ABS 7790 (ABS 779)
Field Practicum for Applied Behavioral Sciences
Various Hours

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Office hours: by appt. only

Description
Supervised field experience in corrections and family agencies (probation, parole, jail, juvenile, adult, and aging).

**THE STUDENT MUST COMPLETE 10 HOURS PER WEEK OF WORK (150 hours per semester) FOR 3 CREDIT HOURS!**

Requirements
1) Submit an annotated bibliography of 20 scholarly articles from scholarly journals pertaining to your internship. (Please use APA format) (Check out the OWL at Purdue University for examples of annotated bibliographies).
2) Submit a weekly activities log (signed by the supervisor).
3) Submit a performance evaluation (from the agency) to the internship coordinator.
4) Meet with the internship coordinator once during the quarter.
5) Successfully complete clock/work hours during the term without tardiness of an absentee record.

Grading
Your grade will be determined by your performance on assignments.

<table>
<thead>
<tr>
<th>Annotated Bibliography</th>
<th>25% of grade</th>
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</thead>
<tbody>
<tr>
<td>Activities log</td>
<td>25% of grade</td>
</tr>
<tr>
<td>Performance evaluation</td>
<td>25% of grade</td>
</tr>
<tr>
<td>Meeting(s)</td>
<td>25% of grade</td>
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</tbody>
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To earn a “P” grade students much complete 80% (and above) of assignments. Anything under an 80% will result in a grade of “F.”
Weekly Internship Log

Complete this form at the end of each work week.

Intern’s Name (print): ________________________________________________________

Agency: ___________________________________________________________________

Duties performed throughout the week (please explain below):

New skills learned (please explain below):

Total hours this week: ___________________

Supervisor’s Signature: ___________________________ Date: ______________

Intern’s Signature: ___________________________ Date: ______________

Please return to:
Dr. Karen Lahm
Applied Behavioral Sciences Program
270 Millett Hall
Dayton, OH 45435-0001
Fax: (937) 775-4228 (Attention: Dr. Karen Lahm)
**Student Evaluation by Agency**

Name of Student _____________________________________________________
Agency ____________________________________________________________
Supervisor _______________________________________

Rating System:
1=Excellent  2=Good  3=Satisfactory  4=Unsatisfactory  5=Not applicable

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<tbody>
<tr>
<td>1. Reports punctually for scheduled hours</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Attends promptly to assigned tasks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>3. Performs tasks with a positive attitude</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>4. Is capable of working independently</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Demonstrates a sense of responsibility</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>6. Handles problems appropriately</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Responds creatively to criticism</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>8. Demonstrates a sense of empathy for feeling of others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>9. Made strides in preparing to enter this professional area</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>*<em>10. <em>Overall rating of student’s performance</em></em></td>
<td>1</td>
<td>2</td>
<td>3</td>
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Additional comments:

I understand my evaluation and comments will be used to aid in grading the student’s performance.

Signature: ___________________________________________ Date: ________________

Send form to: Dr. Karen Lahm
Applied Behavioral Sciences
270 Millett Hall
3640 Colonel Glenn Hwy.
Dayton, OH 45435
Applied Behavioral Science
Criminal Justice and Social Problems
Internship Form

Student/intern’s name (print or type) ___________________________

Quarter(s) of service ________________________________

Number of credit hours _______

Agency name ___________________________________________

Agency address__________________________________________

Provide a brief description of work/service to be completed:

________________________________________________________________________

Student’s signature ___________________________ Date ________

Supervisor’s signature ___________________________ Date ________

Internship coordinator’s signature ___________________________ Date ________