

Department of Physical Education, Exercise and Sport Sciences
College of Education
East Tennessee State University
Agency Supervisor Early Evaluation

Student: _____ Date: _____

Name of Agency Supervisor: _____ Title: _____

Name of Evaluator (if different): _____ Title: _____

Agency Name: _____

INSTRUCTIONS:

The Internship is strengthened by a periodic evaluation of the student's experience. This evaluation has three primary purposes:

1. To provide the student with an initial idea of his/her strengths and weaknesses as related to a career in sport or exercise science.
2. To provide the student with evaluative feedback concerning early performance in his/her areas of responsibility.
3. To identify early areas that the student needs to improve in.

The evaluation process is considered extremely important. Since it is difficult to eliminate the subjectivity of such evaluative forms, please exercise your best personal and professional judgment in completing this evaluation.

PART A

Please make a judgment for each area listed below. Descriptive phrases and words have been included to provide a clearer understanding of each area. Circle the number which best describes the impression the student has made to date. If you feel you need to be more specific, please do so under comments. If the student scores a 0 or a 1 in an area, please discuss the area under comments.

- Code: (4) Exceptional (Always)
(3) Good (Usually)
(2) Acceptable (Sometimes)
(1) Minimal (Seldom)
(0) Inadequate (Never)
(NA) Not Applicable

I. Individual Characteristics

A. PERSONAL APPEARANCE:

Appropriately dressed; well groomed; pleasant.

4 3 2 1 0 NA

Comments:

B. DEPENDABILITY:

Reliable, punctual, completes assignments on or before due date.

4 3 2 1 0 NA

Comments:

C. INITIATIVE:

Able to think and work independently; looks for and finds meaningful work; self-starter.

4 3 2 1 0 NA

Comments:

D. ABILITY TO COMMUNICATE:

Communicates ideas effectively; strives for and attains quality in written and verbal expression.

4 3 2 1 0 NA

Comments:

E. PERSONALITY:

Enthusiastic; courteous and tactful; friendly; displays a concern for others; displays a sense of humor.

4 3 2 1 0 NA

Comments:

F. ABILITY TO ACCEPT CRITICISM:
 Is willing to accept suggestions; direction and critical evaluation; is critical of own performance and quality of work; works to improve performance following suggestions. 4 3 2 1 0 NA

Comments:

II. Professional Characteristics

A. FITNESS ASSESSMENT SKILLS:
 Accurately measures blood pressure, body composition, functional capacity, etc. 4 3 2 1 0 NA

Comments:

B. EXERCISE PRESCRIPTION:
 Has an understanding of proper quantity and quality of exercise for the specific population that is being worked with. 4 3 2 1 0 NA

Comments:

C. COMMITMENT:
 Displays zeal for the profession; accepts assignments willingly; shows desire to learn; active in professional organizations. 4 3 2 1 0 NA

Comments:

D. RELATIONSHIPS:
 Relates well to other employees; relates well with public and/or other agencies. 4 3 2 1 0 NA

Comments:

PART B (Use reverse side if necessary.)

Strengths:

Weaknesses:

Suggestions for Improvement:

Evaluator's Signature _____

Student's Signature _____