KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Program Assistant

Agency/Company: Autism Aspergers Friendship Society AAFS; Active Life Specialized Programs

Location: Various

Terms Available: Fall, Winter, or Spring

Number of Positions: 8-10

Specified Schedule: Practicum Students are not required to work ALL of the listed programs, and are able to pick the ones that work best with their schedule.

The programs listed below cover what is available in our Fall Calendar and do not reflect all Active Life Programs available throughout the year.

Choose a combination of three programs to meet your required hours. AAFS requires that practicum students are available for the entire program that they sign up for. This may mean a few extra hours will be required if the three longest programs are chosen.

- **AAFS Basketball** - Tuesdays 6:00 - 9:00pm 30 hours
  
  September 12, 2023 - November 21, 2023 (10 sessions)

- **Stepping Out (Adult)** - Wednesdays from 1:00 – 3:00pm 16 hours
  
  September 06, 2023 - October 25, 2023 (8 sessions)

- **AAFS Boxing** - Thursdays 6:00 - 9:00pm 18 hours
  
  September 21, 2023 - November 02, 2023 (6 sessions)

- **AAFS Lacrosse (Intro & Advanced)** - Fridays 6:00 - 9:00pm 24 hours
  
  September 08, 2023 - October 27, 2023 (8 sessions)

- **Stepping Out (Youth)** - Saturdays from 11:00am – 1:00pm 18 hours
  
  (September 16, 2023 - December 02, 2023 (9 sessions))

Project Duties/Responsibilities:

The Active Life Specialized Programs (run by AAFS) are a series of recreational programs for people with, but not limited to, a lived Neurodiverse life with a focus on fitness. There is roughly a 1:2 ratio (1 Staff/Volunteer to 2 Members) of staff/volunteers to athletes. The programs provide opportunities to learn and grow in a physical manner. Including drills and scrimmages amongst members and staff.

The practicum student will work directly with a group of 4-5 AAFS Members with Autism Spectrum Disorder (ASD). The programs are weekly, and the total group is comprised of 12-20 participants.

Practicum students will coach and facilitate programs for the participants. The programs aim to provide opportunities for friendship and social interaction 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)
- Criminal Record Check
- Vulnerable Sector Check
- First Aid

**Assets:**

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

**On-Site Supervisor:** Christian Kostyniuk  christian@aafscalgary.ca
Kinesiology Practicum Application

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; 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

<table>
<thead>
<tr>
<th>Practicum Term</th>
<th>• Fall (year)</th>
<th>• Winter (year)</th>
<th>• Spring (year)</th>
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**Student Information**

Name: ____________________________  UCID: ____________________________

Phone Number: ____________________________  Email: ____________________________

**Student Practicum Expectations:** Why have you chosen this practicum placement? (1-2 sentences)

**Code of Conduct**

Students are responsible for compliance with the University of Calgary’s Code of Conduct

- Yes  •  No  I have read and understood the University of Calgary’s Code of Conduct.
- Yes  •  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:

I agree that:
- No salary or payment will be received based upon my participation in a Kinesiology practicum placement
- I will meet the expectations of the practicum placement for which I am applying
- I will be punctual throughout my practicum placement and will adequately notify the On-Site Supervisor about any absence(s).
- I will complete 60-72 hours within the dates of the term.

Start Date (first day of lectures)  End Date (last day of lectures)

- I agree with the above-mentioned terms and conditions.

Student’s Signature: ____________________________  Date: ____________________________

### ON-SITE SUPERVISOR PORTION

**Name:** Christian Kostyniuk  **Organization:** Autism Aspergers Friendship Society of Calgary

Phone: 403.246.7383  **Email:** christian@aafscalgary.com

As the On-Site Supervisor, I agree that:
- No salary or compensation will be given to the practicum student
- I will provide sufficient hours within the term dates above only, supervision, and guidance during this practicum placement
- I will complete a mid-point and final evaluation for the practicum student.

- I agree with the above-mentioned terms and conditions.

On-Site Supervisor’s Signature: ____________________________  Date: ____________________________
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.

THIS AGREEMENT is made as of the _______ day of __________, 20___.

BETWEEN: Autism Aspergers Friendship Society of Calgary (AAFS)

______________________________________________________________

(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

Signed: ______________________________

Print Name: Christian Kostyniuk

Title: Program Coordinator, Specialized Programs

Date: ______________________________

Student

Signed: ______________________________

Print Name: ______________________________

Date: ______________________________