

**SITE SUPERVISOR'S - THIRD WEEK PROGRESS REPORT**

**KINE 515 INTERNSHIP**

Department of Kinesiology  
P.O. Box 3176 Louisiana Tech University  
Ruston, Louisiana 71272  
Fax: (318) 257-4432

Directions: Please complete and return this progress report **on Friday of the third week.**

NAME OF STUDENT \_\_\_\_\_

NAME OF EVALUATOR (Site Supervisor) \_\_\_\_\_

Date the Student began the Internship \_\_\_\_\_

Date of Third Week Report \_\_\_\_\_

Please indicate your evaluation of the intern by commenting on each of the attributes listed below:

For Items in 1-3 use the following scale:

1 - Always; 2 - Most of time; 3 - Sometimes; 4 - Never; 5 - Not Applicable

1. PROFESSIONAL MANNER

- |  |   |
|--|---|
| <input type="checkbox"/> Professional Manner           | <input type="checkbox"/> Respects Clients Confidentiality |
| <input type="checkbox"/> Enthusiastic                  | <input type="checkbox"/> Good Rapport with Staff          |
| <input type="checkbox"/> Positive Attitude             | <input type="checkbox"/> On Time or Early                 |
| <input type="checkbox"/> Follows Instructions          | <input type="checkbox"/> Good Rapport with Clients        |
| <input type="checkbox"/> Well Groomed                  | <input type="checkbox"/> Sense of Humor                   |
| <input type="checkbox"/> Other (please describe) _____ |   |

#Absences: Date \_\_\_\_\_ Reasons: \_\_\_\_\_  
Date \_\_\_\_\_ Reasons: \_\_\_\_\_  
Date \_\_\_\_\_ Reasons: \_\_\_\_\_

2. MANAGEMENT

- Manages time efficiently
- Demonstrates care in use of equipment and facilities
- Promptness, neatness, and adequacy of records and reports
- Shows good judgment in decision making

3. INITIATIVE, LEADERSHIP ABILITY

- Inquisitive
- Follows procedures
- Follow through on tasks
- Knows what to do
- Develops programs
- Other \_\_\_\_\_

4. APPLIED KNOWLEDGE

(E-Excellent; G-Good; F-Fair; P-Poor; NA-Not Applicable)

- Demonstrates knowledge of exercise principles
- Prescribes appropriate programs
- Gives correct feedback
- Communicates well

5. CHECK ONE:  
\_\_\_\_ I feel comfortable with the intern continuing with this site      \_\_\_\_ I prefer the intern find another site.  
\_\_\_\_ Please call to discuss a problem with the internship      \_\_\_\_ Other \_\_\_\_\_

6. AREAS IN NEED OF IMPROVEMENT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. PLEASE DISCUSS YOUR EVALUATION WITH THE STUDENT AND ASK THEM TO SIGN THE FORM.

SITE  
AGENCY \_\_\_\_\_  
SITE SUPERVISOR'S SIGNATURE \_\_\_\_\_  
POSITION \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
(Intern Student)