GERO 130; 131 (MINOR); or 295
Preliminary Practicum/Internship Planning Form
(Available in SacSt Gerontology Information Center)

Complete and Bring this form to the Pre-Practicum/Internship Meeting
the semester PRIOR to when you plan to do your Practicum/Internship
Also print and bring an unofficial copy of your SacState transcript

Name: ____________________________________________________________

Gerontology Career Goal: ____________________________ Minor: __________

Units Completed in the Major/Minor/Grad Program at the end of this semester: __________

NOTE: **Majors** must have completed a minimum of 24 units (C or better), including GERO Core courses: 101, 102, 103, 121, & 122

**Minors** must have completed all Gero Core courses for the Minor (C or better): GERO 100, 101, 102, 103, 121 or 122 or FACs 159 – may take GERO 131 concurrently with ETHN 133

**Graduate students** must complete all required GERO Core Courses (B or better): 101, 102 or 103, 221, & 222

Phone: (cell): (___)________________________ (home): (___)________________________

SacLink Email: ____________________________________________________

Home Address: __________________________________ Zip: ____________

Please complete the following:

**Which elder population interests you the MOST? (No more than two)**

- [ ] Young-old
- [ ] Middle old
- [ ] Old-old
- [ ] Centenarians & super centenarians
- [ ] Well elders
- [ ] Frail elders
- [ ] Active elders
- [ ] Less active elders
- [ ] Cognitively impaired elders (degree of impairment) __________________________
- [ ] Elders’ families
- [ ] Other: __________________________________________________________

Which groups of elders are you NOT interested in working with?

**What are your interests/talents?**
List your area interests: (e.g. Exercise; diet; reminiscence; research; policy; services; health; mental health: ie: elder abuse; dementia; chronic disease; mental illness; caregiving; (name any others):

**Identify things and situations you are interested in exploring/doing:**

- [ ] Do you like to sit and listen to elders
- [ ] Like to assist with various levels of creative activities
- [ ] Do you want to be active with elders
- [ ] Like to organize/create programs for elders
- [ ] Like to teach
- [ ] Like to organize things/situations
- [ ] Working alone or with others in teams
- [ ] Others: __________________________________________________________
Identify where are you interested in working?

___ Health-related organization (e.g. gym, recreation, health promotion program)
___ Illness-related organization (e.g. memory care, hospice, assisted living) Work
directly with elders
___ Work behind the scenes
___ Work in their homes
___ Work in a formal setting/agency
___ Work in program/agency/organization administration
___ Are you willing to commute (how far)
___ Are you will to work any days/times this job requires (indicate any restrictions) ________
___ Other: ________________________________________________________________________

What type of agency are you comfortable being/working in?

___ Public
___ Non-Profit
___ For-Profit
___ Rural
___ Urban
___ Small (fewer employees)
___ Large (many employees)
___ Other: ________________________________________________________________________

Where DON’T you want to work?

Three potential organizations you might explore after this meeting to find your perfect match:
1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________

Faculty Suggestions (from meeting):
1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________

Agencies Contacted and Interview Dates (after Pre-Practicum Meeting):
1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________

Final Agency Choice: ________________________________________________

➢ Ask your supervisor what you must do with regards to health, drug screen, and
background clearances; indicate answer here: ________________________________

➢ Ask your agency supervisor to email Dr. O (osborne@csus.edu) their acceptance of you.

➢ Turn this COMPLETED information sheet to Dr. O when you have made your final
decision and have been accepted.

In order to start your Practicum the following semester, Dr. O must ALL
paperwork and your supervisor’s acceptance email by Nov 15/April 15