



College of Natural Sciences
Department of Kinesiology

Dear Prospective Observation and Field Experience Sites/Supervisors,

Our undergraduate students at California State University, San Bernardino in the Kinesiology Department are required to complete observation or field experience to graduate with their Bachelors of Science degree. Our students are required to complete a total of 50 hours over a 10-week quarter, approximately 5 hours a week at a site that interests them for their future careers. Internships for our students provide them with opportunities to see first hand potential careers in their area of interest.

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 required class. When filling out the attached form, we ask you to fill out the amount of hours your facility will allow our student to observe for. If your site does not allow the full 50 hours, the students are responsible for completing the remaining hours at another site. We will also ask the site supervisor to fill out an evaluation of the student toward the end of the 10-weeks and return it to the observation and field experience coordinator.

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

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

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

LEARNING PROJECT PLAN

Section I. Student Data

Date: _____

Student's Name: _____ Student ID: _____

CSU Campus: _____

Address: _____

Email: _____ Telephone Number: _____

Degree pursued (i.e. Bachelor's, Master's): _____ Grade Level: _____

Major(s): _____

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

Campus Cumulative GPA: _____ Expected Graduation Date: _____

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 493:** _____

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

Faculty Supervisor Name and Title: _____

Faculty Email: _____ Faculty Telephone Number: _____

Section V. Responsibilities of EPA and CSU

- A. EPA Learning Project Mentors and CSU Faculty Supervisors will review and discuss the Learning Project Plan to facilitate a mutual understanding about the goals, objectives and expectations about the project between EPA, CSU and the student.
- B. EPA Learning Project Mentors will guide and review the student’s work, certify that the student completed the Project and required work assignments, and submit a final evaluation of the student's achievement upon request by CSU.

CSU Faculty Supervisor:

1. I have reviewed and approve the Learning Plan set forth above. It is appropriate to the topics of the abovementioned course. I have reviewed the student's Internship and Learning Objectives and have determined that they constitute an appropriate Internship assignment and the timeframe, number of hours, and schedule are appropriate.
2. In the event that I am not able to serve as the CSU Faculty Supervisor for whatever reason, I will make a reasonable effort to locate a suitable replacement in my university.
3. I agree to provide assignments and guidance that will contribute to the student's ability to fulfill this Learning Plan Agreement.
4. I agree to discuss concerns the Learning Site Project Mentor, student, or Program Administration may have about this course and student.
5. I agree to grade the student on their work for this learning activity, which will be part of the student's academic record.

I have read, understand and agree to comply with these guidelines.

CSU Faculty Supervisor Signature: _____ Date: _____

CSU Faculty Supervisor Name and Title: _____

Section VI: Student Participation Requirements

1. I have reviewed and approve the Learning Plan set forth above.
2. I will devote _____ hours per week towards completion of the Observation and Learning Objectives listed in my Learning Plan Agreement for a total of _____ hours, effective from _____ to _____ (“learning activity”). I agree to complete any paperwork and orientations required by my professor or site supervisor as part of this learning activity, including regular hour logs documenting the time spent on the learning activity.
3. I understand I must complete a final report, approved by my faculty supervisor and Learning Site mentor, documenting my project and my results during my learning activity. I also agree to complete a career profile on my EPA mentor, identifying their requisite skill sets and educational requirements.
4. I understand I am not an employee, officer, volunteer, or agent of the CSU.
5. I understand that while I am considered a “student volunteer” of the EPA, I am not an employee, officer or agent of the EPA.
6. I understand, as applicable, EPA may conduct a background check which may require that I submit fingerprints or other information and materials.
7. I understand that neither EPA or CSU is responsible for my transportation.
8. I understand that I may be dismissed from the Learning Project if the EPA or the CSU determines I am in violation of the standards, mission or goals of the Learning Project.
9. I understand and acknowledge that there are potential risks associated with this learning activity, some of

which may arise from (a) my assigned tasks and responsibilities, (b) the location of the learning activity, (c) the physical characteristics of the Learning Site, (d) the amount and type of criminal activity or hazardous materials at or near the location of the learning activity, (e) any travel associated with the learning activity, (f) the time of day when I will be present at the Learning Site, (g) the criminal, mental and social backgrounds of the individuals I will be working with or serving, and (h) the amount of supervision I will receive. I further understand and acknowledge that my safety and well being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage.

10. Being aware of the risks inherent in this learning activity, I nonetheless voluntarily choose to participate in this learning activity. I understand that I may stop participating if I believe the risks become too great.
11. While participating in this learning activity, I will **(a)** exhibit professional, ethical and appropriate behavior; **(b)** abide by the Learning Site's rules and standards of conduct, including wearing any required personal protective equipment; **(c)** participate in all required training; **(d)** complete all assigned tasks and responsibilities in a timely and efficient manner; **(e)** request assistance if I am unsure how to respond to a difficult or uncomfortable situation; **(f)** be punctual and notify the Learning Site in advance if I believe I will be late or absent; and **(g)** respect the privacy of the Learning Site's clients. For purposes of this Supplement and its corresponding agreements, "clients" are defined as including, but not limited to, EPA's customers, agents, contractors, employees, volunteers, and representatives.
12. While participating in this learning activity, I will not **(a)** report to the Learning Site under the influence of drugs or alcohol; **(b)** give or loan money or other personal belongings to a client; **(c)** make promises or commitments on behalf of EPA without prior approval from my Learning Project Mentor; **(d)** give a client or representative a ride in my personal vehicle; **(e)** engage in behavior that might be perceived as harassment of a client or Learning Site representative; **(f)** engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, mental capacity, or ethnicity; **(g)** engage in any type of business with clients during the term of my placement; **(h)** disclose without permission EPA or the Learning Site's proprietary information, records or confidential information concerning its clients; or **(i)** enter into personal relationships with a client or Learning Site representative during the term of my placement. I understand that the Learning Site may dismiss me if I engage in any of these behaviors.
13. I agree to contact the Program Administration at (909) 537-7681 if I believe I have been discriminated against, harassed or injured while engaged in this learning activity.
14. I understand and acknowledge that neither the University, EPA nor the Learning Site assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this learning activity. I understand that I am personally responsible for paying any costs I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I carry health insurance.
15. I understand I will be graded on my performance on this Internship, which will become part of my academic record.

I have read, understand and agree to comply with these guidelines.

Student Signature: _____ Date: _____

Student Name: _____