

Form A

**Idaho State University
Department of Community and Public Health
Practicum/Internship Approval**

Student Name: _____

Practicum Site: _____

Practicum Site Address (include both the physical address and mailing address):

Site Supervisor Name: _____

Phone/Email: _____

Any additional site requirements (as applicable): _____

Tentative Work Schedule:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Other: _____

Approximate Hours Per Week: _____

Estimated Practicum/Internship Completion Date: _____

Goals of Practicum/Internship:

Form A

Planned Activities:

Approval Signatures:

_____ Date: _____
Student

_____ Date: _____
Site Supervisor

_____ Date: _____
ISU Practicum/Internship Coordinator

Form B

**Idaho State University
Department of Community and Public Health
Practicum/Internship Student Objectives**

The Department of Community and Public Health curriculum and program requirements are designed to enable students to practice within the 'Areas of Responsibility, Competencies and Sub-Competencies for Health Education Specialist Practice Analysis II 2020 (HESPA II 2020)' developed by the National Commission for Health Education Credentialing (NCHEC). Program coursework builds a foundation of knowledge and skills necessary to the practice of quality health education. The practicum/internship experience allows students to apply this in a real-world setting.

Refer to the 'Areas of Responsibility, Competencies and Sub-Competencies for Health Education Specialist Practice Analysis II 2020 (HESPA II 2020)' and work with your site supervisor to develop clear and appropriate objectives for your practicum/internship. Each objective must link to a minimum of three competencies. Connecting the objectives to competencies serves multiple functions:

1. Provides students the opportunity to review expected competencies of health educators as they prepare for employment.
2. Allows students to evaluate areas for professional improvement/development.
3. Directs students to seek activities and experiences to improve specific competencies.
4. Facilitates discussion/understanding with site supervisors regarding the purpose and direction of the field experience.
5. Provides a tool by which the completion of specific practicum/internship objectives can be assessed.

Objective 1:

Three Competency Areas: List by Responsibility Number (in Roman numeric form), then Competency Letter, then Sub-Competency Number.

Form B

Objective 2:

Three Competency Areas: List by Responsibility Number (in Roman numeric form), then Competency Letter, then Sub-Competency Number.

Objective 3:

Three Competency Areas: List by Responsibility Number (in Roman numeric form), then Competency Letter, then Sub-Competency Number.

Objective 4:

Three Competency Areas: List by Responsibility Number (in Roman numeric form), then Competency Letter, then Sub-Competency Number.

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Objective 5:

Three Competency Areas: List by Responsibility Number (in Roman numeric form), then Competency Letter, then Sub-Competency Number.

Objective 6:

Three Competency Areas: List by Responsibility Number (in Roman numeric form), then Competency Letter, then Sub-Competency Number.

Approval Signatures:

_____ Date: _____
Student

_____ Date: _____
Site Supervisor

_____ Date: _____
ISU Practicum/Internship Coordinator

Form C

**Idaho State University
Department of Community and Public Health
Practicum/Internship Bi-Weekly Work Log**

Students are required to record and describe their daily practicum/internship hours and activities, obtain verification signature from site supervisor, sign the log, and turn it in to the practicum/internship coordinator bi-weekly.

1. Hours should be recorded by what time the student started and ended work, and the total hours logged for each day. Be accurate and use quarter hours rather than minutes on your time sheet. (If a student works for 4 hours and 15 minutes, your log should read 4.25 hours, for example.) Please do not break hours into units smaller than a quarter hour.
2. Keep accurate record of your activities. Your work log can be used to describe experience and skills you possess when creating your resume or applying for positions. It also provides evidence of practice in competency areas and indication of areas that may require further development.
3. Site supervisors must review, sign and date each work log.
4. Students must make a copy of their work log for their own files.
5. The practicum/internship coordinator will verify the hours and will periodically communicate to the student the number of hours required for completion.

Form D

Idaho State University
Department of Community and Public Health
Electronic Portfolio and Student Experience Presentation Criteria

Electronic Portfolio Criteria

Description: An electronic portfolio is a compilation of your professional training, experience, and academic accomplishments carefully selected and organized to demonstrate proficiency in the major areas of responsibility for the health education profession.

Purpose: A quality electronic portfolio acts as a showcase of your professional skills and abilities and is designed to help you stand out among applicants in today's competitive job market. It demonstrates to potential employers your capabilities.

Content requirements: All documents must be saved in the following order, with the provided numbers and names, and in a Zip file. Do not develop new work, rather select the best examples from across your coursework. *Note: This must be your own work, NOT a group project. Be certain to make any necessary changes to correct known errors or incorporate feedback provided by your professors.*

1. **Resume.** Students are **required** to attend a resume workshop and/or schedule an individual resume appointment with the ISU Career Center. Verification of attendance must be sent to the practicum coordinator.
2. **Statement of Philosophy of Health Education.**
3. **PowerPoint Presentation - Title.**
4. **Written report on a Health Content Area - Title.**
5. **Health Communication Skills.** Select three items to showcase your capabilities. Name items **5.a. Title, 5.b. Title, and 5.c. Title.** Possible choices include posters, fliers, brochures, other print materials, additional presentations given, research, or written reports.
6. **Trainings and Certificates.** Name items **6.a. Title, 6.b. Title,** etc. Include things such as CPR/First Aid certification, QPR Suicide Prevention Training, Green Dot Bystander Intervention Training, etc.
7. **Awards, publications, news articles, and other additional items as relevant.** Name items **7.a. Title, 7.b. Title,** etc.

Grading: Portfolio contents will not be individually graded by the practicum/internship coordinator, but will be checked for completion and overall quality. Unacceptable portfolio contents will be returned to the student for revision.

Due date: The complete portfolio should be submitted to the practicum/internship coordinator three weeks prior to the end of the semester to allow adequate time for review and necessary revisions.

Form D

Student Experience Presentation Criteria

Description: At the end of the semester, students will be required to give a presentation about their practicum experience. The practicum/internship coordinator will set a time and place for the presentations during the last month of the semester. Students, faculty, staff, and site supervisors will be invited and practicum/internship students will be encouraged to invite family or friends.

Purpose: The purpose of this presentation is to give students the opportunity to share their accomplishments, to increase awareness of practicum/internship opportunities, and to give future practicum/internship students ideas for potential sites and projects.

Content requirements: The presentation will last 15-20 minutes and must be in a PowerPoint or other slide presentation format. It is not necessary to bring copies of note pages for the audience.

- A. Provide a description of site including a photograph, mission, and services.
- B. Review and discuss the six selected objectives, including if/how they were accomplished.
- C. Discuss how the practicum/internship experience improved the student's competencies in the Areas of Responsibilities and Competencies for Health Educators.
- D. Include other relevant information such as the successes and challenges of completing a practicum/internship, examples of work completed during the experience, photographs, etc. The final slide should discuss future plans.

Grading: Students are required to submit an electronic copy of their presentation prior to the presentation day. Students are encouraged to think of this as a means of celebrating and highlighting their accomplishments during the practicum/internship experience.

Form E

**Idaho State University
Department of Community and Public Health
Practicum/Internship Site Supervisor Evaluation**

Student: _____ Mid-term or Final Evaluation (*Please circle*)

Site Supervisor: _____ Date: _____

Instructions: Please evaluate each area of the student’s performance as completely and candidly as possible. Check the box that most accurately reflects your assessment of the student’s skills and work habits. Your responses will be shared with the student to enable them to develop and improve their health education competencies and professionalism. This evaluation should be filled out and returned to the practicum/internship coordinator at mid-term and at the end of the semester. Postage-paid, addressed, return envelopes will be provided.

Areas of Performance: Work Habits and Professionalism	Excellent	Good	Acceptable	Needs Improvement	Not Applicable
During the practicum/internship experience, the student:					
Reports to work as scheduled and on time.					
Dresses neatly and appropriately.					
Adheres to organizational policies and regulations.					
Follows ethical standards of practice.					
Respects the religious, cultural, and ethnic diversity of co-workers and clients.					
Maintains confidentiality; protects privacy of co-workers, organization, and clients.					
Is organized and uses time efficiently.					
Accepts responsibility and completes assigned tasks in a timely manner.					
Seeks to understand and support the organization’s mission/goals.					
Demonstrates the ability to set appropriate priorities and goals.					
Manages problems and resolves conflict effectively and appropriately.					
Is respectful, courteous, and promotes positive work environment.					

Form E

Areas of Performance: Work Habits and Professionalism, continued. During the practicum/internship experience, the student:	Excellent	Good	Acceptable	Needs Improvement	Not Applicable
Accepts responsibility for mistakes and learns from experiences.					
Is receptive to feedback and constructive criticism from co-workers, supervisors, and others in positions of authority.					
Establishes an open and trusting relationship with co-workers and clients.					
Demonstrates effective written communication skills.					
Demonstrates effective verbal communication skills.					
Is willing and to seek guidance and ask pertinent and purposeful questions when necessary.					

Areas of Performance: Health Education Skills During the practicum/internship experience, the student:	Excellent	Good	Acceptable	Needs Improvement	Not Applicable
Has sufficient knowledge to assess the health education needs of clients and/or population groups.					
Has sufficient knowledge to access and analyze health data from reliable sources.					
Is able to use valid health information to set priorities and measurable objectives for clients/population groups.					
Is able to develop health education program plans tailored to the specific needs of an individual or population group.					
Is able to identify or develop educational materials geared toward achieving desired objectives.					
Has sufficient knowledge to monitor and make necessary adjustments to assure the delivery of quality health education.					
Has the requisite skill to evaluate the effectiveness of health education efforts.					
Has sufficient knowledge to act as a resource person for health information needs.					
Has sufficient knowledge to communicate health knowledge using a variety of methods and evidence-based practices.					

Form E

1. Please discuss the positive traits, accomplishments, and skills of the student and how they contributed to your organization.

2. Identify any skills, knowledge-base, or work habits that need to be improved. (Please be specific and constructive.)

3. Based on what you know about the student's knowledge-base and professional training, are you aware of any educational gaps that could be addressed through courses taught in the Department of Community and Public Health? Please explain.

4. Do you have suggestions that would improve your experience as a site supervisor? Do you have adequate information, support, and contact time with the practicum/internship coordinator? Please explain.

5. Additional comments:

Form F

**Idaho State University
Department of Community and Public Health
Practicum/Internship Student Experience Evaluation**

Student Name: _____ Site: _____

Site Supervisor Name: _____

The purpose of this evaluation is to provide opportunity for honest appraisal of the practicum/internship experience and to reflect upon what you have learned and how you are different as a result of this field work.

Please rate the following aspects of your practicum/internship experience.	Excellent	Good	Acceptable	Needs Improvement	Not Applicable
Physical environment was safe.					
Adequate site orientation was provided to student.					
Adequate resources were available to accomplish assigned tasks.					
Co-workers were accepting and helpful.					
Site supervisor provided clear expectations.					
Site supervisor's schedule allowed time for mentoring and/or I was given clear direction about who to go to if I needed help in instances when supervisor was not available.					
Consistent guidance and feedback was provided by the site supervisor.					
Site supervisor provided levels of responsibility and support consistent with my abilities.					
Assigned tasks were related to the practice of health education.					
Opportunities were provided to develop my health education competencies.					
Opportunities were provided to develop my communication skills.					
Opportunities were provided to develop my interpersonal skills.					
Opportunities were provided to develop my creativity.					
Opportunities were provided to develop my problem-solving skills.					
This experience has helped prepare me for the workplace.					

Form F

- | | | | |
|---|-----|----|-----------|
| 1. Would you work for this site supervisor again? | Yes | No | Uncertain |
| 2. Would you work for this organization again? | Yes | No | Uncertain |
| 3. Would you recommend this site to other students? | Yes | No | Uncertain |

4. What were the most meaningful experiences you had? Please explain.

5. What were the least valuable experiences you had during your practicum/internship? Please explain.

6. What opportunities would you have liked to have as part of your practicum/internship but did not have the chance to experience? Please explain.

7. How has this experience supported your career goals and skill development? Be specific.

8. What changes would you recommend to improve the quality of mentoring/supervision at your site?

Form F

9. Please discuss your level of satisfaction regarding the supervision and support you received from your Practicum/Internship Coordinator including any changes would you recommend to improve the quality of supervision from the Department of Community and Public Health.

10. How did your practicum/internship experience benefit the organization for which you worked?

11. How did your practicum/internship experience benefit the clientele (community members, patients, students, etc.) with whom you interacted?

12. How did you personally benefit from your practicum/internship experience? Be specific.

13. Identify any gaps you discovered in your educational and/or professional preparation as a result of this experience. What suggestions would you make to the Department of Community and Public Health to increase student's readiness for a career in as a health education specialist? Please be specific.

14. Other comments:

Form G

<p><i>Idaho National Laboratories</i> P.O. Box 1625 Idaho Falls, ID 83403</p>	<p>Worksite health, health promotion, wellness assessments, safety</p>	<p>(208) 526-6490</p>
<p><i>Idaho Probation and Parole, District 6</i> 1135 Yellowstone Ave. Pocatello, ID 83201</p>	<p>Corrections services</p>	<p>(208) 237-9194</p>
<p><i>ISU Center for New Directions</i> Roy F. Christensen Bldg., 3rd Floor Pocatello, ID 83209</p>	<p>Assists individuals in transition to overcome personal and economic barriers to education and employment</p>	<p>Brooke Hurt (208) 282-6076</p>
<p><i>ISU Counseling and Testing Service</i> Graveley Hall South, Room 351 Pocatello, ID 83209</p>	<p>Provide mental and emotional wellness activities and opportunities to students, staff, and faculty</p>	<p>Sheryl Yee (208) 282-2130</p>
<p><i>ISU CW HOG</i> PSUB, Room 114 Campus Box 8128 Pocatello, ID 83209</p>	<p>The Cooperative Wilderness Handicapped Outdoor Group (CW HOG) provides recreational opportunities for people of all abilities</p>	<p>Bob Ellis (208) 282-3912</p>
<p><i>ISU Janet C. Anderson Gender Center</i> Rendezvous Bld. Room 235 Pocatello, ID 83209</p>	<p>Education and programming exploring the ways gender and sexuality impact our lives and the world</p>	<p>Stephanie Richardson (208) 282-5180</p>
<p><i>ISU Wellness Center</i> Reed Gym, Room 205A Pocatello, ID 83209</p>	<p>Students, faculty, and staff wellness including fitness assessments, workshops, CPR/AED/First Aid training, and health education</p>	<p>Carol Kirkpatrick (208) 282-2398</p>
<p><i>Lincoln Early Childhood Center</i> 330 Oakwood Dr. Pocatello, ID 83204</p>	<p><i>Head Start:</i> Early learning, pre-school <i>Early Intervention:</i> Early learning with special needs</p>	<p>Head Start: (208) 233-6606 Early Intervention: (208) 232-2994</p>
<p><i>MK Place</i> 735 Main St. Pocatello, ID 83201</p>	<p>Substance abuse education, prevention, and recovery</p>	<p>Cindy Hansen (208) 251-1787</p>
<p><i>Portneuf Medical Center</i> 777 Hospital Way Pocatello, ID 83201</p>	<p>Community health education and health promotion programs</p>	<p>Jodi Brown (208) 239-2437</p>
<p><i>Shoshone-Bannock Tribal Health and Human Services</i> 71 Shoshone Drive, Bldg. 117 Fort Hall, ID 83203</p>	<p>Community health education and health promotion programs</p>	<p>Tammie Scott (208) 478-3937</p>

Form G

Southeastern Idaho Public Health 1901 Alvin Ricken Dr. Pocatello, Idaho 83201	Community health education and health promotion programs	Tracy McCulloch (208) 233-5250
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*Updated Fall 2021