**ILLINOIS STATE UNIVERSITY**

**School of Kinesiology and Recreation**

**Professional Practice – Cooperative Education & Internship**

**LEARNING AGREEMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 1. Start typing under name and tab to next section to be typed or to check box.** | | | | | | | | | | | | | |
| A. NAME | | | | | | | | | | **Student ID NO.** | | | |
|  | | | | | | | | | |  | | | |
| **CAMPUS ADDRESS *Street*** | | | | | | | | **ADDRESS WHILE DOING CO-OP/INTERNSHIP Street** | | | | | |
|  | | | | | | | |  | | | | | |
| ***City*** | | | State | Zip | | | | ***City*** | | | | ***State*** | ***Zip*** |
|  | | |  |  | | | |  | | | |  |  |
| Phone (include area code) | Email Address (use ilstu.edu e-mail) | | | | | | | **Phone (include area code)** | | | **Email Address** | | |
|  |  | | | | | | |  | | |  | | |
| DATE INTERNSHIP COMMENCES (Begins) | | | | | | | | | DATE INTERNSHIP TERMINATES (Ends) | | | | |
|  | | | | | | | | |  | | | | |
| **CREDITS TO BE AWARDED** | | | | | | | | | | | | | |
| **COURSE NO. & SEQUENCE:**  **Check Box:**  **KNR 498.10**  **Biomechanics**  **Exercise Physiology**  **Psychology of Sport** | | **CHECK BOX**  **KNR 498.12**  **Athletic Training**  **KNR 498.90**  **Physical Education**  **Pedagogy** | | | | | **CHECK BOX**  **KNR 498.30**  **Recreation Administration Sport Management**    **ACED**  **KNR 498.30**  **KNR 498.90 (Fin. Aid)** | | | | **NO. OF CREDIT HOURS:**  **3**  **5**  **6**  **9**        **Other-Specify** | | |
| B. CO-OP/INTERNSHIP ORGANIZATION | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| ADDRESS: *Street* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| City | | | State | | Zip | | | | **Phone (include area code)** | | **Email Address of SUPERVISOR** | | |
|  | | |  | |  | | | |  | |  | | |
| NAME OF AGENCY SUPERVISOR | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| STUDENT POSITION | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **STUDENT POSITION IS –**  **PAID**  **UNPAID**    **$****/HOUR $****/WEEK $****/MONTH $****/FLAT**  **HOURS WORKED:** **/WEEK** **/MONTH** | | | | | | | | | | | | | |
| C. FACULTY SPONSOR/ADVISOR | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Office Phone (include area code) | | | | | | Email Address of Faculty Sponsor/Advisor | | | | | | | |
|  | | | | | |  | | | | | | | |
| D. CULMINATING EXPERIENCE YES  NO | | | | | | | | | | | | | |

Professional Practice Learning Agreement

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| **PART II. The Professional Practice Co-op/Internship Experience** | | | | |
| **A. Job Description:** Describe in as much detail as possible your role and responsibilities during your internship. List duties, projects to be completed, deadlines, etc., if relevant. | | | | |
|  | | | | |
| **B. Learning Objectives:** What do you intend to learn through this experience? Be specific. Try to use concrete, measurable terms. | | | | |
|  | | | | |
| **C. Grading Criteria:** (be specific with percent assigned to each item) How will your work performance be evaluated? By whom? When? | | | | |
|  | | | | |
| **PART III. Insurance** | | | | |
| Insurance Form: Must complete the Student Health Insurance Professional Practice form for appropriate semester.  A. [***http://healthservices.illinoisstate.edu/insurance/forms.shtml***](http://healthservices.illinoisstate.edu/insurance/forms.shtml)  B. Complete Student Health Insurance form for Professional Practice from above link. Print. Attach to Learning Agreement.  C. NOTE: If using personal insurance or both personal insurance and ISU insurance, you must attach a copy of the front and back of your insurance card  D. Before attaching insurance form turning in Learning Agreement, make sure you have the correct insurance form for the correct semester and year.  E. Learning Agreement will not be accepted without insurance form. | | | | |
| **PART IV. Agreement** | | | | |
| ***This agreement may be terminated or amended by student, faculty supervisor or worksite supervisor at any time upon written notice, which is received and agreed to by the other two parties.*** | | | | |
| STUDENT SIGNATURE | | | | DATE |
|  | | | |  |
| AGENCY SUPERVISOR | | | | DATE |
|  | | | |  |
| Faculty Supervisor | | | | DATE |
|  | | | |  |
| Program Director | | | | DATE |
|  | | | |  |
| **OFFICE USE ONLY** | | Date Emailed to | | |
| Date of Override: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Section No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

NOTE: Electronic copy will be e-mailed as an attachment to Site Supervisor.