TIME & PLACE: TBD

INSTRUCTOR: Susan E. Balinsky, DrPH, CHES

OFFICE HOURS: 9:00-10:00 MWF, 11:00-11:40 TR and by appointment

OFFICE: Room 319, Silcox Physical Education and Health Center

PHONE/FAX: 953-8242 (direct) 953-5558 (Dept. Office) 843-953-6757 (FAX)

E-MAIL: BalinskyS@cofc.edu

PREREQUISITES: HEAL 216, Junior status


COURSE DESCRIPTION: Apply the course material and work on Certified Health Education Specialist competencies in a profit or nonprofit health agency.

COURSE OBJECTIVES: Upon successful completion of this course, students should have experience in at least four (4) of the following competencies: (HEJA)

I.A.E.4 Select valid sources of information about health needs and interests
I.B.E.3 Conduct health related needs assessment
I.C.E.1 Identify diverse factors that influence health behaviors
I.C.E.2 Identify behaviors that tend to promote or compromise health
II.A.E.1 Identify populations for health education programs
II.A.E.2 Elicit input from those who will affect, or be affected by, the program
II.B.E.3 Suggest approaches for integrating health education within existing health programs
II.G.E.2 Identify barriers to the implementation of health education methods
III.C.E.1 Use the Code of Ethics in professional practice
III.C.E.3 Demonstrate skills needed to develop capacity for improving health Status
IV.D.E.1 Use appropriate research methods and designs in health education Practice
IV.E.E.4 Report effectiveness of programs in achieving proposed objectives
VII.B.E.1 Assess the appropriateness of language in health education messages
VII.B.E.6 Use oral, electronic, and written techniques for communicating health education information
VII.B.E.7 Demonstrate proficiency in communicating health information and health education needs
VII.C.E.1 Develop a personal plan for professional growth
REQUIREMENTS:  
1. Meet with Dr. Balinsky to complete paperwork  
2. Complete a minimum of thirty (30) hours in a health-related setting  
3. Complete a diary for each day you volunteer  
4. Submit the Overall Performance Rating form completed by your site supervisor  

GRADING:  The following must be met to achieve the specified grade: (the rating score is based on the Overall Performance rating provided by the site supervisor)  

A  Complete at least 30 hours with corresponding diary completed and have at least an Above Average rating  
A-  Complete at least 30 hours with corresponding diary completed and have an Average rating  
B+  Complete 27-29.5 hours with corresponding diary completed and have at least an Above Average rating  
B  Complete 25-26.5 hours with corresponding diary completed and have at least an Above Average rating  
B-  Complete 23-24.5 hours with corresponding diary completed and have at least an Average rating  
C+  Complete 21-22.5 hours with corresponding diary completed and have at least an Average rating  
C  Complete 20-21.5 hours with corresponding diary completed and have at least an Average rating  
C-  Complete 20-20.5 hours with corresponding diary completed and have at least an Average rating  
D  Complete 15-17.5 hours with corresponding diary completed and have at least an Average rating  
F  Complete less than 15 hours  

EXPECTATIONS:  Students will:  
1. be on time and dressed professionally  
2. maintain client confidentiality as required  
3. maintain a mature and professional attitude  
4. complete tasks independently and seek learning experiences  
5. accept and use constructive criticism  
6. keep personal life issues separate from field experience  
7. take responsibility for personal professional growth
Laboratory Hours Diary

Name ____________________________ Site: ____________________________

Date: ___________ Hours completed today: ______

Tasks: ________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Competencies addressed (see page 1 of syllabus): (write none if none)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Your signature: ______________________________________________________
Health Promotion Lab Assessment

Student: ___________________________  Semester: ____________

Site: ____________________________  Hours completed: ______

Site Supervisor: _______________________

Site Supervisor contact information:
  Address: _______________________________________

  Office phone: ______________________  Email: ______________________

Professional Qualities

3 = Excellent  2 = Good (some aspects need improvement)  1 = Needs Improvement

_____ Demonstrates reliability and dependability  

_____ Maintains professionalism regardless of setting

_____ Demonstrates good listening and communication skills

_____ Displays confidence within the knowledge base without overstepping boundaries

_____ Regularly exhibits good time management skills

_____ Takes initiative and completes tasks without being asked

_____ Willingness to seek and/or accept constructive criticism and assistance

_____ Demonstrates ability to adapt and remain flexible

_____ Takes responsibility for actions

_____ Demonstrates willingness to help with whatever task is needed

Overall Performance Rating

Based on your work with this student, please circle the word that best reflects the student’s overall performance.

Excellent  Above Average  Average  Below Average  Unacceptable

Site Supervisor (print name) ____________________________________________

Site Supervisor (signature) ____________________________________________  Date ______

Student Signature ____________________________________________  Date ______

* Student’s signature indicates student was provided an opportunity to discuss the content of this evaluation with his/her Site Supervisor and with the Lab Instructor, if requested.