

Department of Kinesiology  
Louisiana Tech University  
Site Supervisor's final Intern report

Name of Intern Student \_\_\_\_\_ Date of final report \_\_\_\_\_

Please complete and return this final Intern report after the student has completed all hours for the internship.

You may mail the report to Graduate Intern Coordinator, Department of Kinesiology, Louisiana Tech University  
PO Box 3176 Ruston, LA 71272 or FAX to 318-257-4432.

Intern competencies	Not Applicable	Excellent	Satisfactory	Needs Improvement	Not Acceptable
<b>ACADEMIC</b>					
Understanding of exercise science principles					
Skills and knowledge for the position					
Learned new information quickly					
Possessed necessary analytical skills					
Possessed necessary clinical skills					
<b>PROFESSIONAL BEHAVIOR</b>					
Prompt and prepared					
Professional appearance and behavior					
Dependable and responsible					
Demonstrated originality and initiative					
Completed tasks in a satisfactory manner					
Followed policies and procedures					
Demonstrated necessary organizational skills					
Ethical behavior					
<b>INTERPERSONAL SKILLS</b>					
Positive attitude					
Worked well with clients					
Worked well with agency personnel					
Enthusiastic and self-confident					
Adaptability					
Appropriate written communication					
Appropriate oral communication					
<b>OVERALL RATING OF INTERN</b>					

This student has completed a minimum of 220/110 (circle one) clock hours at the intern site. Yes No

Written summary of Intern's performance. Please provide written comments related to the evaluation provided.

1. Academic preparation/Knowledge: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Professional behavior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Interpersonal Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Supervisor (print name) \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Site Agency \_\_\_\_\_

Contact information: Email \_\_\_\_\_ Phone number \_\_\_\_\_