Gerontology
Practicum Documents

Revised November 8, 2018
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Ethical Guidelines Contract

Everyone taking part in a practicum (aka, internship) opportunity is expected to adhere to certain guidelines for ethical, responsible conduct and to adhere to federal and state laws and regulations. This is necessary for your own benefit and protection, as well as for the clients, the placement agency, your faculty instructor/adviser, your site, and your academic institution. Certain basic guidelines are described here, but these are not exhaustive. As a practicum intern, you also are expected to learn and adhere to the broader ethical guidelines dictated by the relevant helping professions (e.g., APHA, SOPHE, APA, NASW, ACA) as well as the guidelines specific to your placement agency. In addition, you must familiarize yourself with and follow federal and state laws and regulations (e.g., HIPAA). If you ever have questions about ethics or responsible conduct, contact your instructor or the placement site. At a minimum, practicum interns agree to adhere to the following principles:

1. **Confidentiality.** The identity of clients, or information that would reveal the identity of clients, cannot be revealed without the specific permission of the client and only according to HIPAA guidelines where they apply. The only exceptions are cases in which the client may be dangerous to him- or herself or others and in cases of abuse. In such situations, there may be a legal requirement to inform responsible agencies. There are also certain legal proceedings in which case notes and other records can be ordered to be released by the courts. Practicum students/interns must familiarize themselves with and adhere to confidentiality procedures of their placements and the laws of the state and federal government. Personal notes pertaining to specific patients and any case material discussed in class must be prepared in such a way that confidentiality is maintained. Any records or communications involving electronic technologies (e.g., computers, e-mail, PDA) must be protected by passwords, encryption, and any other means prescribed by your placement site, academic institution, HIPAA regulations, or other laws. Practicum interns do not discuss cases in public settings outside of class or their internship, nor do they discuss their cases with persons who are not specifically authorized.

2. **Recognition of qualifications and limitations.** Practicum interns must recognize the limitations to their training and abilities and must not exceed these in work with clients. It is incumbent for practicum students/interns to recognize when situations, clinical or otherwise, are beyond their knowledge or ability. When such situations arise, practicum interns will seek assistance from their site and instructor.

3. **Identification as interns.** Practicum interns will explicitly identify themselves as interns to their clients, in reports, and in other professional activities. They will not misrepresent their training, qualifications, or status. Practicum interns who will be at a placement for a limited time will inform clients of that limitation at the outset of therapy and will consider it in their work with clients.

4. **Record keeping.** Practicum interns will accurately and reliably maintain written and other records as required by their placement agency and by state and federal laws.

5. **Dual relationships.** Practicum interns will strictly follow ethical guidelines regarding multiple relationships and will refrain from clinical work with persons with whom the intern is involved in other types of relationships. Such dual relationships may inhibit the effectiveness of the intern’s clinical work and may jeopardize both the client and the trainee. For example, it would not be ethical for a trainee to take as a client someone who was a fellow student in class. Similarly, coworkers, friends, and others should not be seen as clients.

6. **Prohibition regarding sexual conduct or harassment.** Under no circumstances shall practicum interns become involved in sexual or romantic relationships of any sort with clients or their family members, agency staff, or agency staff. Practicum interns also will refrain from sexual harassment and will respect the sensitivity of others regarding sexual matters.

7. **Self-awareness and monitoring.** Practicum interns will monitor their own emotional and physical status and should be aware of any conditions that might adversely impact their ability to serve their clients or placement agencies. If such conditions arise, practicum interns should inform their placement and instructor.

8. **Ethics discussion.** Each practicum intern must discuss the ethical standards of his or her placement with the site supervisor before performing any clinical work or patient contact. Space is provided at the bottom of this form to indicate that such discussions have taken place and the intern has been informed of ethical expectations, state and federal laws and regulations, and any other specific guidelines of the agency.

By signing below, the practicum student/intern agrees to adhere to the guidelines listed above as well as those of the professional discipline, state and federal laws and, the specific placement agency.

<table>
<thead>
<tr>
<th>Practicum Student</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Practicum Faculty Supervisor</th>
<th>Date</th>
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</table>
Administrative Documents: Practicum Checklist I

- **FIRST STEP:** Make a practicum appointment with Dr. Williams (no later than mid-term) the prior semester to complete this administrative checklist.

- **SELECT YOUR PRACTICUM SITE AND SITE SUPERVISOR**

  **Student:**
  
  [Blank line]
  
  **Site Supervisor:**
  
  [Blank line]
  
  **Practicum Site:**
  
  - Proof of Liability Insurance
  - Proof of Health Insurance or Waiver (Copy of insurance card or waiver)
  - Background Check/Drug Screening (if required)
  - NIH “Protecting Human Research Participants” Training Certificate
  - Medical Report Forms
  - Protocol, Forms, and Orientation for Hospital Practica (if applicable)
  - IRB Application Information (if applicable)
  - Current Memorandum of Understanding (MOU)
  - Student, Site Supervisor and Gerontology Faculty Advisor Responsibilities
  - Practicum Site and Site Supervisor Information
  - Practicum Objectives and Work Schedule
  - Ethical Guidelines Contract
  - Other: ________________________________

Please remember to make and keep **COPIES** of **all** materials for your files and sign below.

______________________________________  ________________________________
Practicum Student  Date

______________________________________
Georgia Southern University
Waters College of Health Professions
# Medical Report for Faculty and Students

## Physical Examination

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Student's Eagle ID #</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Student's Street Address:</th>
<th>Student's City, State, Zip</th>
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<table>
<thead>
<tr>
<th>Name of Examiner</th>
<th>Date of Physical Exam</th>
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<tr>
<th>Examiner's Street Address</th>
<th>Examiner's City, State, Zip</th>
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I have examined __________________________ and find that he/she has:

1. □ No evident health problems which could interfere with his/her performance of required clinical activities.

2. * □ The following health problem(s)/restriction(s) which may/may not interfere with his/her performance of required clinical activities.
   (*If checked, please explain and attach additional pages, if necessary.)

3. * □ Significant health problem(s) which would interfere with his/her performance of required clinical activities.
   (*If checked, please explain and attach additional pages, if necessary.)

<table>
<thead>
<tr>
<th>Signature of Health Care Provider</th>
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Return to the Requesting Student, who will direct all medical forms to:

**Georgia Southern University**  
**Department of Health Sciences & Kinesiology**  
**11935 Abercorn Street**  
**Savannah, Georgia 31419-1997**
# Medical Report for Faculty and Students

## Immunizations and Screening Tests

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Student’s Eagle ID #</th>
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<table>
<thead>
<tr>
<th>PPD Date</th>
<th>Result</th>
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</thead>
</table>

If PPD is positive, chest radiograph may be needed. (Attach Physician’s Evaluation.) PPD must be done **yearly**.

<table>
<thead>
<tr>
<th>Radiograph Date</th>
<th>Result</th>
<th>Size</th>
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</thead>
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Was there prophylaxis?  

- **YES**  
- **NO**

If YES, indicate what he prophylaxis was or is:

**Tetanus Vaccination Date** (within the last 10 years)  

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<th>Date</th>
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**Hepatitis B Series (Optional)**  

Attach waiver is no vaccine has been received.

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</table>

**Meningitis**  

Advised of meningitis incidences and availability of immunization at the Health Department  

- **YES**  
- **NO**

- Agrees to get immunization  
- Does not agree to get immunization

**Pregnancy**  

Advised of risks of exposure to high risk diseases during pregnancy (Hepatitis B, Rubella, Cytomegalovirus, etc.)

- **YES**  
- **NO**

**Rubella**  

<table>
<thead>
<tr>
<th>Date of Disease</th>
<th>Date of Titer (if available)</th>
<th>Date of MMR</th>
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</table>

**Chickenpox**  

<table>
<thead>
<tr>
<th>Has he/she had chickenpox?</th>
<th>Has he/she been exposed to chickenpox?</th>
</tr>
</thead>
</table>
| **YES**  
- **NO** |  
| **YES (when? / / )** |  
| **NO** |  

Attach copies of verifications of immunizations. (Please attach additional pages, if necessary.)

**Signature**  

**Date**

---

6
MEDICAL REPORT FOR FACULTY AND STUDENTS
Hepatitis B Declaration Form

Student’s Name

Student’s Eagle ID #

(1) □ I have already received the Hepatitis B vaccine.

I understand that Hepatitis B is a severe and potentially life-threatening illness. I have already received the Hepatitis B vaccine and this has been noted on my “Immunizations and Screening Tests” medical report form.

Student’s Signature

Date

________/________/________

(2) □ I agree to take the prescribed Hepatitis B series of inoculations.

I understand that Hepatitis B is a severe and potentially life-threatening illness. Hepatitis B vaccination significantly decreases my risk of being infected by the Hepatitis B Virus (HBV). Therefore, I agree to take the prescribed series of inoculations, the follow-up titer to assess antibody levels, and a second series, if necessary. I assume responsibility for all arrangements, costs, and complications arising from this vaccination procedure.

Student’s Signature

Date

________/________/________

(3) □ I elect NOT to take the prescribed Hepatitis B series of inoculations.

I understand that Hepatitis B is a severe and potentially life-threatening illness. Hepatitis B vaccination significantly decreases my risk of being infected by the Hepatitis B Virus (HBV). I also understand that not taking the vaccination may significantly increase my risk of being infected by the Hepatitis B Virus. Nevertheless, I elect NOT to take the prescribed vaccination procedure, and I assume responsibility for all arrangements, costs, and complications arising from not taking these vaccinations.

Student’s Signature

Date

________/________/________
IRB Application Cover Page (If Applicable)

COMPLETE THIS PAGE AND INCLUDE IT WITH YOUR IRB APPLICATION.

Make sure also to include consent/assent procedures, copies of instruments and recruiting materials as applicable, an additional copy of your NIH “Protecting Human Research Participants” certificate for the IRB committee’s files, and a signed letter on letterhead from the site where you will conduct your work. Once the practicum site supervisor has approved the IRB application, turn in these documents to your practicum faculty adviser. Once approved at this level, the faculty adviser will forward the application to the chair of Health Sciences, who will forward it to the dean of the College of Health Professions and, finally, GSU’s IRB committee.

Please allow one (1) to two (2) months (and possibly longer) to complete this process.

Registered for GERO 5520 ☐ Spring ☐ Summer ☐ Fall Year:

Practicum Student's Name

Practicum Project Title

Practicum Site

Practicum Site Supervisor (print name)

I have reviewed the student’s IRB application and find it acceptable to be forwarded to the student’s practicum faculty adviser.

(signature) (date)

Practicum Faculty Supervisor (print name)

I have reviewed the student’s IRB application and find it acceptable to be forwarded to the chair of the Health Sciences Department.

(signature) (date)

Chair, Health Sciences Dept. (print name)

I have reviewed the student’s IRB application and find it acceptable to be forwarded to the dean of the College of Health Professions.

(signature) (date)
MEMORANDUM OF UNDERSTANDING (MOU) REQUEST FORM

WATERS COLLEGE OF HEALTH PROFESSIONS
MEMORANDUM OF UNDERSTANDING
FACULTY REQUEST FORM

1. FOLLOWING YOUR INITIAL CONTACT WITH THE FACILITY, COMPLETE ALL INFORMATION ON THIS FORM. (*Form should be typed or printed.*)

2. All forms related to executing MOU must be routed through the COHP office and reviewed prior to forwarding to legal counsel.

3. This office will contact you via e-mail once the MOU has been approved and signed by both the facility representative and President Frum. This process may take more than two (2) months.

Date of Request: ____________________________

Faculty member’s signature

Faculty member requesting MOU and phone #: ___________________________________________

Department(s) sending students: _______________________________________________________

Dates students will be at facility: __________ Is facility for single or multiple uses? ______

Facility Name: _____________________________________________________________

Is this facility a member of GHA?  YES___  NO____ (Please check with the facility to verify status.)

Facility street address: _____________________________________________________________

City, state and zip code: ___________________________________________________________

Contact person at facility: _________________________________________________________

Contact e-mail address: ___________________________________________________________

Contact phone number: ________________________ Contact fax number: ___________________

Name and title of individual authorized to sign MOU at facility:

Name: __________________________________ Title: ________________________________

(If address is different from the facility address, please write address below.)

Return completed form to: Gerontology Program Director

For Office Use Only: ____________________________ Do not write below this line.

Date Request Received: ____________________________

9
Practicum Student, Site Supervisor, Faculty Advisor
Responsibilities

The purpose of this form is to guide and direct the parties involved in the practicum by respecting their affiliation and working relationship with each other. Please obtain the appropriate signatures and make sure your site supervisor and faculty supervisor have copies of your Practicum Objectives and proposed Weekly Work Schedule.

1) The practicum student, in addition to doing the work and producing the practicum documents, is responsible for:
   a) Becoming thoroughly familiar with and adhering to practicum requirements and duties/objectives.
   b) Performing all duties as agreed upon by the student and site supervisor.
   c) Conducting himself/herself in a professional manner at all times during the practicum.
   d) Maintaining and submitting all practicum documents.
   e) Completing and presenting all assignments and final presentation of the practicum experience.

2) The site supervisor of the practicum committee has the responsibility to:
   a) Assist the student in writing practicum objectives and details regarding practicum expectations, duties, and responsibilities.
   b) Assist the student in creating a weekly work schedule that enables the student to log a minimum of 140 contact hours during the practicum semester.
   c) Sign timesheets for the student to document contact hours.
   d) Provide oversight and guidance during the practicum, helping the student carry out his/her duties as assigned.
   e) Determine whether a drug screening of the student is required.
   f) Contact the faculty adviser if any concerns regarding the student's performance should arise.
   g) Submit student evaluations at the end of the semester.

3) The faculty supervisor has the responsibility to assure that:
   a) The proposed practicum meets academic criteria for practica.
   b) Communication is maintained on an as-needed basis to discuss the student's progress.
   c) The practicum, in its final form, meets the appropriate format, content mastery, and standards set by the gerontology program.

Practicum Student __________________________ Date ____________

Practicum Site supervisor __________________________ Date ____________

Faculty Supervisor __________________________ Date ____________

NOTE: A copy of this must be given to the site supervisor.
### Practicum Site and Site Supervisor Information

#### Student Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Student's Name</td>
<td></td>
</tr>
<tr>
<td>Student's Eagle ID #</td>
<td></td>
</tr>
<tr>
<td>Student's Street Address</td>
<td></td>
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<tr>
<td>Student's City, State, Zip</td>
<td></td>
</tr>
<tr>
<td>Student's Telephone Number</td>
<td>( ) -</td>
</tr>
<tr>
<td>Student’s E-mail Address</td>
<td></td>
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</tbody>
</table>

#### Site Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Practicum Site Name</td>
<td></td>
</tr>
<tr>
<td>Practicum Site Street Address</td>
<td></td>
</tr>
<tr>
<td>Practicum Site City, State, Zip</td>
<td></td>
</tr>
<tr>
<td>Brief Description of the Site</td>
<td></td>
</tr>
<tr>
<td>• What is the site’s mission?</td>
<td></td>
</tr>
<tr>
<td>• What are its primary areas of focus?</td>
<td></td>
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<tr>
<td>• What populations or communities does it serve?</td>
<td></td>
</tr>
<tr>
<td>• How is its mission related to public health?</td>
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</tbody>
</table>

#### Site Supervisor Information

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<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Title</td>
<td></td>
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<tr>
<td>Telephone Number</td>
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<tr>
<td>E-mail Address</td>
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</table>

Approved by: __________________________  Date: ______________________

*Practicum Faculty Supervisor*
# Practicum Objectives

Practicum Objectives

Write clear objectives for your practicum, as agreed upon by you and your site supervisor. Include detailed information about the project(s) you will work on as well as your tasks, methods, goals, deadlines, etc. (Use additional sheets as necessary.)

## Work Schedule:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>

Approved by: ___________________________ Date: ______________

*Practicum Student*

Approved by: ___________________________ Date: ______________

*Practicum Site supervisor*

Approved by: ___________________________ Date: ______________

*Practicum Faculty Supervisor*
Practicum Student Evaluation of the Site and Site Supervisor

Student: ________________________ Practicum Site: __________________________

Date: ______/______/_______ Site Supervisor: __________________________

Using the scale provided please circle the appropriate descriptor for each item. Feel free to comment on any evaluation criterion; however, if the evaluation score on any particular item is either unacceptable or weak, a comment is required. Additionally, we would appreciate your comments on the overall evaluation. Please submit this form to your Practicum Faculty Adviser.

I. Availability of Site Supervisor:

   unacceptable  weak  acceptable  good  excellent

   Comments:

II. Quality of Supervision by Site Supervisor:

   unacceptable  weak  acceptable  good  excellent

   Comments:

III. Professional Relationship with Site supervisor:

   unacceptable  weak  acceptable  good  excellent

   Comments:

IV. I Would Recommend this Site Supervisor for Other Gerontology Students:

   Strongly Do Not Recommend  Do Not Recommend  Recommend With Reservation  Recommend  Strongly Recommend

   Comments:
V. I Would Recommend this Site for Other Gerontology Students:

<table>
<thead>
<tr>
<th>Strongly Do Not Recommend</th>
<th>Do Not Recommend</th>
<th>Recommend With Reservation</th>
<th>Recommend</th>
<th>Strongly Recommend</th>
</tr>
</thead>
</table>

Comments:

VI. Practicum Site’s Contribution to Attainment of Practicum Objectives:

<table>
<thead>
<tr>
<th>unacceptable</th>
<th>weak</th>
<th>acceptable</th>
<th>good</th>
<th>excellent</th>
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</table>

Comments:

VII. Practicum Site’s Contribution to Your Professional Potential:

<table>
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<tr>
<th>unacceptable</th>
<th>weak</th>
<th>acceptable</th>
<th>good</th>
<th>excellent</th>
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Comments:

VIII. Overall Practicum Experience

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<th>unacceptable</th>
<th>weak</th>
<th>acceptable</th>
<th>good</th>
<th>excellent</th>
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</table>

Comments:

Time Spent on Site: Unless otherwise agreed upon, the student should spend a minimum of 140 hours on site. In your estimation, did you meet this requirement?

☐ YES ☐ NO

Comments:

Is there anything else you think we should know about your practicum experience?
Administrative Documents: Practicum Checklist II

Student:

Site Supervisor:

Practicum Site:

☐ Approved Timesheet
☐ Letters of Appreciation (Copies)
☐ Executive Summary & Approval Page
☐ Site Supervisor Evaluation of the Practicum
☐ Gerontology Certificate Program Practicum Student Evaluation of the Site and Site Supervisor
☐ Other: ____________________________

Please remember to make and keep COPIES of all materials for your files.

_______________________________________  ________________________________
Practicum Student                          Date

_______________________________________  ________________________________
Practicum Faculty Supervisor               Date
**Practicum Timesheet**

Students must complete a minimum of 140 hours by the end of the practicum. Hours should be noted on this timesheet (Xerox extras, if needed) and must be certified by the site supervisor.

<table>
<thead>
<tr>
<th>Practicum Student's Name</th>
<th>WEEK</th>
<th>DATE &amp; HOURS</th>
<th>DATE &amp; HOURS</th>
<th>DATE &amp; HOURS</th>
<th>DATE &amp; HOURS</th>
<th>DATE &amp; HOURS</th>
<th>TOTAL</th>
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**TOTAL ON-SITE PRACTICUM HOURS COMPLETED**

Approved by: ___________________________ Date: ______________________

*Practicum Site Supervisor*
GERONTOLOGY PROGRAM CERTIFICATE PRACTICUM EXECUTIVE SUMMARY APPROVAL PAGE

PRACTICUM TITLE

BY

[STUDENT NAME]

___________________________________  ____________________________
[Name], Site Supervisor                    Date
[Practicum Site Location]

___________________________________  ____________________________
[Faculty Name], Gerontology Program Coordinator Date
Gerontology Certificate Program
Georgia Southern University

Remove this note before submission:

*Must be signed by the site supervisor before submission to the Gerontology Program Coordinator*

Header for final approval page should include the following information: Executive Summary; GER 5520
**Site Supervisor Evaluation of the Practicum Student**

This form should be completed by the practicum student’s site supervisor, evaluating the student’s performance objectively by comparing him or her with: (a) other students of comparable academic level, (b) other personnel assigned the same tasks, and/or (c) individual standards based on your professional expertise. Please circle only one response per category and feel free to include comments. If the score on an item is unsatisfactory or marginal, a comment is required. Please send the completed evaluation via U.S. mail or student (in a sealed, signed envelope) to:

**Dr. TimMarie Williams, Gerontology Program Coordinator**  
**Department of Health Sciences & Kinesiology**  
*Georgia Southern University*  
11935 Abercorn Street  
*Savannah, GA  31419-1997*

<table>
<thead>
<tr>
<th>Practicum Student’s Name</th>
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<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>NOT APPLICABLE</th>
<th>UNSATISFACTORY</th>
<th>MARGINAL</th>
<th>AVERAGE</th>
<th>VERY GOOD</th>
<th>OUTSTANDING</th>
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<tbody>
<tr>
<td><strong>A. WORK ETHIC</strong></td>
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<tr>
<td>1. Appearance</td>
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<td>2. Attendance</td>
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<td>3. Punctuality</td>
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<td>4. Dependability</td>
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<td>5. Attitude Toward Work</td>
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<td>6. Ability/Willingness to Learn</td>
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<td><strong>B. PROFESSIONALISM</strong></td>
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<tr>
<td>1. Self-Confidence</td>
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<td>2. Judgment</td>
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<td><strong>C. COMMUNICATION SKILLS</strong></td>
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<tr>
<td>1. Effective Communication</td>
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<td>2. Rapport with Clients</td>
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<td>3. Rapport with Employees</td>
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<td>4. Rapport with Site</td>
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<td>5. Ability to Work as Part of a Team</td>
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<td>D. QUALITY OF WORK AND PERFORMANCE</td>
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<tr>
<td>1. Writing Skills</td>
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<td>3. Progress Towards Objectives</td>
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<td>4. Knowledge of Relevant Content</td>
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<td>5. Quality of Work (accurate, neat, etc.)</td>
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<td>6. Overall Performance</td>
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<td>E. OVERALL EVALUATION</td>
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<td>1. Professional Potential</td>
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<tr>
<td>2. Would you recommend your organization host more gerontology practicum students? (If no, why not?)</td>
<td>Yes ☐ No ☐</td>
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<td>3. Would you act as a practicum site supervisor for another student? (If no, why not?)</td>
<td>Yes ☐ No ☐</td>
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<td>4. What areas of instruction or skills would you like to see in future gerontology students?</td>
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<td>5. List anything the University should provide to enable students to be more valuable practicum interns.</td>
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Signature of Site Supervisor: ___________________________ Date: _____________________
GERONTOLOGY Student Alumni Contact Information

We are proud of what you, as a GERONTOLOGY student, accomplish during your program and practicum experiences as well as the contributions you will make to the field of public health after you have graduated. Current and future GERONTOLOGY students, moreover, can learn from and be inspired by your experiences. Thus, please supply us with your post-graduation contact information. This way, we can keep in contact with you and continue to provide you with information about the field of public health, including jobs and other opportunities.

Thank you!

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
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<td>Permanent Mailing Address</td>
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<td>City, State, Zip</td>
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<tr>
<td>Telephone Number (Work)</td>
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<td>Telephone Number (Cell)</td>
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<tr>
<td>E-mail Address</td>
<td>@</td>
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<tr>
<td>Alternate E-mail Address</td>
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<td>Web Site</td>
<td><a href="http://www">http://www</a>.</td>
</tr>
<tr>
<td>Area(s) of Interest/Expertise</td>
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<td>(Please list all.)</td>
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<tr>
<td>Plans After Graduation</td>
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<tr>
<td>Job, Potential Jobs, and/or Ways You Intend to Use Your GERONTOLOGY Degree</td>
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<tr>
<td>(Please describe/list all.)</td>
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<tr>
<td>Any Other Information You Would Like to Provide</td>
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