



## KINESIOLOGY PRACTICUM DESCRIPTION

**Practicum Position Title:** Program Assistant

**Agency/Company:** [Autism Aspergers Friendship Society \(AAFS\)](#); Stepping Out

**Location:** University of Calgary, Faculty of Kinesiology

**Terms Available:** Fall, Winter, or Spring

**Number of Positions:** 4-6

**Specified Schedule:** Must be available **Wednesdays from 1:00 – 3:00pm, Saturdays from 11:00am – 1:00pm**

### **Project Duties/Responsibilities:**

The *Stepping Out Program* (run by AAFS) is a recreational program for people on, but not limited to, the Autism Spectrum with a focus on fitness. There is roughly a 1:2 ratio of staff/volunteers to athletes. The program provides circuit workouts plus yoga or stretching in every session.

The practicum student will work directly with a group of 4-5 youth and young adults with Autism Spectrum Disorder (ASD). The program is a weekly workout session for the *Stepping Out* athletes, and the total group is comprised of 12-20 participants split up into pods. Each pod has a head coach and assistant coaches (practicum students).

Practicum students will coach an exercise and activity program for the participants. The program aims to provide opportunities for friendship while helping youth improve their:

- **Fitness:** Practicum students will guide participants through a circuit workout, modelling exercises and modifying movements for those with mobility issues, and encouraging the athletes.
- **Mindfulness:** Practicum students will assist the coaches in leading relaxing stretching; this will entail modelling poses for the athletes and giving guidance to get into poses if needed. It will also include encouraging and modelling relaxed breathing, focus and relaxation.
- **Teamwork and Friendship:** Students will encourage athletes to communicate and work together; this will include modelling an encouraging attitude and stepping back, whenever possible, to allow athletes to interact among themselves to build friendships with each other.

### **Required Student Qualifications:**

- Completion of KNES 367 (Adapted Physical Activity)

### **Assets:**

- Experience with fitness and/or sport coaching is an asset

**On-Site Supervisor:** Scott Godfrey, [scott@aafscalgary.com](mailto:scott@aafscalgary.com)

# Kinesiology Practicum Application

Submit together to  
knespracticum@ucalgary.ca:  
 Completed Practicum Application  
 Confidentiality Agreement

## Placement: [Autism Aspergers Friendship Society \(AAFS\)](#)

Students must have 60 units completed to qualify for a practicum, including 30 units of KNES  
Students may participate in up to three practicums.

### INSTRUCTIONS

1. Contact the on-site supervisor to arrange an interview.
2. Bring a copy of this application with the completed student portion to your interview to be completed by the On-Site Supervisor.
3. Submit application and required documentation (if applicable) to [knespracticum@ucalgary.ca](mailto:knespracticum@ucalgary.ca); our office will email your @ucalgary address within 5 business days with next steps for you and your On-Site Supervisor.

### STUDENT PORTION – COMPLETE PRIOR TO INTERVIEW

<b>Practicum Term</b>		
<input type="checkbox"/> Fall _____ (year)	<input type="checkbox"/> Winter _____ (year)	<input type="checkbox"/> Spring _____ (year)
<b>Student Information</b>		
<b>Name:</b>	<b>UCID:</b>	
<b>Phone Number:</b>	<b>Email:</b>	@ucalgary.ca
<b>Student Practicum Expectations:</b> Why have you chosen this practicum placement? (1-2 sentences)		
<b>Code of Conduct</b>		
Students are responsible for compliance with the <a href="#">University of Calgary's Code of Conduct</a> .		
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have read and understood the University of Calgary's Code of Conduct.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a pre-existing relationship(s) with person(s) or group(s) associated with this practicum placement? If yes, please briefly explain the nature of the relationship:	
<b>I agree that:</b>		
<ul style="list-style-type: none"><li>• No salary or payment will be received based upon my participation in a Kinesiology practicum placement</li><li>• I will meet the expectations of the practicum placement for which I am applying</li><li>• I will be punctual throughout my practicum placement and will adequately notify the On-Site Supervisor about any absence(s).</li><li>• I will complete 60-72 hours within the dates of the term.</li></ul>		
<b>Start Date</b> (first day of lectures)	<b>End Date</b> (last day of lectures)	
_____	_____	
<input type="checkbox"/> I agree with the above-mentioned terms and conditions.		
<b>Student's Signature:</b>	<b>Date:</b>	

### ON-SITE SUPERVISOR PORTION

<b>Name:</b> Scott Godfrey <b>Organization:</b> Autism Aspergers Friendship Society of Calgary	
<b>Phone:</b> 403.975.2557 <b>Email:</b> <a href="mailto:scott@aafscalgary.com">scott@aafscalgary.com</a>	
<b>As the On-Site Supervisor, I agree that:</b>	
<ul style="list-style-type: none"><li>• No salary or compensation will be given to the practicum student</li><li>• I will provide sufficient hours, supervision, and guidance during this practicum placement</li><li>• I will complete a mid-point and final evaluation for the practicum student.</li></ul>	
<input type="checkbox"/> I agree with the above-mentioned terms and conditions.	
<b>On-Site Supervisor's Signature:</b>	<b>Date:</b>

## **CONFIDENTIALITY AGREEMENT**

Practicum students and the agency must complete the signed confidentiality agreement and submit it (along with the practicum application form) to [knespracticum@ucalgary.ca](mailto:knespracticum@ucalgary.ca) .

THIS AGREEMENT is made as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

BETWEEN:

\_\_\_\_\_

(hereinafter called the “**Agency**”)

AND:

\_\_\_\_\_

(hereinafter called the “**Student**”)

**Whereas:**

It is the Student’s legal and ethical responsibility to protect the privacy, confidentiality and security of all records, proprietary information and other confidential information relating to the Agency, including business, employment and medical information relating to patients, members, employees and health care providers. (“Confidential Information”).

**And whereas:**

The Agency has adopted policies and procedures regarding Confidential Information including its policies and procedures for complying with the *Freedom of Information and Protection of Privacy Act* and the *Health Information Act* (“Policies and Procedures”).

**In witness hereof, the parties agree as follows:**

1. The Agency agrees to disclose and the Student agrees to receive Confidential Information in furtherance of participating in his/her practicum with the Agency, as set out in the Practicum Agreement.
2. The Agency agrees to advise, instruct and guide the Student as to the Policies and Procedures.
3. Upon receipt of the information set out in paragraph 2 herein, the Student agrees to use his/her best efforts to comply with the Policies and Procedures and to protect the Confidential Information, or any part thereof, and prevent it from being disclosed to any person contrary to the Policies and Procedures.

IN WITNESS WHEREOF, the parties have duly executed this Agreement effective as of the day and year first written above.

**Agency**

**Student**

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_

Date: \_\_\_\_\_