

DEPARTMENT OF KINESIOLOGY

25 WEST INDEPENDENCE WAY KINGSTON, RI 02881

OFFICE: 401-874-2981

PLACEMENT DESCRIPTION FORM

(Internship to be completed by site)

We appreciate your interest in providing an internship for our students. Please thoroughly complete both sides of this form.

INTERNSHIP PLACEMENT			
	Date:		
Address:	City: State:		
Zip:Phone: ()	Fax: ()		
Website: Email:			
Contact Name for Internship:	Title:		
Phone: () Ext.:	Email:		
Brief Description of Organization:			
SUPERVISION			
Direct Intern Supervisor:	Supervisor's Title:		
Time Employed with Organization:	Amount of time in current position:		
Previous Education/Training:			
Phone: (Email Address	s:		
INTERNSHIP DETAILS			
Name of Student Intern:	Internship Title/Position		
Describe intern's workspace:			
Will a stipend/hourly wage be paid by the organization to the interns	? Yes No If yes, what is the amount?		
Please specify any other forms of compensation that will be made by the organization to the intern (i.e. rent, car allowance, travel reimbursements, etc.)			
Please state the student's primary duties/projects/responsibilities for this internship (attach job description if available):			
Requirements (academic background, special skills, etc.):			
Application Method (i.e., resume, interview) & Due Date:			
Type of Orientation/Training available:			

Hours

Please review the following and **Check** the appropriate hours that correspond with the intern's expected workload at your agency.

DATES	FULL TIME
	12 Credits
FALL	400 hrs total
13 Weeks: Early Sept – Early December	
SPRING	400 hrs total
13 Weeks: Mid/Late Jan – Early May	
SUMMER	400 hrs total
10 Weeks: Mid May – End of July	

12 credits: Fall Spring Sum	nmer	
SUPERVISOR AGREEMENT		
Supervision and Work Environment:		
Our primary concern is providing our students with site supervisors agree to provide the intern with a high professional opportunities and mentorship. We also environment with the necessary tools and equipmes scheduled meetings with the supervisor to discuss the supervisor of the s	nands-on learning experience that combine o require the student to receive adequate so nt to perform intended services. Past students	es practical application, observation, upervision in a reasonably safe ent interns have indicated that regularly
CREDITS EARNED & INTERN PAY		
All students enrolled in the Kinesiology internship student is <i>only</i> earning credit, the following Depart		for their internship experience. If your
 □ The training, even though it includes actualing a vocational school. The training is for □ The trainees do not displace regular emploisment of the employer that provides the training definition of the trainees are not necessarily entitled to □ The employer and the trainees understand 	the benefit of the trainees. oyees, but work under close observation. erives no immediate advantage from the a o a job at the completion of the training pe	ectivities of the trainees, and on occasion eriod.
Please sign below to verify that you have read and	agree to the program requirements.	
Supervisor:		
Print Name	Signature	Date
Advertising:		
Did you advertise this internship on Handshake:	Yes No	

In the future, if you would like to advertise this opportunity to the University of Rhode Island campus community please visit https://joinhandshake.com and click on "Employers" top left of page. To create an account for your organization, select "Get started", complete contact information, and then post the job. Be sure to complete all mandatory fields (indicated with an *). After a quick approval from URI Career Services, your position will be live on the site.

The Internship Supervisor Information Packet can be accessed at https://web.uri.edu/career/employers/ for more information and resources.

Please return this signed form to the student. Student should email document to chs-kinesiology-intership-group@uri.edu.

THE UNIVERSITY OF RHODE ISLAND COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF KINESIOLOGY

25 WEST INDEPENDENCE WAY KINGSTON, RI 02881

OFFICE: 401-874-2981

To: Internship Supervisor

From: Department of Kinesiology, Internship Director

Re: Student / Supervisor Agreement

Thank you for your interest in and support of the URI Internship Program. Your participation affords our students the opportunity for personal and professional growth. It is an experience which our students value, and do not take lightly. In fact, I am pleased to say that our student interns have been commended for their diligence, work ethic and professionalism. We are confident that you will find them a welcomed addition to your staff. Due to the academic nature of the URI Internship Program, our students must fulfill certain requirements. While the intern advisor oversees the academic component, we do need your assistance in the following areas:

The Learning Contract

The Learning Contract serves as the academic and professional road map for the intern's semester. It clearly identifies the student's learning objectives and how they plan to accomplish these, as well the workplace requirements, intern responsibilities and hours. Students must submit their contracts by the second week of the semester. We ask our supervisors to take the time to meet with the intern during the first week of the placement to discuss and negotiate this very important requirement.

Mid-term and Final Evaluations

Interns will provide their supervisors with midterm and final evaluation forms. We hope that you will take the time to discuss the evaluation with the student before submitting it to our office.

Supervision and Work Environment

Placement site supervisors agree to provide interns the following: adequate supervision in a reasonably safe environment with the necessary tools and equipment to perform intended services. Past student interns have indicated that regularly scheduled meetings with the supervisor to discuss work assignments and performance greatly enhances the student's experience.

Absenteeism

If a student is absent from the placement due to illness or other reasons for an extended period of time (over two days), the student is expected to make up the time at the agency. Students are required to follow the agency's daily work schedule and follow procedures for reporting illness, absenteeism and tardiness.

Certificate of Insurance

Please provide a copy of your agency's certificate of liability insurance prior to the start of the internship. This is to ensure the agency is up to date. If your agency is a food vendor, please provide verification that your organization meets all the department of health licensing. Scan and email documents to chs-kinesiology-intership-group@uri.edu.

Again, thank you for your support. If you have any questions or need further assistance, please do not hesitate to call (401)874-2063 or email Courtney Mackey Wilbur, Kinesiology Coordinator mackey@uri.edu.

Please sign below to verify that you have read and agree to these program requirements. Return to the student to submit to our office, email to chs-kinesiology-intership-group@uri.edu.

Intern:			
	Print Name	Signature	Date
Supervisor:			
. —	Print Name	Signature	Date
Placement Site	2:		