Override___ Liability___ Email___
Date_____ Initials_____

University of Idaho
A LEGACY OF LEADING

Department of Movement Sciences- Exercise Science &Health

PEP 498 Internship Agreement/Contract

Exercise Science & Health Internship Coordinator and Supervisor Information		
Name: Dr. Emma Grindley	**Phone:** (208) 885-2181 **Email:** *egrindle@uidaho.edu*	**Address:** Department of Movement Sciences Physical Education Building, Room 101 | 875 Perimeter Drive MS2401 | Moscow, ID 83844-2401
Website http://www.uidaho.edu/ed/movementsciences/exercisescienceandhealthprogram/practicum-and-internship		

Student and Course Information	
Student Name	
Student ID#	
Course Dates	
Start and End Dates at Site *(Note: You cannot do hours at outside of course dates)*	
Site & Supervisor Information	
Name of Internship Site	
Site Supervisor 's Name	
Supervisor's E-Mail	
Supervisor's Phone	
Detailed Description of Experience	
Please include, or attach, a detailed internship/job description *(Include at least 5 primary tasks that you will be assigned, % time on each task etc)*	

Supervisor Questions *The following is to be read and responded to by the Site Supervisor*		
Internship is a 9 credit experience in an Exercise Science and Health. This capstone experience requires students to be fully immersed in the setting, or site, for 360 hours during one semester. o **Can you provide 360hours of experience within the semester's course dates listed above?**	**Yes**	**No**
During the internship students will apply knowledge and skills that they have learned throughout their program of study, as well as develop hands-on experiences that will help them to develop professionally to achieve career and/or educational goals. o **Has the student discussed their goals and objectives for internship with you?** o **Can you provide an experience that allows the student to progress from basic observation to more hands-on-learning and possible leadership opportunities?**	**Yes** **Yes**	**No** **No**
Supervision will be provided by the site and the UI course instructor. The site supervisor is asked to provide direct and indirect supervision, and to complete student evaluations as well as review the student's goals and objectives. The student will provide the appropriate documentation to you in a timely manner. o **Has the intern discussed the type of supervision and mentorship that UI and they require for success? Is the supervision and mentorship possible?**	**Yes**	**No**
The student will share the Welcome Packet and the syllabus with the site supervisor. o **Has the student provided you these documents?**	**Yes**	**No**
Students must have liability insurance coverage during the internship. If your site does not provide it then the student can be covered under a UI policy for the duration of the course. o **Does your agency provide liability insurance coverage for UI internship students?**	**Yes**	**No**
Site Supervisor's Signature: Comments or questions:	**Date**	
Student Questions *The following is to be read and responded to by the Student*		
I understand that the internship will be 360hours during the course dates listed above. No hours can be worked outside of the semester's academic dates.	**Yes**	**No**
I understand that 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.	**Yes**	**No**
I understand that I must take initiative to learn, ask questions, and get hands on experience where applicable.	**Yes**	**No**
Student's Signature:	**Date**	

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