UNIVERSITY OF DELAWARE

Department of Health Behavior & Nutrition Sciences

**HBNS 403: Practicum in Adapted Physical Activity**

**Instructor:**  Dr. Daehyoung “DH” Lee

**Office:**  013 Carpenter Sports Building (Little Bob)

**Phone:**  302-831-0762

**Email:** [dhlee@udel.edu](mailto:dhlee@udel.edu)

**Office Hours**: In person: MWF 11:30am-12:30pm

Other times are available by appointment

**COURSE DESCRIPTION**

The course consists of supervised adapted physical activity experiences designed to help a student develop adaptive, managerial, and instructional skills as they apply to physical activity of individuals with disabilities. It is an opportunity for a student to enter into a professional service position, either to learn through experience or accumulate clinical hours necessary for graduate school admission or other certifications.

**COURSE GOALS:**

Upon completion of this course, students will:

1. Identify and apply at least one progressive sequence of movement tasks that meets the physical needs of the target individual(s) with a disability (can be skill, fitness, or mobility based).
2. Identify and apply three different instructional strategies designed to facilitate physical activity or motor behavior in the target individual(s) with a disability.
3. Critically reflect on experiences working with individual(s) with a disability.

**ENROLLMENT IN THE COURSE**

1. Complete Form A. You must have secured a practicum site prior to requesting to be enrolled in the course. Have the form signed by your practicum supervisor.

Read and print the page 6.

It is the **responsibility of the student** to locate an agency (placement) supporting the student’s areas of interest. Of concern is an agency/organization that helps you gain clinical experiences needed for your professional growth, graduate school, and/or future employment. You may elect to complete your hours in person or remotely or a combination of both.

Requirements of Some Agencies

A criminal background check and proof of up-to-date vaccinations will be required if you plan on working with Christiana Care or in a setting where you will be working with children under the age of 18. Criminal background checks can take 3-6 weeks and must be completed before the start of the semester. Contact Jodi Allen (joallen@udel.edu), the Academic Support Coordinator, for due dates and instructions.

Please note: *if you do not complete the required clearances, you will either have to delay your start date or you will need to find a placement that does not require clearances.*

1. Complete the online Internship **Enrollment Request Form (HBNS 403)**. This Google Form can be found at:

<https://www.udel.edu/academics/colleges/chs/departments/bhan/student-resources/bhan-advising/practica-enrollment/>

1. Attach a Completed Form A to the Internship Enrollment Request Form.
2. Once you have uploaded your form, your registration request will be approved by me and you will be registered for the course by the academic support coordinator, Jodi Allen. You will be notified by her when you have been registered in the course.

**COURSE POLICIES**

**Time Commitment**

Hours Working at Site/Credit:

40 hours = 1 credit (minimum program requirement)

80 hours = 2 credits

120 hours = 3 credits

**Dress Code**

Students are expected to dress professionally during practicum. In accordance with the Office of Clinical Studies, the following is identified as professional/appropriate and unprofessional attire:

* Professional appearance for gymnasium or other clinical sites: Polo shirts, UD shirt, or a nice shirt with NO text/images; khaki pants; mid-thigh shorts; sweat pants; athletic pants; sneakers or tennis shoes with socks; men need to shave in the morning; hair must be clean, well groomed, and pulled back if long. Other attire may be requested by the agency.
* Unprofessional attire: leggings; stretch pants; spandex; denim jeans of any color; tank tops; bare midriffs; halter-tops; skirts; dresses; clothes with holes; clothing that depicts images or texts; leisure sandals (such as flip-flops); clothing that reveals one’s stomach, private areas, or underwear–either when standing or kneeling/bending over or stretching; see-through shirts; dress shoes; big earrings, bracelets (children with some disabilities can pull those); gum, hats, or sunglasses.

**ASSIGNMENTS**

**A Weekly Report** (Form B) will be submitted by each Sunday evening at 11:59 pm. Your report is to be uploaded to Canvas as a Word document, a doc.x format or a pdf. Form B is in the Files section on Canvas. Each report is worth 10 points. There will be a 5-point deduction for a late submission. \*\*If you do not go to your placement, submit a report telling me that you did not go and the reason why you did not go. Record 0 hours on that report\*\*

**The Final Practicum Evaluation Form** (Form C) needs to be submitted directly to me by the Agency Supervisor at completion of the practicum no later than 1 week after the last day at your practicum site or the last day of scheduled classes in any given semester (whichever comes first). Provide your Agency Supervisor with a Form C and have them send the completed form to me via email ([dhlee@udel.edu](mailto:dhlee@udel.edu)).

*Alternatively, you can submit the Form C signed by the supervisor to me in person (013 Carpenter Sports Building) if this is the only option for you.*

**GRADING**

The course is Pass/Fail. In order to receive a passing grade for the course you must receive a 70% or higher on all assignments.

**FINAL SUPERVISOR EVALUATION**

You are responsible for giving your supervisor Form C, the final evaluation form, to complete and email back to me. The form can be found in the Files section on Canvas.

**UNIVERSITY POLICIES**

**The Safety of Our Learning Environment**

Student learning can only occur when students and their instructors feel safe, respected, and supported by each other. To ensure that our learning environment is as safe as possible, you are expected to abide by the most up-to-date [University of Delaware’s COVID-19 Guidelines](https://www.udel.edu/home/coronavirus/guidelines/),

Current COVID-19 Guidelines: If you test positive for COVID-19 you must isolate for 5 days and then wear a face mask for 5 days. If you are exposed to someone with COVID-19 you must wear a mask for 10 days, get tested 5 days after exposure and monitor your symptoms for 10 days.

**Academic Integrity**

Please familiarize yourself with UD policies regarding academic dishonesty. To falsify the results of one's research, to steal the words or ideas of another, to cheat on an assignment, to re-submit the same assignment for different classes, or to allow or assist another to commit these acts corrupts the educational process. Students are expected to do their own work and neither give nor receive unauthorized assistance. View the [university's academic integrity policies and procedures](https://sites.udel.edu/studentconduct/sgup/). Office of Student Conduct, 218 Hullihen Hall, (302) 831-2117. E-mail: [student-conduct@udel.edu](mailto:student-conduct@udel.edu)

**Harassment, Discrimination, and Sexual Misconduct**

### The University of Delaware works to promote an academic and work environment that is free from all forms of discrimination, including harassment and sexual misconduct. As a member of the community, your rights, resource and responsibilities are reflected in the Non-Discrimination, Sexual Misconduct, and Title IX policy.  Please familiarize yourself with this policy at the [University’s Office of Equity & Inclusion’s website](https://sites.udel.edu/oei/). You can report any concerns to the University’s Office of Equity & Inclusion, at 305 Hullihen Hall, (302) 831-8063 or you can report anonymously through UD Police (302) 831-2222 or the [EthicsPoint Compliance Hotline](https://sites.udel.edu/intaudit/compliance-hotline/).

* Read the [full policy](https://sites.udel.edu/sexualmisconduct/files/2020/09/20200902-NDSM-Policy-final.pdf)
* [File a report](https://sites.udel.edu/oei/)

**Disclosures of Instances of Sexual Misconduct**

If, at any time during this course, I happen to be made aware that a student may have been the victim of sexual misconduct (including sexual harassment, sexual violence, domestic/dating violence, or stalking), I am obligated by federal law to inform the university’s Title IX Coordinator. The university needs to know information about such incidents to, not only offer resources, but to ensure a safe campus environment. The Title IX Coordinator will decide if the incident should be examined further. If such a situation is disclosed to me in class, in a paper assignment, or in office hours, I promise to protect your privacy--I will not disclose the incident to anyone but the Title IX Coordinator.

For more information on Sexual Misconduct policies, where to get help, and reporting information, please refer to [www.udel.edu/sexualmisconduct](http://www.udel.edu/sexualmisconduct). At UD, we provide 24/7/365 crisis assistance and victim advocacy and counseling. Contact 302-831-1001 to get in touch with a sexual offense support advocate, as well as confidential and anonymous counseling services for other concerns.

**Accommodations for Students with Disabilities**

Any student who may need an accommodation based on a disability should contact the Office of Disability Support Services (DSS) office as soon as possible. For more information, please visit [Getting Registered at DSS](https://sites.udel.edu/dss/students/registration-process-2/). Contact DSS by phone: 302-831-4643; fax: 302-831-3261; website: [www.udel.edu/dss](http://www.udel.edu/dss); email: [dssoffice@udel.edu](mailto:dssoffice@udel.edu); or visit 240 Academy Street, Alison Hall Suite 130 during business hours (8-5 M-F).

**Non-Discrimination**

The University of Delaware does not discriminate against any person on the basis of race, color, national origin, sex, gender identity or expression, sexual orientation, genetic information, marital status, disability, religion, age, veteran status or any other characteristic protected by applicable law in its employment, educational programs and activities, admissions policies, and scholarship and loan programs as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and University policies. The University of Delaware also prohibits unlawful harassment including sexual harassment and sexual violence.

For inquiries or complaints related to non-discrimination policies, please contact: Office of Equity & Inclusion- [oei@udel.edu](mailto:oei@udel.edu), 305 Hullihen Hall Newark, DE 19716 (302) 831-8063

For complaints related to Section 504 of the Rehabilitation Act of 1973 and/or the Americans with Disabilities Act, please contact: Office of Disability Support Services, [dssoffice@udel.edu](mailto:dssoffice@udel.edu), Alison Hall, Suite 130, Newark, DE 19716 (302) 831-4643 OR contact the [U.S. Department of Education - Office for Civil Rights](https://www2.ed.gov/about/offices/list/ocr/docs/howto.html)Academic Honesty: Students at the University of Delaware are expected to respect the Code of Conduct and what it represents. Academic dishonesty (cheating, plagiarism, fabrication, multiple submissions) will not be tolerated and non-compliance with the Code will be treated according to the UD regulations. For a detailed explanation of the Code of Conduct go to <http://www.udel.edu/stuguide/22-23/code.html>.

**University of Delaware Health Behavior Science Practicum & Internship Form A**

Please fill in carefully. Complete one per practicum/internship course

**Course Information** (Check the course you want to enroll in and desired credit hours)

HBNS263-Practicum \_\_\_\_\_\_\_ 1-3 credits \_\_\_\_\_\_\_\_\_

HBNS403-Disability Concentration Practicum \_\_\_\_\_\_\_\_\_ 1-3 credits \_\_\_\_\_\_\_\_\_\_

HBNS464-Internship 9 credits (concentration students take 6 credits) \_\_\_\_\_\_\_ credits\_\_\_\_\_\_\_\_\_

***HBNS 464 students only***: \_\_\_\_\_\_ I confirm that I have completed all pre-requisite major courses as follows: HBNS155, 160, 263, 311, 326, 332, 335 or 342, 435 and 490; HBNS200 and 310 (previously NTDT200 and 310) HLPR222 and 430; KAAP 220 or 309.

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Winter \_\_\_\_\_ Summer \_\_\_\_\_

Year: \_\_\_\_\_\_\_\_

Tentative start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Information**

Agency/Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If I have other offers from other agencies I have notified them of my decision: \_\_\_\_\_ Yes \_\_\_\_ No (Must be done before submitting form)

\_\_\_\_\_\_ This is to certify that I have completed an interview with appropriate personnel from the above agency and they have accepted me (verbally or in writing) for placement during the semester specified above. Following signatures confirm the student has accepted the offer and the agency supervisor will provide an internship/practicum experience per the indicated credit hour requirement

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Must be a physical signature. No digital signatures accepted.*

Signature of Agency Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_