



College of Natural Sciences
Department of Kinesiology

Dear Prospective Observation and Field Experience Sites/Supervisors,

Kinesiology students at California State University, San Bernardino often take a class in which they are required to complete observation or field experience. We require signature and contact information from the observation or field experience site supervisor so that the department will allow Kinesiology students to register for the course. After filling out the attached form, you can give it to the student and they will send to the Kinesiology office (kinesinfo@csusb.edu).

The faculty in the Kinesiology department thanks you for your willingness to allow our students to observe at your site. If you have any questions or concerns please feel free to contact the department.

Sincerely,

Department of Kinesiology
CSU – San Bernardino
5500 University Parkway, HP 120
San Bernardino, CA 92407
Office: (909) 537-3353
kinesinfo@csusb.edu

909.537.5349 • fax: 909.537.7085 • <http://kine.csusb.edu>

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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LEARNING PROJECT PLAN

Section I. Student Data

Date: _____

Student's Name: _____ Student ID: _____

CSU Campus: _____

Address: _____

Email: _____ Telephone Number: _____

Major(s): _____

Concentration (Circle all that apply): Exercise Science or Allied Health Professions

Primary Emergency Contact: _____ Relation: _____

Daytime Telephone: _____ Cell Phone Number: _____

Secondary Emergency Contact: _____

Daytime Telephone: _____ Cell Phone Number: _____

Section II. Learning Project Data

Learning Site: _____

Learning Site Mentor Name and Title: _____

Address: _____

Email: _____ Telephone Number _____

Section III. The Learning Project Plan

A. Description of Project:

Number of Total Observation Hours: _____ Number of Hours/Week: _____

Start Date: _____ End Date: _____

Planned Work Schedule:

<u>Days:</u>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<u>Times:</u>							

Supervisor Signature: _____ Date: _____

Supervisor Name: _____

Section IV. Course Data (Be sure to fill out which instructor and section you want to enroll in and drop this completed for in the instructor's mailbox in HP 120 be enrolled into the course)

Course Title: **Observation and Field Experience in AHP or ES** _____

Course Number: **KINE 2500:** _____

Semester and Year: _____ Number of Units: **2** _____

Faculty Supervisor Name and Title: _____

Faculty Email: _____ Faculty Telephone Number: _____