

**FIELD PLACEMENT MANUAL
FACS 487**

**OLIVET NAZARENE UNIVERSITY
DEPARTMENT OF
FAMILY AND CONSUMER SCIENCES**

Revised
Fall 2007

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Olivet Nazarene University
Department of Family and Consumer Sciences
FACS 487 FIELD PLACEMENT/Professional Experience/Internship
SYLLABUS

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Office: 238 Weber Center, Department of Family and Consumer Sciences
Office Hours: Posted on office door

COURSE DESCRIPTION AND PURPOSE:

Field Placement is an individualized career-oriented internship that provides students an opportunity to earn academic credit while gaining valuable work experience.

I Objectives

1. To give the student an opportunity to do work experience in his/her major.
2. To provide the student with an avenue to apply his/her capabilities and academic learning in a job situation.
3. To develop interpersonal communication skills in working with people.
4. To develop a work ethic.

II Student Requirements

1. Interview for the work experience.
2. Complete the minimum number of clock hours required for the field placement: **135 hours** for 3 credits, **180 hours** for 4 credits, and **225 hours** for 5 credits.
3. Read one article per week (see readings pages 13-15 in Manual).
4. Attend meetings as requested with the University Instructor.
5. Work cooperatively with on-site supervisor/employer and receive a favorable evaluation.
6. **Complete required assignments on schedule and return to faculty supervisor on time.**
7. Attend work regularly unless ill, in which case the student will follow company policy. Be on time.

8. Provide own transportation.
9. Be responsible for any costs incurred to participate in the experience (lab coats, meals, etc.)

III. Supervisor/Employer Requirements

1. Provide a pre-professional work experience that is beyond entry level skills.
2. Assist students in establishing their objectives and plans for field experience.
3. Provide guidance and feedback to student as work experience progresses.
4. Assist student in tying theory to application.
5. Assist student in identifying resources available for completion of plan.
6. Complete 2 written evaluations of student's progress in the work place.
7. Provide an experienced supervisor to work with student.

IV. Faculty Supervisor Requirements

1. Confer with the student and work supervisor to develop a plan for the field experience.
2. Evaluate the student's work experience by reading student's written materials.
3. Visit the work place for an on-site evaluation when feasible.
4. Provide student with further suggestions for course work, professional preparation and career opportunities.

V. Insurance:

Insurance is up to the individual student.

VI. Student Assignment

1. Obtain the Field Placement Manual from the FACS Department web page.
2. Complete 45 clock hours for each academic credit hour.
3. Complete the **Profile Sheet** and turn in to university supervisor.

4. Have the **Letter of Agreement** signed by all parties requested and turn in to university supervisor.
5. Identify his/her **short term goals** for the field experience. These goals will be considered for final evaluation.
6. Identify his/her **long term goals**.
7. If needed, arrange a **meeting** with university supervisor to discuss goals and course requirements.
8. Complete a **Training Plan** with her/his employer and submit it to university supervisor for approval.
9. Read from a **professional journal every week** (see suggested reading list) and prepare a short typed summary.
10. Submit **Weekly Reports** and **Readings** by **TUESDAY** of each week to the university supervisor. (Email is acceptable)
11. Complete a **Midterm Self Evaluation**.*
12. Ask the employer to complete the **Midterm Evaluation** and see that it is mailed to university supervisor **by** Midterm.*
13. Complete an **Exit Self Evaluation**.
14. Ask the employer to complete an **Exit Evaluation** and see that it is mailed to university supervisor by the Monday before finals.
15. Submit a **Time Sheet** for each month.
16. Submit a **Resume** to employer and to university supervisor.

*In cases where student is completing 1-3 credit hours the midterm evaluation may be excluded. The university supervisor will expect both a self and employer final evaluation.

RETURN TO FACULTY ADVISOR PRIOR TO BEGINNING FIELD PLACEMENT
PROFILE SHEET FOR FIELD PLACEMENT

Name _____ ONU ID # _____

ONU Box # _____ ONU Dorm and Room # _____

ONU Telephone _____ Home Telephone _____

E-Mail Address _____

Home Address _____

Number of Field Placement credits you are registered for _____

Place of employment and contact person:

On-Site Supervisor _____ Phone _____

REQUIREMENTS FULFILLED

____ Profile sheet

____ Letter of Agreement

____ Goals

____ Phone Conference at 4 weeks _____ at 12 weeks if needed

____ Conference at Midterm

____ Training Program and goals

____ Weekly Reports _____

Reading

____ Assignments _____

____ Midterm Self Evaluation

____ Midterm Employer Evaluation

____ Exit Self Evaluation

____ Exit Employer Evaluation

____ Time Sheets

____ Resume

WORK HOURS TOTAL _____

LETTER OF AGREEMENT
Olivet Nazarene University

Field Experience is designed for senior students enrolled in Family and Consumer Economics. The primary purposes of the program are:

- 1.To give the student an opportunity to do work experience in his/her major.
- 2.To provide the student with an avenue to apply his/her capabilities and academic learning in a job situation.
- 3.To develop interpersonal communication skills in working with people.
- 4.To develop a work ethic.

Responsibilities

In general, the responsibilities of the student are to perform the tasks designated by the supervising agency and to participate in the practice in a meaningful way so as to meet the purposes stated above. In addition, the student will prepare and submit reports and complete the other course requirements, as outlined by the university supervisor. A copy of specific objectives and requirements is available in the FACS 487 Manual.

The responsibilities of the on-site supervisor include discussing possible work activities with the student, reviewing on-site assignments, giving suggestions and/or comments for improvement, and completing an overall evaluation of the student's work and performance both at midterm and the end of the semester or assignment.

The University supervisor will coordinate the work program, monitor the student's progress in terms of the stated purposes and evaluate the student's performance with the assistance of the on-site supervisor.

SIGNATURES

Please type or print names and addresses

_____ Name _____ Student Participant
Address _____
Date _____
E-mail/Phone _____

_____ Name Dr. Diane Richardson University Supervisor
Address Olivet Nazarene University, Dept of FACS
Date _____ 1 University Ave
Bourbonnais, Ill 60914
Email/Phone drichard@olivet.edu 815-939-5048

_____ Name _____ On-Site Supervisor
Firm _____
Date _____ Address _____
E-mail/Phone _____

Return to: Dr. Diane Richardson at Olivet Nazarene University, Dept. of Family and Consumer Sciences, 1 University Ave, Bourbonnais, Il. 60914 or FAX to 815-928-5571

STUDENT GOALS

SHORT TERM GOALS

Identify your goals for Field Placement.

- 1.
- 2.
- 3.
- 4.
- 5.

LONG TERM GOALS

Identify your career goals for one year from now.

- 1.
- 2.
- 3.
- 4.
- 5.

Identify your career goals for 5 years from now.

- 1.
- 2.

*This goal sheet should be completed by the student. Give one copy to your university supervisor and one copy to your employer during the **first week** of field placement.*

Student Name _____

Date _____

TRAINING PLAN OUTLINE

- A. Job Title:
- B. Job Description:
- C. Employer:
- D. Employer's Address and Phone:
- E. Name, Title, and Phone Number of On-Site Supervisor:
- F. List activities that the student will either actively engage in or be exposed to:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
 - 9.
 - 10.
- G. Reading material and literature available to the student from the employee:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
- J. Special Projects the student may be assigned.
 - 1.
 - 2.
 - 3.

A copy of this plan should be submitted to your University supervisor and your employer by the second Tuesday of the field placement experience.

STUDENT CHECKLIST

I have completed the following assignments and submitted them to the university supervisor:

- _____ Profile Sheet
- _____ Letter of Agreement
- _____ Short and Long Term goals (Week 1)
- _____ Insurance
- _____ Conference with university supervisor
- _____ Training Program (Week 2)

_____ **Daily Logs (Keep for your weekly reports)**

- | | | |
|--------------|---------------|---------------|
| week 1 _____ | week 7 _____ | week 13 _____ |
| week 2 _____ | week 8 _____ | week 14 _____ |
| week 3 _____ | week 9 _____ | week 15 _____ |
| week 4 _____ | week 10 _____ | week 16 _____ |
| week 5 _____ | week 11 _____ | |
| week 6 _____ | week 12 _____ | |

_____ **Submit Weekly Reading Assignment (Due every week on Tuesday)**

- | | | |
|--------------|---------------|---------------|
| week 1 _____ | week 7 _____ | week 13 _____ |
| week 2 _____ | week 8 _____ | week 14 _____ |
| week 3 _____ | week 9 _____ | week 15 _____ |
| week 4 _____ | week 10 _____ | week 16 _____ |
| week 5 _____ | week 11 _____ | |
| week 6 _____ | week 12 _____ | |

_____ **Submit Weekly Reports (Due every week on Tuesday)**

- | | | |
|--------------|---------------|---------------|
| week 1 _____ | week 7 _____ | week 13 _____ |
| week 2 _____ | week 8 _____ | week 14 _____ |
| week 3 _____ | week 9 _____ | week 15 _____ |
| week 4 _____ | week 10 _____ | week 16 _____ |
| week 5 _____ | week 11 _____ | |
| week 6 _____ | week 12 _____ | |

- _____ Submit Midterm self evaluation
- _____ Submit Employer evaluation
- _____ Submit Exit self evaluation
- _____ Submit Exit employer evaluation
- _____ Submit Time Sheets
- _____ Submit Resume

Late work will be accepted up to only one week following due date. If weekly reports are more than one week late, the student could be asked to repeat the experience.

DAILY LOG ASSIGNMENT

The daily log is an account of what activities a student does at work each day. It also includes a reaction to those activities. You may keep Daily Log in a Journal that may be reviewed in Final Evaluation. Use it to write Weekly Reports. Make copies of this page or use a similar format in a notebook.

SUGGESTED FORMAT

Name _____

Week of _____

Number of hours worked _____

Activities:

Describe actual work you performed and/or work done by others which you observed.

Reaction(s):

Describe how the activities relate to various classes you have taken and/or what you learned that might influence what you do in similar situations in the future.

WEEKLY EXPERIENCE ANALYSIS

Week of _____ to _____ 20 ____

Student's Name _____ ONU I.D.# _____

Company/Agency _____

Work Schedule	Mon _____	Fri _____
	Tues _____	Sat _____
	Wed _____	Sun _____
	Thurs _____	
	Total Hrs. _____	

Look back at your daily logs for this week. Summarize your experience. Review the questions listed below and respond to the questions that are appropriate for your experience. You will need to answer these questions on a separate sheet of paper. Your responses should be typed or E-mailed. Submit each week by Tuesday.

What training goals or parts thereof did you complete this week?

What new jobs, procedures, or ways of thinking about the job did you learn this week?
How do you think these experiences will be useful to you in the future?

What difficulties did you encounter? How did you work through these situations and how will these situations help you in the future?

Think about the least desirable task of the week, how would you suggest changes that might make the experience more positive for anyone?

What situations arose on which you would like your work supervisor's help? What situations arose on which you would like your faculty supervisor's help.

The following questions identify skills that employers deem essential for employment success. Identify how you have worked toward acquiring these skills by answering the questions below:

What experiences did you have which helped you to develop leadership skills? Be specific in how these experiences helped.

What experiences did you have which helped you to develop writing skills? Be specific in how these experiences helped.

What experiences did you have which helped you to develop oral communication skills? Be specific in how these experiences helped.

What experiences did you have which helped you to develop computer skills? Be specific in how these experiences helped.

Submit to your faculty supervisor weekly.

Name _____

Date _____

READINGS

Students must read one article per week. These professional readings must be from appropriate professional journals, training films, books, or other readings, approved by the faculty supervisor (see pages 12-13 of manual). **Submit each week by Tuesday. Summary should be typed or E-mailed to drichard@olivet.edu.**

ARTICLE: *Provide complete citation here. Use APA Format*

WHAT WERE THE MAJOR POINTS MADE BY THE AUTHOR(S) OF THIS ARTICLE?

HOW COULD WHAT YOU READ IN THIS ARTICLE HELP YOU EITHER NOW OR IN SOME FUTURE JOB SITUATION?

EXAMPLES OF JOURNALS IN FAMILY AND CONSUMER SCIENCES

If there is an asterisk next to a title it is available on on-line, and if it is underlined it is available in Benner Library. Talk to the reference librarian if you don't know how to access these. Journals w/o an asterisk might be available at the public library, other university libraries, or bookstores

General

Family and Consumer Sciences Research Journal

Journal of Gerontology

The Gerontologist

Journal of Consumer Research

Family Economics Review

Gerontology and Geriatrics Education

Journal of Public Policy and Marketing

Education

Techniques

Journal of Family and Consumer Sciences Education

Journal of Early Childhood Teacher Education

Fashion Merchandising and Apparel Design

*Journal of Marketing

*Journal of Personal Selling and Sales Management

*Journal of Retailing

*Sales and Marketing Management

American Journal of Small Business

*Journal of Management

Journal of Global Marketing

Journal of Consumer Marketing

WWD

Interior Design

*American Craft

*Architectural Digest

*Architectural Lighting

*Architectural Record

*Art and Antiques

*Contract Design

*Facilities Design and Management

*Hospitality Design

Housing and Society

*Interior Design

*Interiors

Journal of Housing

Journal of Interior Design (ARCH LIB)

Journal of Housing for the Elderly

Journal of Interior Design Education and Research

*Lighting Dimensions

*Professional Builder

*Progressive Architecture

Residential Property Management
Units Magazine – Not currently Library
**Journal of Property Management*

Child and Family Development

**Journal of Marriage and Family*
**Family Relations*
Journal of Marriage and Family Therapy
Marriage and Family Living
**Journal of Family Issues*
Journal of Marriage and Family Counseling
**Childhood Education*
**Young Children*
Infant Behavior and Development
Journal of Early Childhood Teacher Educ.
Journal of Research in Childhood Education
Journal of Nursery Education

Hospitality and Food Management

**Nations Restaurant News*
School Food Service Journal
**Cornell Hotel and Restaurant Administration*
Quarterly
**Food Management*
Food Technology
Journal of Food Science
National Culinary Review (Not in Library)
**Lodging Hospitality*
Tourism Management
Journal of Travel and Tourism Marketing

Dietetics and Nutrition

**Nutrition Reviews*
**Journal of the American Dietetic Association*
**Family Economics and Nutrition Review*
Journal of Nutrition for the Elderly
**Journal of Nutrition Education and Behavior*
**American Journal of Clinical Nutrition*
**Journal of Nutrition*
**International Journal of Sport Nutrition and Exercise Metabolism*
**Nutrition Research Reviews*
**British Journal of Nutrition*
International Journal of Sport Nutrition
Journal of Pediatric & Prenatal Nutrition
**Nutrition Today*

Student's Name _____

Agency _____

For Month of _____

**MONTHLY TIME SHEET
RETURN TO FACS SUPERVISOR EACH MONTH**

Please have the Supervisor sign your sheet each week.

DATE WORKED	NUMBER OF HOURS	SIGNATURE OF MANAGER
Monday _____	_____	_____
Tuesday _____	_____	
Wednesday _____	_____	
Thursday _____	_____	
Friday _____	_____	
Saturday _____	_____	
Sunday _____	_____	
Monday _____	_____	_____
Tuesday _____	_____	
Wednesday _____	_____	
Thursday _____	_____	
Friday _____	_____	
Saturday _____	_____	
Sunday _____	_____	
Monday _____	_____	_____
Tuesday _____	_____	
Wednesday _____	_____	
Thursday _____	_____	
Friday _____	_____	
Saturday _____	_____	
Sunday _____	_____	
Monday _____	_____	_____
Tuesday _____	_____	
Wednesday _____	_____	
Thursday _____	_____	
Friday _____	_____	
Saturday _____	_____	
Sunday _____	_____	

===== **Total Hours/Minutes this month**

Student's Name _____

Agency _____

For Month of _____

**MONTHLY TIME SHEET
RETURN TO FACS SUPERVISOR EACH MONTH**

Please have the Supervisor sign your sheet each week.

DATE WORKED	NUMBER OF HOURS	SIGNATURE OF MANAGER
Monday _____	_____	_____
Tuesday _____	_____	
Wednesday _____	_____	
Thursday _____	_____	
Friday _____	_____	
Saturday _____	_____	
Sunday _____	_____	
Monday _____	_____	_____
Tuesday _____	_____	
Wednesday _____	_____	
Thursday _____	_____	
Friday _____	_____	
Saturday _____	_____	
Sunday _____	_____	
Monday _____	_____	_____
Tuesday _____	_____	
Wednesday _____	_____	
Thursday _____	_____	
Friday _____	_____	
Saturday _____	_____	
Sunday _____	_____	
Monday _____	_____	_____
Tuesday _____	_____	
Wednesday _____	_____	
Thursday _____	_____	
Friday _____	_____	
Saturday _____	_____	
Sunday _____	_____	

===== **Total Hours/Minutes this month**

Student's Name _____

Agency _____

For Month of _____

**MONTHLY TIME SHEET
RETURN TO FACS SUPERVISOR EACH MONTH**

Please have the Supervisor sign your sheet each week.

DATE WORKED	NUMBER OF HOURS	SIGNATURE OF MANAGER
Monday	_____	_____
Tuesday	_____	
Wednesday	_____	
Thursday	_____	
Friday	_____	
Saturday	_____	
Sunday	_____	
Monday	_____	_____
Tuesday	_____	
Wednesday	_____	
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Monday	_____	_____
Tuesday	_____	
Wednesday	_____	
Thursday	_____	
Friday	_____	
Saturday	_____	
Sunday	_____	
Monday	_____	_____
Tuesday	_____	
Wednesday	_____	
Thursday	_____	
Friday	_____	
Saturday	_____	
Sunday	_____	

===== **Total Hours/Minutes this month**

Student's Name _____

Agency _____

For Month of _____

**MONTHLY TIME SHEET
RETURN TO FACS SUPERVISOR EACH MONTH**

Please have the Supervisor sign your sheet each week.

DATE WORKED	NUMBER OF HOURS	SIGNATURE OF MANAGER
Monday _____	_____	_____
Tuesday _____	_____	
Wednesday _____	_____	
Thursday _____	_____	
Friday _____	_____	
Saturday _____	_____	
Sunday _____	_____	
Monday _____	_____	_____
Tuesday _____	_____	
Wednesday _____	_____	
Thursday _____	_____	
Friday _____	_____	
Saturday _____	_____	
Sunday _____	_____	
Monday _____	_____	_____
Tuesday _____	_____	
Wednesday _____	_____	
Thursday _____	_____	
Friday _____	_____	
Saturday _____	_____	
Sunday _____	_____	
Monday _____	_____	_____
Tuesday _____	_____	
Wednesday _____	_____	
Thursday _____	_____	
Friday _____	_____	
Saturday _____	_____	
Sunday _____	_____	

===== **Total Hours/Minutes this month**

SELF-EVALUATION FORM MIDTERM

To be filled out by the student

Name_____

Total hours completed _____

1. Briefly describe experiences during the first half of your field placement that were most beneficial. List major learnings and accomplishments.
2. What experiences were not beneficial and why? Include areas where you experienced problems.
3. Identify areas in your college program that prepared you for your work experience.
4. What could have been included in your program to better prepare you for a work experience?

5. What suggestions would you offer students entering a similar work experience?

6. Discuss your involvement in regard to the agency in which you worked.

7. Identify competencies you acquired while doing your work experience. List areas you feel confident in and are competent.

EMPLOYER EVALUATION FORM (Midterm)

Student's Name _____ Firm _____

Evaluator _____ Position _____ Date _____

Instructions: Please check the column that best applies in both the sections that follow. It is recommended that the supervisor discuss these points with the trainee.

TRAITS	EXCEPT- IONAL	ABOVE AVG	AVG	BELOW AVG	POOR	NO CHANCE TO OBSERVE	N/A
Appearance							
Assertiveness & Forcefulness							
Attendance							
Cooperation							
Courtesy & Tact							
Dependability							
Emotional Stability							
Interest - Attitude - Sincerity							
Maturity, Poise & Self Confidence							
Promptness							
Self-motivation							
WORK HABITS AND ABILITIES							
Ability to work with others							
Acceptance & Discharge of Responsibilities							
Accuracy							
Background Knowledge of Field							
Customer Relations							
Desire to Learn							
Follow Directions							
Growth on Job							
Industry & Effort							
Initiative							
Job Knowledge							
Judgment							
Meet Public							
Oral & Written Expression							
Quality of Work							

Please check the grade of work which you feel this student has done on the job.

Definitely Exceptional _____ Above Average _____ Average _____ Below Average
Poor/Unsatisfactory (Please Comment)

Midterm Employer Evaluation - Continued

What is (are) the strength(s) of the student?

What work habits, traits, or abilities of the student need improvement?

In what respects has the student shown definite improvement?

Have the objectives of the student been met? Explain.

Would you employ this student as a regular employee in your company or firm if a position was available? Yes _____ No _____ Undecided

Remarks and additional comments:

Signatures: *

(student)

(employer)

- ***The above signatures signify that each party has read the evaluation of the student***
- ***Return to Diane Richardson, C.F.C.S., Ed. D, Olivet Nazarene University, Department of Family and Consumer Sciences, One University Avenue, Bourbonnais, IL 60914***

FINAL SELF-EVALUATION

To be filled out by student

Name _____ Semester, year of employment _____

Employer _____ How much did you earn per hour? _____

Address _____
(street) (city) (state) (zip)

Name of personnel director, store manager, or supervisor:

Description of responsibilities:

How did this vary from the goals you communicated to the person who hired you?

Did you consider your experience a good one? (Why or why not?)

How do you think it could be improved?

In what ways were you able to integrate biblical principles during your internship experience?

Do you plan to return to this organization after graduation? Why or why not?

Would you recommend this facility to other students interested in seeking a Field Experience position? If yes, who should they consider? Why or why not?

Indicate where you lived during this experience. Where do you suggest that future field experience students live?

Have you met your personal objectives? Explain.

EMPLOYER EVALUATION FORM (Exit)

Student's Name _____ Firm _____

Evaluator _____ Position _____ Date _____

Instructions: Please check the column that best applies in both the sections that follow. It is recommended that the supervisor discuss these points with the trainee.

TRAITS	EXCEPT- IONAL	ABOVE AVG	AVG	BELOW AVG	POOR	NO CHANCE TO OBSERVE	N/A
Appearance							
Assertiveness & Forcefulness							
Attendance							
Cooperation							
Courtesy & Tact							
Dependability							
Emotional Stability							
Interest - Attitude - Sincerity							
Maturity, Poise & Self Confidence							
Promptness							
Self-motivation							
WORK HABITS AND ABILITIES							
Ability to work with others							
Acceptance & Discharge of Responsibilities							
Accuracy							
Background Knowledge of Field							
Customer Relations							
Desire to Learn							
Follow Directions							
Growth on Job							
Industry & Effort							
Initiative							
Job Knowledge							
Judgment							
Meet Public							
Oral & Written Expression							
Quality of Work							

Please check the grade of work which you feel this student has done on the job.

Definitely Exceptional _____ Above Average _____ Average _____ Below Average
Poor/Unsatisfactory (Please Comment) _____

Exit Employer Evaluation - Continued

What is (are) the strength(s) of the student?

What work habits, traits, or abilities of the student need improvement?

In what respects has the student shown definite improvement?

Have the objectives of the student been met? Explain.

Would you employ this student as a regular employee in your company or firm if a position was available? Yes _____ No _____ Undecided

Remarks and additional comments:

Signatures: *

(student)

(employer)

- *The above signatures signify that each party has read the evaluation of the student*
- *Return to Diane Richardson, C.F.C.S., Ed. D, Olivet Nazarene University, Department of Family and Consumer Sciences, One University Avenue, Bourbonnais, IL 60914*