



Department of Health and Human Development
 Kinesiology Program Field Experience Manual (KIN 491/492)
 Part 4 of 6: Midterm evaluation

Student's Name: _____

Agency: _____

Sponsoring Agency Supervisor: _____

Classification of the field experience student within the agency: (e.g., exercise technician)

Date of Evaluation: _____

Number of hours completed to this date: _____

Please compare student to other students in similar positions that you have supervised before, when possible. Please use the scale below when evaluating the student. Thank you for your cooperation.

NA= not applicable

1 = rates far below average

2 = rates below average

3 = compares favorably with average

4 = is better than average

5 = far exceeds the average

Arrives promptly at meetings and job commitments.

NA 1 2 3 4 5

Is dependable and follows through with instructions.

NA 1 2 3 4 5

Relates well to other staff members.

NA 1 2 3 4 5

Demonstrates a positive attitude toward authority.

NA 1 2 3 4 5

Response to advice and assistance.

NA 1 2 3 4 5

Works independently without constant encouragement.

NA 1 2 3 4 5

Makes good use of time.

NA 1 2 3 4 5

Plans thoroughly and realistically toward attainment of objectives.

NA 1 2 3 4 5

Uses effective written skills.

NA 1 2 3 4 5

Uses effective oral skills.

NA 1 2 3 4 5

Ability to work with supervisors.

NA 1 2 3 4 5

Contributes new ideas.

NA 1 2 3 4 5



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Willingness to do more than required.

NA 1 2 3 4 5

Seeks guidance when indicated.

NA 1 2 3 4 5

Does not exceed authority.

NA 1 2 3 4 5

Relates well to program participants/clients.

NA 1 2 3 4 5

Demonstrates the necessary expertise for the position.

NA 1 2 3 4 5

Please comment on your perception of the student's progress toward achievement of objectives.

As supervisor, what suggestions do you have concerning specific skills necessary (e.g., planning, communication, follow-through) that the student may need to work on to further their development?

Additional comments that you would like to express:

Note: Typing your name in the following signature field constitutes an electronic signature.
Instructions: Site supervisor enters their name as a signature, then emails this document directly to the student's WWU faculty supervisor. The WWU student can identify their WWU faculty supervisor. The faculty supervisor will share the evaluation with the student.

Signed: Organization Internship Supervisor _____

Title: _____ Date: _____



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