT INTERVIEW

This form is to be returned to the PEHR Department Secretary,
PEB 200, EWU, Cheney, WA 99004 at the end of the internship.

Name of Intern __________________________ EWU Faculty Advisor __________________________

Supervisor's Name ______________________ Agency ________________________________

Please answer the following questions at the end of your internship.

1. Did you feel prepared for this internship experience? Y N Please explain:

2. To what extent was the internship a valuable experience?

3. Describe your overall experience at Eastern Washington University.

4. Describe your overall experience in the RCLS program.

5. Can you recall a particular highlight during your years in the RCLS program?

6. In your opinion, what are the greatest strengths of the RCLS program?

7. How might we improve the degree or curriculum of the RCLS program?
ALUMNI REGISTRATION

WELCOME to the EWU Alumni Association!!!!!!! Please fill out the following information and send to:

Alumni Registration, 102 Hargreaves, Cheney, WA 99004

Name of Intern ___________________________ EWU Faculty Advisor ________________________

PERMANENT ADDRESS: (generally a parent -- where you can always be reached)

Option ___________________ Year graduated

Name: ____________________________________________

Last ___________ First ___________ Middle ___________

Address: ____________________________________________

Street ___________ City ___________ State ___________ Zip ___________

Phone: (__________) ___________________ Email: _______________________

Area code ___________ Number ___________

Parent’s Name (if appropriate) __________________________________________

PRESENT ADDRESS:

Address: ____________________________________________

Street ___________ City ___________ State ___________ Zip ___________

Phone: (__________) ___________________ Email: _______________________

Area code ___________ Number ___________

WORK ADDRESS: ____________________ Month/year started job

Agency/Business Name: ____________________________________________

Your Title: ____________________________________________

Agency Address: ____________________________________________

Street ___________ City ___________ State ___________ Zip ___________

Phone (__________) _____________________________

Area code ___________ Number ___________

Email ____________________________________________