

Internship Performance Appraisal Form - Fitness/ Personal Trainer Certification

Part I - Core Learning Outcomes Assessment

| | | | | | | |
|---|--------------------|------------------|----------------|-----------------|-----------------------|-----------------|
| Student | | Date | | | | |
| Place of Employment | | | | | | |
| Supervisor | | Title | | | | |
| | Outstanding | Very Good | Average | Marginal | Unsatisfactory | Comments |
| Personal Qualities | | | | | | |
| Responsibility | | | | | | |
| Self-Management | | | | | | |
| Punctuality | | | | | | |
| Dependability | | | | | | |
| Appropriate Professional Appearance | | | | | | |
| Integrity and Honesty | | | | | | |
| Job Related Preparation | | | | | | |
| Ability to Relate Content Knowledge to Work Related Tasks | | | | | | |
| Interpersonal | | | | | | |
| Participates as a Team Member | | | | | | |
| Teaches Others New Skills | | | | | | |
| Serves Clients and Customers | | | | | | |
| Exercises Leadership | | | | | | |
| Information | | | | | | |
| Acquires and Evaluates Information | | | | | | |
| Interprets and Communicates Information | | | | | | |
| Uses Computers to Process Information | | | | | | |
| Technology | | | | | | |
| Selects Technology | | | | | | |
| Applies Technology to Tasks | | | | | | |
| Maintains Equipment and Troubleshoots | | | | | | |
| Thinking Skills | | | | | | |
| Creative Thinking | | | | | | |
| Decision Making | | | | | | |
| Problem Solving | | | | | | |
| Knowing How to Learn | | | | | | |

Part II - Program Learning Objectives Assessment

Fitness/Personal Trainer Certification

Student

Date

Place of Employment

Supervisor

Title

Employer: Please evaluate your Internship Education student based on the Program Learning Objectives for the Personal Training Career Program.

| Program Learning Objectives | Outstanding | Very Good | Average | Marginal | Un-satisfactory | N/A | Comments |
|--|-------------|-----------|---------|----------|-----------------|-----|----------|
| Program Learning Objective 1 -Student will observe, and understand the role of the trainer/client relationship. | | | | | | | |
| Program Learning Objective 2 -Performs overhead squat assessment (OSA) and other assessments as defined by NASM (additional as required by employer), with each client. | | | | | | | |
| Program Learning Objective 3 -Plans workouts for clients based on OSA and phase(s) of training, as well as progress; workouts are safe and appropriate. | | | | | | | |
| Program Learning Objective 4 -Reassesses clients using OSA every 4-6 weeks, and adjusts workouts based on progression through the Phases of Training, per NASM. | | | | | | | |
| Program Learning Objective 5 -Adequately records all sessions for client file. *This includes assessments, exercise tempo, rest periods and other pertinent data per NASM. | | | | | | | |

Part III - Assessment of Student's Personal Learning Objectives

Fitness/ Personal Trainer Certification

For each Student Specific Learning Objective, please write a statement regarding the student's achievement of that objective. The statement should focus on how the student demonstrated achievements of the objective. You may then rate the achievement of each objective, and the student's overall performance.

| | Outstanding | Very Good | Average | Marginal | Unsatisfactory |
|--------------------------------|-------------|-----------|---------|----------|----------------|
| Objective 1: | | | | | |
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| Objective 2: | | | | | |
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| Objective 3: | | | | | |
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| Objective 4: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Objective 5: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| STUDENT'S OVERALL PERFORMANCE: | | | | | |

Supervisor's Signature

Date

Student's Signature

Date

FCC Internship Employer Satisfaction Survey

Thank you for taking the time to complete the FCC Internship Employer Satisfaction Survey. All of the information gathered from this form will be kept confidential and will be used only for statistical purposes. This survey is intended to assist the FCC Internship Program with preparing students for the entry into the workplace and better serve the needs of internship employers in the future. If we can be of assistance, or if you have any questions, please contact the Internship Coordinator at 301-624-2724 or kwaters@frederick.edu.

Company/ Organization Name:

Address:

City: _____ **State:** _____ **Zip Code:** _____

Name of the person completing this form: _____

Date of Internship: _____

Name of Student Intern: _____

1. Have you hired this student intern for a full-time/ permanent position with your company/organization? ☐ Yes ☐ No
2. If you have not already done so, would you hire this student intern for a full-time/ permanent position with your company/organization? ☐ Yes ☐ No If not, please explain.

3. Please check the box which best indicates your level of satisfaction with your intern's performance in the areas described below.

| Internship Job Performance | | | |
|----------------------------|----------------|-----------|--------------|
| | Very Satisfied | Satisfied | Dissatisfied |
| 1. Overall job performance | | | |
| 2. Job Specific Skills | | | |
| 3. Problem-solving skills | | | |
| 4. Interpersonal skills | | | |
| 5. Leadership skills | | | |
| 6. Teamwork skills | | | |

4. Would you consider hiring another FCC student intern in the future? ☐ Yes ☐ No
Please explain why or why not.

5. Do you feel that the student intern was adequately prepared for his or her internship duties/tasks? ☐ Yes ☐ No Please explain why or why not.

6. Do you feel that you received the information and resources you needed during the internship process? ☐ Yes ☐ No If not, please explain.

7. What recommendations do you have for improving the FCC Internship Education Program?