APPENDIX A

PRACTICUM SITE REQUESTS
PRACTICUM STUDENT SITE REQUESTS

Date ______________________________

Name ___________________________________ ID# __________________________

Semester/Year ____________________________

PREFERENCE FOR A PRACTICUM SITE

Location __________________________________

Supervisor _______________________________________

Phone ___________ Email __________________

JUSTIFICATION (Explain your selection and priorities - continue on back if necessary):

APPROVAL:

______________________________________
Practicum Site Supervisor

______________________________________
Student’s Committee Chair

Committee Chair/Student Please Return Signed Form to:

______________________________________ (Faculty Advisor)
MS 4226
(979) 862-4347 (fax)
APPENDIX B

PRACTICUM

CONTRACT
TEXAS A&M UNIVERSITY
Department of Educational Administration and Human Resource Development

STUDENT AFFAIRS ADMINISTRATION IN HIGHER EDUCATION PROGRAM

PRACTICUM CONTRACT

EDAD 683, Section 600

Name _______________________________ Date _______________

Semester/Year ______________________ ID# _______________

On-Site Supervisor: ______________________ Name _______________________________

__________________________ Title _______________________________

__________________________ E-Mail _______________________________

__________________________ Department/Office _______________________________

__________________________ Mailing Address/University _______________________________

____________/______________ Phone/Mail Stop _______________________________

Number of hours/week Practicum student will be expected to work: ____________

GOALS (What you wish to accomplish, including skills you want to develop):

(Continued on next page)
ACTIVITIES (Tasks to be accomplished to achieve goals):

PRODUCT (Tangible end result of practicum, if any):

NOTE: This document needs to be signed by both the student and the on-site practicum supervisor and approved and signed by the Faculty Advisor in order to complete the registration process and for the student to receive credit.

SIGNATURES:

___________________________________  __________________
On-Site Practicum Supervisor                        Date

___________________________________  __________________
Student                                                  Date

___________________________________  __________________
Faculty Advisor                                          Date
APPENDIX C

STUDENT EVALUATION OF PRACTICUM EXPERIENCE
TEXAS A&M UNIVERSITY  
Department of Educational Administration and Human Resource Development

STUDENT AFFAIRS ADMINISTRATION IN HIGHER EDUCATION PROGRAM

STUDENT EVALUATION OF PRACTICUM EXPERIENCE

PRACTICUM INFORMATION

Student Name: ___________________________  ID# ___________________________

Semester/Year: ___________________________

On-Site Supervisor: ________________________________________________

Name

______________________________________________________________  
Title and University

Faculty Practicum Coordinator: _______________________________________

Hours/week spent in Practicum setting: ________

EVALUATION OF PRACTICUM EXPERIENCE

Circle the number that best represents your opinion based on the following scale:

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

1. Received adequate orientation to the goals, objectives, and operational policies of the department/office.  
   5  4  3  2  1

2) Was treated as an equal, as a colleague on the staff.  
   5  4  3  2  1

3. Was given sufficient time to learn and to assume responsibility.  
   5  4  3  2  1

4) Was given freedom to exercise my judgment and try out new ideas.  
   5  4  3  2  1

5) Obtained helpful feedback from my supervisor on my strengths and weaknesses.  
   5  4  3  2  1
6) The experience was well structured and designed to promote learning. 5 4 3 2 1

7. Received support from the staff and felt I was welcomed. 5 4 3 2 1

8. I was completely satisfied with this fieldwork experience. 5 4 3 2 1

9) This experience was valuable in my Professional development. 5 4 3 2 1

COMMENTS AND RECOMMENDATIONS

1. What specific recommendations can you provide to improve the practicum experience in this department/office?

2. What specific recommendations can you provide to improve the supervision aspect of the practicum in this site?

3. What specific recommendations do you have to improve the faculty supervision and seminars?

4. Provide any additional comments and recommendations concerning the SAAHE practicum:

_________________________________________  __________________
Student's Signature                        Date
APPENDIX D

ON-SITE SUPERVISOR EVALUATIONS OF PRACTICUM EXPERIENCE (Mid-Semester & Final)
In order to determine if the student is meeting performance standards and goals established in the Practicum Contract, please evaluate the student and the practicum experience and submit this mid-semester evaluation to the Faculty Practicum Coordinator.

Faculty Practicum Coordinator:  
Summer  
Dr. Vince Lechuga  
EAHR Department  
vlechuga@tamu.edu  
(979) 862-4347 (fax)  

Fall  
Dr. Kelli Peck Parrott  
EAHR Department  
kparrott@tamu.edu  
(979) 862-4347 (fax)  

Semester/Year: _______________________

Department/Office: ___________________________________________

Student: ____________________________________________________

Supervisor: __________________________________________________

Please rate the level of accomplishment attained to date by the student using the following scale:

0 = Not applicable  
1 = Is not meeting the minimal performance expectations  
2 = Meeting minimal performance expectations  
3 = Exceeding minimal performance expectations  
4 = Performing at an exceptional level

PROFESSIONAL BEHAVIOR ON THE JOB

_____ 1. Becoming familiar with office functions and procedures
_____ 2. Personal dress and grooming is appropriate
_____ 3. Exhibiting a desire to consult with supervisor and staff
_____ 4. Participating actively in office activities
_____ 5. Is reliable, punctual, and responsible
_____ 6. Fulfilling the amount of hours required
_____ 7. Following directions with minimal supervision
_____ 8. Taking advantage of learning opportunities
_____ 9. Following through with assignments and projects
COMMUNICATIONS AND HUMAN RELATIONS SKILLS

1. Conveying ideas and thoughts clearly and articulately
2. Establishing open and honest relations with others
3. Exhibiting the capacity to admit mistakes
4. Exhibiting flexibility and adaptability to new situations
5. Displaying tact in expressing views
6. Exhibiting understanding of and respect for others
7. Demonstrating the ability to listen to others
8. Handling confidential information in an appropriate way
9. Exhibiting good writing skills

MANAGEMENT AND PROGRAMMING COMPETENCIES

1. Is able to work with minimal supervision
2. Exhibiting the ability to select and use appropriate materials
3. Displaying resourcefulness and innovation
4. Comprehends basic administrative procedures
5. Exhibiting positive decision making and problem solving skills
6. Comprehends the department's role and functions

SPECIFIC OBJECTIVES FOR THE PRACTICUM

Do you feel the student is making satisfactory progress towards accomplishing his/her goals as outlined in the Practicum Contract? Please explain.

OVERALL EVALUATION OF THE PRACTICUM STUDENT

Based upon your observation to date, what are the student’s key strengths and competencies?

Please indicate in which areas the student needs to improve to gain a reasonable level of competence:

On-Site Practicum Supervisor ___________________________ Date ___________________________
In order to determine the student's final grade for the practicum, please evaluate the student and the experience and submit the final evaluation to the Faculty Practicum Coordinator.

Faculty Practicum Coordinator: 

**Summer**
- Dr. Vince Lechuga
- EAHR Department
- vlechuga@tamu.edu
- (979) 862-4347 (fax)

**Fall**
- Dr. Kelli Peck Parrott
- EAHR Department
- kpparro@tamu.edu
- (979) 862-4347 (fax)

Semester/Year: _______________________

Department/Office: ___________________________________________

Student: _____________________________________________

Supervisor: ______________________________________________

Please rate the level of accomplishment attained by the student using the following scale:

0 = Not applicable
1 = Did not meet the minimal performance expectations
2 = Met minimal performance expectations
3 = Exceeded minimal performance expectations
4 = Performed at an exceptional level

**PROFESSIONAL BEHAVIOR ON THE JOB**

_____ 1. Became familiar with office functions and procedures
_____ 2. Personal dress and grooming was appropriate
_____ 3. Exhibited a desire to consult with supervisor and staff
_____ 4. Participated actively in office activities
_____ 5. Was reliable, punctual, and responsible
_____ 6. Fulfilled the amount of hours required
_____ 7. Followed directions with minimal supervision
_____ 8. Took advantage of learning opportunities
_____ 9. Followed through with assignments and projects
COMMUNICATIONS AND HUMAN RELATIONS SKILLS

1. Conveyed ideas and thoughts clearly and articulately
2. Established open and honest relations with others
3. Exhibited the capacity to admit mistakes
4. Exhibited flexibility and adaptability to new situations
5. Displayed tact in expressing views
6. Exhibited understanding of and respect for others
7. Demonstrated the ability to listen to others
8. Handled confidential information in an appropriate way
9. Exhibited good writing skills

MANAGEMENT AND PROGRAMMING COMPETENCIES

1. Was able to work with minimal supervision
2. Exhibited the ability to select and use appropriate materials.
3. Displayed resourcefulness and innovation
4. Comprehended basic administrative procedures
5. Exhibited positive decision making and problem solving skills
6. Comprehended the department's role and functions

SPECIFIC OBJECTIVES FOR THE PRACTICUM

Do you feel the student accomplished his/her goals for choosing this practicum site? Do you feel the expectations you had for the work to be done by the student were accomplished? Please explain.

OVERALL EVALUATION OF THE PRACTICUM (Please check one)

The student has successfully completed the goals and achieved a reasonable level of competence. I recommend the following grade (please circle one):

A  B  C  F

The student was not able to achieve the goals established for the practicum and should repeat the experience.

Please indicate in which areas the student needs to improve to gain a reasonable level of competence:

On-Site Practicum Supervisor ___________________________  Date ___________________________