Graduate Internship Manual

School of Sport And Exercise Science

University of Northern Colorado Greeley, Colorado

Revised 9/2013
Graduate Sport Administration
Internship Manual

Revised September 2013
Sport and Exercise Science

University Sport Administration
Program Advisor:

Dr. David Stotlar, Director
Sport and Exercise Science
Campus Box 39
University of Northern Colorado
Greeley, CO 80639
970-351-1722
david.stotlar@unco.edu

Denver Office
HEAT Center/ Bldg. 697
1061 Akron Way
Denver, CO 80230
303-340-7226
1-888-786-2336

Colorado Springs Office
PPCC- 11195 Hwy 83
Campus Box RR-16
Colorado Springs, CO 80921
1-888-986-2267
PROCEDURES TO RECEIVE APPROVAL FOR SES 692 INTERNSHIP

For Internship/Internship Site approval:
Retain copies of all materials submitted. Complete and submit to Dr. Stotlar, as a complete package the following materials no later than two weeks prior to the registration deadline:

- Letter of intent to complete an internship in Sport Administration.
- Statement of goals and objectives for the planned internship site.
- Brief description of internship site facilities and programs.
- Statement indicating why the internship site is a viable and dynamic educational setting for training professionals.
- Vita or biography of the site supervisor (include position title, complete address, telephone number, and Email address).
- Student Profile form – copy to UNC and to site supervisor.
- Description of anticipated role and responsibilities.

After Internship/Internship Site Approval:
After approval and registration clearance from Dr. Stotlar:

- Register for SES 692 using the variable credit instructions in the published Evening and Weekend Schedule or through UNC’s website.
- Call UNC SES Department (970-351-2535) for a contract if the Organization is NOT paying you. If the Organization IS paying you, NO CONTRACT IS NEEDED.
- Make several copies of the Bi-Monthly Report form.
- Document your experiences using the Bi-Monthly Report form.
- Mail completed forms approximately every two weeks to Dr. Stotlar.

Mid-session and Final Evaluations:
- Complete these evaluations at the appropriate times with your internship Supervisor and forward to Dr. Stotlar.

Self-evaluation & Evaluation of Site Supervisor:
- Complete and forward to Dr. Stotlar

Updated Resume:
- Complete and forward to Dr. Stotlar

Submit all materials to:
Dr. David Stotlar 970-351-1722 phone
University of Northern Colorado 970-351-1762 fax
Campus Box 39 david.stotlar@unco.edu
Greeley, CO 80639
STUDENT RESPONSIBILITIES

To the Organization:
1. To conform to the rules and regulations of the Organization.
2. To complete assignments and responsibilities as outlined by the Organization.
3. To provide the specified hours of service in the area of sport administration equal to 45 hours of service per credit hour enrolled. The Director of the School of Sport and Exercise Science must approve exceptions.
4. To submit the Student Profile Form to the Organization prior to the internship.

To the University:
1. To submit the internship letter to Dr. Stotlar.
2. To submit Bi-Monthly Activity Reports to Dr. Stotlar.
3. To submit the Student Self-evaluation to Dr. Stotlar during the final week of service.
4. To submit the Student Evaluation of Internship to Dr. Stotlar during the final week of service.
5. To submit the Student Evaluation of the Site Supervisor of the Organization to Dr. Stotlar during the final week of service.
6. To represent the Sport Administration Program and School of Sport and Exercise Science as a college student in adherence to the current Student Code of Ethics of the University of Northern Colorado
7. To complete assignments and responsibilities as outlined in the internship materials.
ORGANIZATION RESPONSIBILITIES

To the University:
1. To receive approval from the Sport Administration Program Supervisor for sponsoring an intern in sport administration.
2. To cooperate in the exchange of information concerning the internship experience.
3. To periodically discuss with the University Sport Administration Program Intern Supervisor the student’s performance and progress.
4. To provide the University Sport Administration Program Intern Supervisor with the Preliminary Student Performance Assessment after the first week of service, the Mid-session Student Evaluation, and the Final Student Performance Evaluation during the final week of service.
5. To notify the University Sport Administration Program Intern Supervisor or Director of the School of Sport and Exercise Science in the event of serious problems with the student-intern.
6. To discuss with the Director of the School of Sport and Exercise Science any curriculum offerings as related to the student’s weaknesses and suggest changes that may be due to the current curriculum offerings.

To the Student:
1. To confer with the student to determine his/her responsibilities and assignments for the experience and to present an overview of the Organization’s purposes, policies, administration, program, procedures, and facilities.
2. To inform the student of all rules and regulations to which he/she must conform.
3. To schedule periodic conferences in order to inform the student of his/her strengths, weaknesses, and progress.
4. To develop a working agreement with the intern which clearly delineates his/her role and responsibilities during the first week of service and provide a written copy to the student and University Sport Administration Intern Supervisor.
5. To review and evaluate the students Bi-Monthly Activity Reports and discuss them with the student when necessary.
STUDENT PROFILE

Name: __________________________________ Bear #: ____________________________
Date: __________________________
Semester for which the internship is requested: ________________________________
Primary Address: __________________________________________________________
________________________________________________________________________
Phone (____) ____________________________________________
E-mail ______________________________________________

Secondary Address: _________________________________________________________
________________________________________________________________________
Phone (____) ____________________________________________
E-mail ______________________________________________

List the Colleges or Universities attended:

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Location</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________</td>
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</tbody>
</table>

Relevant Coursework Completed:

List any certifications you hold (e.g., CPR, etc.) and the date of expiration.

List your college extracurricular activities, hobbies, and interests.

Indicate your career goals.

I AUTHORIZE THE RELEASE OF THIS INFORMATION TO THOSE INDIVIDUALS THE UNIVERSITY DEEMS TO HAVE THE NEED FOR THE INFORMATION.

_________________________________ ____________________________
Student Signature Date
PRELIMINARY STUDENT PERFORMANCE ASSESSMENT

To be completed by the sponsoring organization supervisor, reviewed with the student, and returned to the University Supervisor. To be completed by the end of the first week of service.

Intern’s Name ___________________________________________ Date ______________________

Organization ____________________________________________________________________________

Organization Supervisor’s Signature __________________________________________________________________

Student’s Signature ____________________________________________

Please comment briefly on the following:

1. Attitude

2. Awareness and Preparation for the Internship

3. Resourcefulness

4. Preparation for Assignments and Responsibilities

5. Leadership Ability

FOR UNIVERSITY USE ONLY

Date Received: ___________________________

University Sport Administration Program Intern Supervisor __________________________________________
Bi-Monthly Activity Report

Please list all the activities and responsibilities that you have had during the past month. Include your progress and time spent on the task. Please include any personal thoughts on the activities.

Students Name___________________________________________________________
Organization_____________________________________________________________
Supervisor’s Name________________________________________________________
Date________________________________________
MID-SESSION PERFORMANCE EVALUATION

Intern’s Name ___________________________________________ Date ______________

Organization __________________________________________________________________________

Organization Supervisor __________________________________________________________________

To be completed by the Organization Supervisor, reviewed with the student, and returned to the University Sport Administration Program Intern Supervisor. Dr. David Stotlar, University of Northern Colorado, Campus Box 39, Greeley, CO 80639

Please use the rating scale below in evaluating the intern. Your comments are also invited at the end of this form.

(1)  = Unsatisfactory: Completely unsatisfactory performance criteria.
(2)  = Below Average: Not consistently satisfactory in criteria.
(3)  = Average: Adequate, but no more than satisfactory.
(4)  = Good: Consistently better than satisfactory in criteria.
(5)  = Excellent: Meets top expectations of criteria.
(N)  = Insufficient information or does not apply.

Personal Competencies

1. Judgement
   a. Knows his/her limitations, when to ask for help. 1 2 3 4 5 N
   b. Can distinguish between important and unimportant matters. 1 2 3 4 5 N
   c. Analyzes situations to consider possible results. 1 2 3 4 5 N

2. Adaptability
   a. Capable of meeting new situations calmly. 1 2 3 4 5 N
   b. At ease with people of all ages. 1 2 3 4 5 N

3. Emotional Maturity
   a. Is well poised, shows self-control. 1 2 3 4 5 N
   b. Understands behavior in self and others. 1 2 3 4 5 N
   c. Has even-temperament and happy disposition. 1 2 3 4 5 N
   d. Has a philosophy of life that contributes to improvement of own life and that of others, and lives by 1 2 3 4 5 N

4. Enthusiasm
   a. Eagerly pursues jobs. 1 2 3 4 5 N
   b. Keenly interested in things and people. 1 2 3 4 5 N

5. Alertness
   a. Sensitivity to participant activities 1 2 3 4 5 N
   b. Immediately sees the needs of a situation. 1 2 3 4 5 N

6. Dependability
   a. Punctual and efficient. 1 2 3 4 5 N
   b. Carries work through to completion. 1 2 3 4 5 N

7. Initiative
   a. Demonstrates foresight and anticipation. 1 2 3 4 5 N
   b. Starts jobs without suggestions or prodding. 1 2 3 4 5 N
   c. Takes responsibility for beginning or originating action. 1 2 3 4 5 N

8. Appearance
   a. Neat and well groomed. 1 2 3 4 5 N
   b. Appropriately dressed. 1 2 3 4 5 N

9. Cooperation
   a. Respects opinions and wishes of others. 1 2 3 4 5 N
   b. Courteous, friendly, and thoughtful. 1 2 3 4 5 N
MID-SESSION PERFORMANCE EVALUATION

Professional Competencies

10. Administrative (Develops Knowledge of):
   a. Administrative practices. 1 2 3 4 5 N
   b. Organizational philosophy 1 2 3 4 5 N
   c. Financial procedures. 1 2 3 4 5 N
   d. Public relations. 1 2 3 4 5 N
   e. Areas and facilities. 1 2 3 4 5 N
   f. Office equipment. 1 2 3 4 5 N
   g. Marketing and promotions. 1 2 3 4 5 N
   h. Legal aspects. 1 2 3 4 5 N

11. Language, Writing, and Speech
   a. Has command of English language and is able to clearly convey ideas and thoughts. 1 2 3 4 5 N
   b. Has a pleasing and effective voice. 1 2 3 4 5 N
   c. Has the ability to write correctly and efficiently. 1 2 3 4 5 N
   d. Has the ability to speak before a group. 1 2 3 4 5 N

12. Leadership
   a. Instills confidence in others. 1 2 3 4 5 N
   b. Stimulates others toward better efforts. 1 2 3 4 5 N
   c. Promotes harmonious relationships. 1 2 3 4 5 N
   d. Organizes and works in a democratic manner. 1 2 3 4 5 N
   e. Delegates responsibilities. 1 2 3 4 5 N
   f. Plans with people rather than for them. 1 2 3 4 5 N
   g. Recognizes and responds to the needs of others. 1 2 3 4 5 N
   h. Brings out the best in people. 1 2 3 4 5 N
   i. Produces effective resolution of conflicts. 1 2 3 4 5 N
   j. Develops group spirit, loyalty, and cooperation. 1 2 3 4 5 N
   k. Maintains an attitude of objectivity and fairness. 1 2 3 4 5 N

13. Skills (has worked or shows promise in):
   a. Marketing. 1 2 3 4 5 N
   b. Promotional activities. 1 2 3 4 5 N
   c. Group sales. 1 2 3 4 5 N
   d. Financial management. 1 2 3 4 5 N
   e. Public speaking and presentations. 1 2 3 4 5 N
   f. Information management. 1 2 3 4 5 N
   g. General business management. 1 2 3 4 5 N

14. Professional Attitude
   a. Has sincere interest in the profession. 1 2 3 4 5 N
   b. Evaluates work and sets goals for improvement. 1 2 3 4 5 N
   c. Is familiar with professional literature. 1 2 3 4 5 N
   d. Displays critical thinking about the profession. 1 2 3 4 5 N

15. Resourcefulness
   a. Is an imaginative thinker. 1 2 3 4 5 N
   b. Is acquainted with resources in the profession. 1 2 3 4 5 N
   c. Establishes professional contacts. 1 2 3 4 5 N

UNC also needs a digital photo of you from your internship site. Your signature below grants UNC the right to use this photo on non-commercial UNC promotional materials. Please email to david.stotlar@unco.edu

Comments:

__________________________________________________
Organization Supervisor's Signature
Date

__________________________________________________
Intern's Signature
Date

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FINAL STUDENT PERFORMANCE EVALUATION

Intern’s Name __________________________________________   Date ________________

Organization ____________________________________________

Organization Supervisor ________________________________________________________

To be completed by the Organization Supervisor, reviewed with the student, and returned to the University Sport Administration Program Intern Supervisor. Dr. David Stotlar, University of Northern Colorado, Campus Box 39, Greeley, CO 80639

Please use the rating scale below in evaluating the intern. Your comments are also invited at the end of this form.

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   a. Knows his/her limitations, when to ask for help.  
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   b. Appropriately dressed.  
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      1 2 3 4 5 N

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FINAL STUDENT PERFORMANCE EVALUATION

Professional Competencies
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   f. Plans with people rather than for them. 1 2 3 4 5 N
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   h. Brings out the best in people. 1 2 3 4 5 N
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15. Resourcefulness
   a. Is an imaginative thinker. 1 2 3 4 5 N
   b. Is acquainted with resources in the profession. 1 2 3 4 5 N
   c. Establishes professional contacts. 1 2 3 4 5 N

Comments:

____________________________________________  _____________________________
Organization Supervisor's Signature                                                      Date
____________________________________________  _____________________________
Intern's Signature  Date
FINAL STUDENT PERFORMANCE EVALUATION

Summary

Consider the following criteria and any evaluative information you may have completed during the internship experience to provide your overall rating of the intern's performance.

Rating Scale

Excellent - This is the top rating, the very best, outstanding, and is to indicate that the intern has exceeded expectations that you might have for an entry-level employee in your organization. It is recommended that you be a bit cautious in giving this rating. It should only go to a 'top flight' person, one you would hire without reservation and with enthusiasm.

Above Average - This is a very good rating and indicates an all-around efficient performance. This is a person you would recommend very highly for a position in sport administration.

Average - This indicates a satisfactory performance, one that you might expect from any employee. Average performance is one without special strengths or weaknesses. Performance is adequate and no more. This is a person you would hire with some reservation.

Below Average - This indicates that the intern is not satisfactory in performance at the present time. However, the intern is capable of improvement through further training or experience with a different placement. This is a person you would not consider for employment with your organization at the present time.

Unsatisfactory - This rating indicates that the intern is not suited to the job or appears not to be capable of better performance. This is a person you would definitely not consider for employment at any time.

Rating ______________________________________

Please provide final comments:

___________________________________________
Organization Supervisor's Signature                                           Date

______________________
Intern's Signature                                                           Date
STUDENT SELF-EVALUATION

During the final week of your internship, please complete this self-evaluation form and send it to the University Sport Administration Program Intern Supervisor.

1. Describe your overall involvement and commitment to your internship experience.

2. Have you accomplished your objectives?

3. Identify your most significant learning experience.

4. In what area(s) do you feel that the internship was most helpful to you as a future employee in sport administration?

5. In what area(s) would more experience be helpful and what should the experience(s) be?

Signature ______________________________________________________

Date ______________________________________
STUDENT EVALUATION OF THE INTERNSHIP

Organization ___________________________________________________________________________
Address ________________________________________________________________________________
_____________________________________________________________________________________
Phone (____) ___________________________________________
Organization Supervisor _________________________________________________

Instructions: Please rate the strengths and weaknesses of the internship experience in terms of meeting
your needs and expectations as an intern. Please use the following scale:

1 - poor  2 - fair  3 - adequate  4 - more than adequate  5 – excellent

____  1. Acceptance of you as a functional member of the staff; willingness to integrate you into all
appropriate levels in activities, programs, and projects.

____  2. Provision of relevant experience in administration, supervision, and leadership.

____ 3. Cooperation of the organization staff in providing professional growth experiences through training
programs, seminars, and other relevant activities.

____ 4. Provision of assistance in helping you meet your personal and professional
goals.

____ 5. Possession of and access to resources essential to the preparation of professionals (equipment,
supplies, etc.)

____ 6. Employment of qualified, professional staff with demonstrated capability to provide competent
supervision.

____ 7. Adequate scheduling of conferences with you and on-going evaluation and discussion of your
performance.

____ 8. Allowance for relating classroom theory into practice.

____ 9. Willingness by your supervisor at the organization to listen to your suggestions or
recommendations and willingness to discuss them with you, explaining the rationale for their acceptance or
rejection.

Additional comments may be attached on a separate page.

_________________________________      ______________________________
Signature                                Date

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STUDENT EVALUATION OF SITE SUPERVISOR

Intern's Name Organization _______________________________________________
Address _______________________________________________________________________________
Phone (____)___________________________________________________________________________
Site Supervisors Name ____________________________________________

Instructions: Please evaluate the quality of the supervision you received during your internship. Please comment on the following items and feel free to include any other pertinent information on the back if necessary. Please do not respond simply 'yes' or 'no.'

1. Was your supervisor interested in you as a person and as a professional?

2. Was your supervisor willing to discuss the full range of your activities at the internship site?

3. Was your supervisor willing and able to respond to your problems and assist you to work toward solutions?

4. Describe the quality of your conferences with your supervisor.

5. Did your supervisor make arrangements to orient you with the work site?

6. Was your supervisor sensitive to your needs in accomplishing your objectives?

7. Did your supervisor express sincere encouragement?

8. Does your supervisor understand the philosophy and practices in the profession?

9. Did your supervisor provide flexibility in arranging for your tasks?

10. Was your supervisor open to change, innovation, and new techniques?

General Comments:

Student Signature ______________________________________ Date ________________________