University of Idaho
College of Education

Department of Movement Sciences
PRACTICUM CONTRACT

PRACTICUM GENERAL INFORMATION

The practicum is intended to provide students with experiences in observing in a fully supervised setting. The program is experiential and the outcomes will vary with each individual. This form must be complete, accurate, and submitted to UI no later than two weeks prior to the course start date.

Student Name			
Student Contact (email & phone)			
Student Address			
Student ID#		Course Prefix & Number	# of Credits
Internship Dates (only semester dates)			Approximate hours per week
Name of Internship Site			
Type of Site (school, medical, fitness, recreation, etc)			
Site Address/City			
Site Website			
Internship Supervisor			
Supervisor Title, Credentials and Experience-be specific			
Supervisor E-Mail			Supervisor Phone

PRACTICUM DETAILS

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

PRACTICUM 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*	

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

- ☐ The practicum will be 40hours during the section dates listed above. No hours can be worked outside of the section dates listed.
- ☐ The practicum 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 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 Practicum Supervisor Signature *Date*

_____ _____

University Director/Coordinator Signature *Date*