University of Idaho
College of Education

Department of Movement Sciences
INTERNSHIP CONTRACT

INTERNSHIP GENERAL INFORMATION

The internship is intended to provide students with experiences in observing, assisting, and working in a supervised professional setting. The program is experiential and the outcomes will vary with each individual. This form must be complete and accurate and submitted to UI within four weeks of the course start date.

Student Name			
Internship Dates (only semester dates)		Course Prefix & Number	
Name of Internship Site			
Site Address/City			
Site Website			
Internship Supervisor			
Supervisor E-Mail		Supervisor Phone	

INTERNSHIP DETAILS (attach a job description as well)

Description of experience. (What will you do? Include 5 primary tasks.)	(e.g., ?% administration, ?% job shadow, ?% assist with tasks…)
Type of Supervision	(e.g., weekly meetings, indirect supervision 50%, direct supervision 80%)

INTERNSHIP COORDINATOR AND SUPERVISOR INFO		
Exercise Science Practicum Supervisor: Dr. Emma Grindley	Phone (208) 885-2181	*Email: egrindle@uidaho.edu*
Recreation Practicum Supervisor Dr. Tami Goetz	Phone (208) 885-2165	*Email: tgoetz@uidaho.edu*
Address	*University of Idaho, College of Education, ID 83844-2401*	

**This form must be attached to the original proposal.

Signatures on this document confirm that this is the working agreement for this internship and that all of the statements below are understood by the student and the supervisor.

- ☐ The internship will be 360hours during the semester dates listed above. No hours can be worked outside of the semester's academic dates.
- ☐ The internship is an academic course with required assignments that must be completed by the student. The student must access the course via Blackboard Learn and follow the syllabus posted.
- ☐ The supervisor will be required to complete student evaluations as well as review the student's goals and objectives. The student will provide the appropriate documentation.
- ☐ The student will share the Welcome Packet and the syllabus with the supervisor.
- ☐ The student will take initiative to learn, ask questions, and get hands on experience where applicable.
- ☐ The supervisor will allow the students to be involved in the experience noted above and will provide supervision as described.
- ☐ Any questions, concerns, or issues should be directed to the university supervisor listed above.

PLEASE CHECK ONE OF THE FOLLOWING BOXES:
This agency DOES ☐ or DOES NOT ☐ provide liability insurance coverage for UI practicum students.
(If you are a public school district you likely provide liability insurance)

_____ _____

Student Signature *Date*

_____ _____

Agency Intern Supervisor Signature *Date*

_____ _____

University Coordinator/Director Signature *Date*