

*James Madison University  
Department of Kinesiology  
Exercise Science and Leadership Practicum/Internships  
Agency Supervisor Interview Report  
(Agency Acceptance Form)*

Student interviewed: \_\_\_\_\_ Date of interview: \_\_\_\_\_

Semester Fall/Spring/Summer \_\_\_\_\_ (year) Dates of Practicum/Internship: Starting \_\_\_\_\_ Complete \_\_\_\_\_

Agency representative completing interview: \_\_\_\_\_

Position at Agency: \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ I accept this individual for placement in a: (check the appropriate category below):

\_\_\_\_\_ KIN 471 - Practicum: a minimum of 6 hours per week for the semester (90 hours total)

\_\_\_\_\_ KIN 481 8-credit Internship: a minimum of 40 hours per week for 8 weeks (320 hours total)

\_\_\_\_\_ KIN 481 12-credit Internship: a minimum of 40 hours per week for 12 weeks (480 hours total)

\_\_\_\_\_ other (please specify): \_\_\_\_\_

\_\_\_\_\_ I cannot accept this individual for a fieldwork placement at this time. In order to assist with the future placement of students, please briefly outline the basis for your acceptance or rejection.

Name of Agency: \_\_\_\_\_

Contact Person at Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

***Please discuss with the student his/her goals, and the objectives, and duties, which will be completed during their practicum/internship experience. The student should submit a copy of these in writing to the university supervisor for approval.***

Please return a copy of this form to:

Jana Walters  
Department of Kinesiology  
261 Bluestone Drive, MSC 2302  
Harrisonburg, VA 22807  
540-568-4864 (voice)  
540-568-3338 (fax)