

Clinical Internship – High School Experience

Check List

Name _____

Date of Orientation meeting _____ Site Supervisor Initials _____

Date of Review of Emergency Action Plan & Blood Borne Pathogen Policies _____

Team / Sport Supervision

Identify team(s) or sport(s) supervised _____
Supervision of H.S. Student

Name of Student(s) supervised _____
Organization of home athletic events / tournaments

Fall

CC Invitational
Dates _____
Tennis Invitational
Dates _____
Softball Tournament (if scheduled)
Dates _____
Wrestling Tournament
Dates _____
____ # Home Football games
Dates _____
____ # Home Volleyball games
Dates _____
____ # Home Boy's Basketball games
Dates _____
____ # Home Girl's Basketball games
Dates _____

Spring

Boys Indoor Track Meet
Dates _____
Outdoor Track Invitational
Dates _____
District Track Meet (if scheduled)
Dates _____
District Soccer (if scheduled)
Dates _____
Swimming & Diving Dual
Dates _____
____ # Home Track Meets
Dates _____
____ # Home Boy's Basketball games
Dates _____
____ # Home Girl's Basketball games
Dates _____

Doctor's Visits (Dates) (if applicable)

Internship Evaluation Forms Completed

Evaluation of Student by Supervisor Yes No

Evaluation of Supervisor and Site by Student Yes No

Date of Internship Director On-Site Visitation _____