West Chester University

DOCUMENTATION SHEET

EXERCISE SCIENCE SPECIALIST OBSERVATION HOURS

FOR STUDENTS ENROLLED IN THE B.S. IN EXERCISE SCIENCE SPECIALST CONCENTRATION

PLEASE PRINT:

Student Name:

Name of Facility where student observed:

Street Address, City, State of Facility

Name of Individual who supervised you during the observation experience and/or can verify your observation hours.

**Email Address**  **Phone Number** - -

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Experience:** | **\_\_\_\_\_\_\_\_Observation only** | **\_\_\_\_\_\_\_\_Clinical** | **\_\_\_\_\_\_\_Commercial** | **\_\_\_\_\_\_\_\_Corporate** |
| **\_\_\_\_\_\_\_\_Paid** | **\_\_\_\_\_\_\_\_\_Volunteer Experience** | \_\_\_\_\_\_\_\_College | \_\_\_\_\_\_\_\_Non-profit |  |

:

Setting (Select all that apply)

\_\_\_\_ Children and Youth \_\_\_\_\_ Teens and College Age \_\_\_\_\_ Adult (25 – 65 years) \_\_\_\_\_ Older Adult (65+ years)

\_\_\_\_\_Health and Wellness \_\_\_\_\_ Rehabilitation \_\_\_\_\_ Sport Performance \_\_\_\_\_ Work and Industry

\_\_\_\_\_ Retirement Community/Productive Aging Mental Health \_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date End Date

Total Number of Hours Over Span of Experience:

Signature of Supervisor:

Signature of Student:

April, 2018 <http://www.wcupa.edu/_ACADEMICS/HealthSciences/kinesiology/undergrad.asp>