STUDENT CHECKLIST

- Student must purchase liability insurance before registering for KIN 491 or 492. (Insurance policy is good for one year after the date of purchase.) Student should keep his/her receipt and a copy of the policy.

- First Aid/CPR certification must be current at the time the field experience begins.

**Policy Regarding CPR and First Aid Certifications and Re-Certifications:**
Original certifications must be obtained through classes that contain a both a cognitive and hands-on practical assessment, no entirely online certifications will be accepted. Certification must also be from a professional organization that complies with the guidelines established by the International Liaison Committee on Resuscitation and/or the American Heart Association. All re-certifications must include an in-person hands-on practical portion as well. Completely on-line certification or re-certification will not be accepted. The original signature of the instructor on the certification card indicating the completion of a practical portion will be required as evidence that the class was not online only class. Examples of organizations that provide this type of certification include the American Heart Association, American Red Cross and Medic First Aid however this list is not all inclusive.

First aid certification must be "standard" first aid.

CPR/AED certification must be for adults, although if student is working in an environment with children then child CPR is also advised.

_____ 1. Obtain permission for the field experience from a cooperating agency. Faculty members will assist in placement.

_____ 2. Meet with your faculty supervisor to review process, roles, and responsibilities.

_____ 3. Arrange a meeting with your agency supervisor to complete the Agency Agreement. Provide the supervisor with the Evaluation Forms and the Agency Supervisor Checklist.

_____ 4. Meet with your faculty supervisor to review the contract made with the agency.

_____ 5. Register for KIN 491/492, 3-6 credits, depending on your workload and agreement with your supervisor.

_____ 6. Submit your midterm evaluation to your faculty supervisor when it is completed. Do not wait until the end of the field experience to submit it. Estimated date: ____________

_____ 7. Submit your final evaluation to your faculty supervisor when it is completed. Estimated date: ____________.

**Miscellaneous:**
Students will be required to fulfill all obligations noted on the contract form. Evaluations will be conducted by the agency at the midpoint and at the completion of the required hours.
AGENCY SUPERVISOR CHECKLIST

- The field experience student is required to have proof of liability insurance. You may request a copy of the policy and receipt of purchase from the student.
- The student is also required to have First Aid/CPR certification. You may request proof of this.

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<td>1.</td>
<td>Meet with the student to complete an Agency Agreement. Give the form to the student to return to their faculty supervisor. The student will provide you with an Agency Supervisor Checklist and two Evaluation Forms.</td>
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<td>2.</td>
<td>Discuss program policy, safety, and emergency procedures with the student.</td>
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<td>3.</td>
<td>Instruct the student on his/her roles and responsibilities with the agency.</td>
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<td>4.</td>
<td>Go over the evaluation form with the student, noting expectations pertinent to your specific work environment.</td>
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<td>5.</td>
<td>Weekly: Observe the student in the job setting. Provide feedback to the student.</td>
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<tr>
<td>6.</td>
<td>At the midpoint in the field experience hours: Complete the written Mid-Term Evaluation of the student and give it to the student to submit it to the faculty supervisor.</td>
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<td>7.</td>
<td>At the completion of the field experience hours: Complete the written Final Evaluation of the student and give it to the student to submit it to the faculty supervisor.</td>
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**Miscellaneous:**

Report any problems to the faculty supervisor immediately.
Quarter: _______________________

Western Washington University
Department of Health and Human Development, Kinesiology Program
KIN 491/492 – Field Experience
AGENCY AGREEMENT

Name of Student: ________________________________________________  Phone: _______________________
Address: _____________________________________________________________________________________
City: _______________________________________ State: __________  Zip Code: _____________________
Name of Agency: _________________________________________________________________
Address: _________________________________________________________________________
City: _______________________________________ State: __________  Zip Code: _____________________

Sponsoring Agency Supervisor Name / Position: _________________________________________________
Supervisor: Phone #: ___________________________  Email:_______________________________________

Specifics of the Placement

Nature of the placement: ____________________________________________________________________
General description of duties: _________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
Location and phone number of placement (if different from above): _________________________________
Number of credits: (circle one) 3 or 6
The expected time commitment for 3 credits is 90 hours or 180 hours for 6 credits. These are negotiable and

   can be changed with the consent of the agency and the university supervisor depending on the type of field
   experience and level of responsibility given to the participant.
Number of hours per week: ___________________________  Start Date: _________________________________
Work schedule (circle days of week)     M     T     W     R     F     S     S
Goals and Objectives

Student responsibilities:

a.______________________________________________________________________________________

b.______________________________________________________________________________________

c.______________________________________________________________________________________

d.______________________________________________________________________________________

e.______________________________________________________________________________________

Agency responsibilities:

a. ____________________________________________________________________________________

b.______________________________________________________________________________________

c.______________________________________________________________________________________

d. _______________________________________________________________________________________

e.______________________________________________________________________________________

It is important that the field experience student is aware of procedures in the event of an accident or other emergency. Have the student’s role in emergencies and the proper procedures to follow been discussed with him/her?

Yes _____ No _____

The field experience student is required to have a current First Aid/CPR certification and liability insurance. The student must provide verification if requested.

Administration

If the field experience student is unable to contact the supervisor, who should he/she contact?

Name: ___________________________________________ Phone: __________________________

Has the field experience student been made aware of any standards or regulations which the agency places on him/her as a volunteer or paid employee?

Yes _____ No _____
Give details:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
What details have been made for regular field experience student and agency communication (e.g., discussions, evaluation sessions, meetings, written communication)?

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Field experience site SUPERVISOR acknowledgement of responsibility: Staff at this site hosting a Western Washington University student are aware that engaging in an activity outside of the workplace site and/or work hours with a student carrying out a field experience is allowed only when a minimum of five staff members are present, unless pre-approved by the WWU faculty supervisor.

Child or vulnerable adult verification: If the WWU student will have unsupervised access to children or vulnerable adults, the student will be required by WWU to obtain a background check.

Vulnerable adult: Adult of any age who lacks the functional, mental, or physical ability to care for themselves, including persons who are developmentally disabled.

Child/minor: any person under the age of 18 years.

Unsupervised Access – Being with a child/minor or vulnerable adult when not in the presence of: (a) another University representative; (b) another representative from a University co-sponsored program; or (c) any adult relative or guardian of any of the children or developmentally disabled persons or vulnerable adults. This does not include incidental contact with a single child which is minor or casual contact in an area accessible to and within visual or auditory range of others, such as passing a child or vulnerable adult while walking down a hallway. It does include being alone with a child or vulnerable adult for any period of time in a closed room or office.

The WWU student WILL ___ / WILL NOT _____ (check one) have unsupervised access to children or vulnerable adults while performing this field experience.

Confirming Agreement

I agree to accept the responsibilities presented.

Signature of Field Site Supervisor: __________________________ Date: __________

Printed Name of Field Site Supervisor: __________________________

Signature of Student: __________________________ Date: __________

Signature of Faculty Supervisor: __________________________ Date: __________
STUDENT acknowledgement of responsibilities

(A) **Reporting Requirements:** WWU students doing field experience work at any site on or off campus are responsible for reporting concerns of safety or welfare of children and vulnerable adults who are participating in the field experience work (POL-U5310.14).

- **Vulnerable adult:** Adult of any age who lacks the functional, mental, or physical ability to care for themselves, including persons who are developmentally disabled.
- **Child/minor:** Any person under the age of 18 years.
- **Abuse or neglect:** Sexual abuse, sexual exploitation, or injury of a child. Negligent treatment or maltreatment of a child by a person responsible for providing care. Abuse or neglect of a vulnerable adult.
- **Harassment, intimidation or bullying:** Any intentional electronic, written, verbal, or physical act, including but not limited to one shown to be motivated by any illegally discriminatory characteristic, when the intentional electronic, written, verbal, or physical act: (a) physically harms a child or vulnerable adult or damages a child's or vulnerable adult's property; (b) has the effect of substantially interfering with a child's or vulnerable adult's welfare or safety; (c) is so severe, persistent, or pervasive that it creates an intimidating or threatening educational environment; or (d) has the effect of substantially disrupting the orderly operation of the school.

If you (the WWU student) observes, learns about, or has reasonable cause to believe a child or vulnerable adult has been abused, neglected, harassed, intimidated or bullied, you must report at the first opportunity, but in no case longer than 48 hours, to both: (a) law enforcement (University police 360-650-3911, or local 911) and (b) faculty supervisor or chair of the HHD department. Exception: if there is imminent danger to the child or vulnerable adult, or a crime is in progress, the report must be made immediately to both: (a) law enforcement (University police 360-650-3911, or local 911) and (b) faculty supervisor or chair of the HHD department.

(B) **Unsupervised Access to Children or Vulnerable Adults:** If you will have unsupervised access to a child/minor or vulnerable adult during the performance of your duties during your field experience work, you must report this to your faculty supervisor within 48 hours for evaluation of whether you need to have a criminal background check, or a change in duties.

- **Unsupervised Access** – Being with a child/minor or vulnerable adult when not in the presence of: (a) another University representative; (b) another representative from a University co-sponsored program; or (c) any adult relative or guardian of any of the children or developmentally disabled persons or vulnerable adults.
  This does not include incidental contact with a single child which is minor or casual contact in an area accessible to and within visual or auditory range of others, such as passing a child or vulnerable adult while walking down a hallway. It does include being alone with a child or vulnerable adult for any period of time in a closed room or office.

(C) **Sexual Harassment:** If I am subject to sexual harassment I will report this to my faculty supervisor or chair of the HHD department (see also WWU policy PRO-U1600.02A).

  Sexual harassment is a form of sex discrimination and is therefore prohibited by law. Sexual harassment is unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:
  • Submission to such conduct or activity is made either explicitly or implicitly a term or condition of an individual's employment or academic progress;
  • Submission to or rejection of such conduct or activity is used as the basis for employment or academic decisions affecting such individuals, or
  • Such conduct or activity unreasonably interferes with an individual’s work or academic performance or creates an intimidating, hostile or offensive working or learning environment.

  Sexual harassment can occur between persons without regard to gender, age, appearance, or professional status.

  In addition, I will comply with the sexual harassment reporting requirements of the workplace of my field experience.

(D) **Discrimination:** If I am subject to discrimination (including sex discrimination) during a field experience I must report the discrimination to my university advisor or chair of the HHD department, as required under WWU policy POL-U1600.04 Preventing and Responding to Sex Discrimination Including Sexual Misconduct.

(E) **Behavioral Expectations:**

- Engaging in a consensual relationship with a supervisor, staff or client at the workplace of my field experience is not allowed.
• Engaging in an activity outside of the workplace site and/or work hours of my field experience with members of the staff of the workplace is allowed only when a minimum of five staff members are present, unless pre-approved by the WWU faculty supervisor.

(F) Acknowledgement of Risk and Hold Harmless: I acknowledge that I am responsible for identifying and assessing risks to my health, safety and well-being that may arise from the activities of the field experience. If an activity has an unacceptable level of risk, I will immediately discontinue the activity and notify my faculty advisor or field site supervisor. Therefore, any activity of the field experience in which I participate will be considered to have been undertaken with my understanding and acceptance of the risks.

(G) If injured: If I am injured at a field experience site or activity I must report the injury to my university advisor or chair of the HHD department within 24 hours of the accident. The university advisor or chair completes the University's accident reporting procedures.

In consideration of my participation in the field experience and to the fullest extent permitted by law, I agree to hold Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns harmless from and against all claims arising out of or resulting from the field experience, except for claims resulting from the negligent acts or omissions of Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns. "Claim" means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom. In addition, I hereby voluntarily hold harmless Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns from any and all claims, both present and future, that may be made by me, my family, estate, heirs or assigns.

I have read and understand my responsibilities listed A, B, C, D, E above. I have asked and had any questions I have regarding these responsibilities answered.

________________________    _________________
Printed student name

________________________    _________________
Signed student name

________________________
Date
Field experience student’s Name: ________________________________________________

WWU Faculty Supervisor: ______________________________________________________

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 staff 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 fare below average
2 = rates below average
3 = compares favorably with average
4 = is better than average
5 = far exceeds the average

1. Arrives promptly at meetings and job commitments.  NA  1  2  3  4  5
2. Is dependable and follows through with instructions.  NA  1  2  3  4  5
3. Relates well to other staff members.  NA  1  2  3  4  5
4. Demonstrates a positive attitude toward authority.  NA  1  2  3  4  5
5. Response to advice and assistance.  NA  1  2  3  4  5
6. Works independently without constant encouragement.  NA  1  2  3  4  5
7. Makes good use of time.  NA  1  2  3  4  5
8. Plans thoroughly and realistically toward attainment of objectives.  NA  1  2  3  4  5
9. Uses effective written skills.  NA  1  2  3  4  5
10. Uses effective oral skills.  NA  1  2  3  4  5
11. Ability to work with supervisors.  NA  1  2  3  4  5

(over)
12. Contributes new ideas. NA 1 2 3 4 5
13. Willingness to do more than required. NA 1 2 3 4 5
14. Seeks guidance when indicated. NA 1 2 3 4 5
15. Does not exceed authority. NA 1 2 3 4 5
16. Relates well to program participants/clients. NA 1 2 3 4 5
17. 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 his or her development?

Additional comments that you would like to express:

Signature of Supervisor: ____________________________________________ Date: ________________

Printed Name of Supervisor: _________________________________________

Signature of Student: _______________________________________________ Date: ________________
Western Washington University
Department of Health and Human Development, Kinesiology Program
KIN 491/492 – Field Experience
FINAL EVALUATION REPORT

Field experience student’s Name: __________________________________________

WWU Faculty Supervisor: ________________________________________________

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 staff 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 fare below average
2 = rates below average
3 = compares favorably with average
4 = is better than average
5 = far exceeds the average

1. Arrives promptly at meetings and job commitments. NA 1 2 3 4 5
2. Is dependable and follows through with instructions. NA 1 2 3 4 5
3. Relates well to other staff members. NA 1 2 3 4 5
4. Demonstrates a positive attitude toward authority. NA 1 2 3 4 5
5. Response to advice and assistance. NA 1 2 3 4 5
6. Works independently without constant encouragement. NA 1 2 3 4 5
7. Makes good use of time. NA 1 2 3 4 5
8. Plans thoroughly and realistically toward attainment of objectives. NA 1 2 3 4 5
9. Uses effective written skills. NA 1 2 3 4 5
10. Uses effective oral skills. NA 1 2 3 4 5
11. Ability to work with supervisors. NA 1 2 3 4 5

(over)
12. Contributes new ideas. | NA | 1 | 2 | 3 | 4 | 5

13. Willingness to do more than required. | NA | 1 | 2 | 3 | 4 | 5

14. Seeks guidance when indicated. | NA | 1 | 2 | 3 | 4 | 5

15. Does not exceed authority. | NA | 1 | 2 | 3 | 4 | 5

16. Relates well to program participants/clients. | NA | 1 | 2 | 3 | 4 | 5

17. 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 his or her development?

Additional comments that you would like to express:

Signature of Supervisor: ___________________________________________ Date: ________________

Printed Name of Supervisor: _________________________________________

Signature of Student: ____________________________________________ Date: ________________
KIN 491/492 work record form. Kinesiology Program, Western Washington University
Student: _________________________________________
Faculty Supervisor: ________________________________
Community Site: ____________________________

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Site Supervisor Name: ______________________________________
Signature: ____________________________ Date: ________________