



**RECREATION AND LEISURE STUDIES
RCTX 4902/4990**

**RECREATIONAL THERAPY
INTERNSHIP MANUAL**

Revised January 4, 2007

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RECREATION AND LEISURE STUDIES RECREATIONAL THERAPY INTERNSHIP MANUAL

PREFACE

The internship is one of the most crucial steps a student takes in preparing for a professional career in the field of therapeutic recreation. The manner in which the student approaches this opportunity, as well as, the expertise of the supervisors that work with the student, are critical to the success of the internship. Students should conduct themselves in a professional manner by displaying a positive attitude, being punctual and dependent, demonstrating initiative and leadership, adhering to professional standards and ethics, and contributing to the success of the agency by demonstrating creative and energetic talents. East Carolina University (ECU) is fortunate to have numerous agencies that are willing to work with students and provide them with competent internship supervisors. These supervisors have a thorough knowledge of the field, an interest in internship instruction, and are dedicated to high standards in recreational therapy service delivery.

By working together, the student and supervisors combine to make the internship a stepping-stone to the future. The faculty of the ECU Department of Recreation and Leisure Studies (RCLS) deeply appreciates the opportunities given to students in carrying out internship placements. All students are to be applauded on their accomplishments to this point and encouraged to demonstrate their full potential to become a contributing member to this profession. ECU expresses sincere thanks and appreciation to all those involved.

Section I: INTERNSHIP ELIGIBILITY REQUIREMENTS

In order for students to be eligible to complete the RCTX Internship (RCTX 4990), the following criteria must be met:

- A. Students must be registered for RCTX 4990 during the semester period in which they will complete the internship (spring, summer, or fall). Additionally, payment of tuition and fees must be completed in accordance with the University Cashier's Office.

- B. The following academic requirements must be completed prior to initiation of the internship:
 - 1. All required courses toward the RCTX undergraduate degree must be successfully completed with a grade of C or better, including the RCTX Internship Pre-placement Seminar Course (RCTX 4902). No incompletes will be accepted.
 - 2. The student must have a minimum GPA of 2.0 overall and 2.0 in the RCTX major.
 - 3. Students must have completed their Senior Summary; which includes having it signed and delivered to the Registrar's office.
 - 4. Students must have submitted their application for graduation and paid all required fees.
- C. Students must possess professional liability insurance covering the entire period of the internship.
- D. Students must be certified from an acceptable organization in First Aid and CPR for the entire period of the internship.

Section II: RT INTERNSHIP GUIDELINES

Internship (RCTX 4990) is the capstone experience for Recreational Therapy students who have completed all of their professional preparation courses. Since twelve hours of academic credit are awarded for Internship, it is carefully structured to assure a meaningful experience.

- A. The student must complete a minimum of 480 consecutive hours at one agency site, during regular agency hours over a 12 consecutive week period. Evening and weekend experience may be included. Per the National Council for TR Certification (NCTRC), a weekly schedule should be between 20-45 hours. **No more than 45 hours per week will be counted toward the 480 hours required by ECU and NCTRC.** A minimum of 12 consecutive full weeks is required.
- B. Direct supervision must be provided by a full-time, on-site staff member who is actively certified by the National Council for TR Certification (NCTRC). If within North Carolina, the direct supervisor must also be actively licensed by the North Carolina Board of Recreational Therapy Licensure (NCBRTL). Ideally, the direct supervisor has been an agency employee for at least two years (minimum of one year at site is required).
- C. Weekly meetings between the agency supervisor and the student are expected so that the student's progress may be discussed on an on-going and consistent basis. The agency supervisor also provides feedback by completing and discussing a mid-term and final performance evaluation with the student.
- D. The ECU faculty supervisor will generally schedule one on-site visit with the student and agency supervisor if the agency is within 150 miles of Greenville. The visit is used to discuss the student's progress and address any questions the supervisor or student may

have. If the internship site exceeds 150 miles, a conference call will be held between the student and the agency and university supervisors to discuss the student's progress.

- E. All assignments are to be completed in a timely manner. The students have specific academic assignments that are to be completed largely during "non-working" time. The student is responsible for coordinating between the university and agency supervisors.
- F. Students should have exposure to the overall TR/RT services in the agency with a focus on no more than two program area/units. Internships which focus on one intervention technique exclusively (i.e., aquatic therapy, disabled sports, etc.), are not accepted since the student does not receive exposure to the broad range of TR/RT skills and subsequent services. Students may spend considerable time performing a TR/RT related intervention but the 12-week internship experience should provide students the opportunity to acquire skills within the comprehensive TR/RT clinical process (i.e., assessment, treatment planning, leading a *variety* of interventions, documenting health outcomes). For questions regarding the appropriateness of student responsibilities, please see the RT degree director.
- G. Due to severe time constraints on the student, holding outside employment during the internship placement is **strongly** discouraged. Internship responsibilities are to be the top priority for the student and students are to be flexible and available for agency scheduling changes. The University does not require that students be financially compensated during the internship, but does appreciate any assistance that is available (stipend/meals/housing).
- H. Specific experiences will vary depending on the nature of the agency but must adhere to the NCTRC field placement standards. All placements are to provide the student with experiences typical of a Therapeutic Recreation Specialist including:
 1. Use of assessment tools and client records for planning TR/RT intervention.
 2. Development and implementation of written individualized program or treatment plans.
 3. Planning and leading individual and group programs/interventions.
 4. Documentation of client functioning in response to program involvement.
 5. Evaluation of the effectiveness of individualized programs or interventions.
 6. Communication with other human service or treatment team professionals regarding client functioning and appropriate services.
 7. Participation in TR/RT department staff meetings and appropriate in-service training opportunities.
 8. Involvement in overall RT/RT department program planning.
 9. Exposure to administrative tasks in areas such as program accountability, fiscal procedures, personnel management, quality assurance, research, and public relations.

Section III: RT INTERNSHIP POLICIES

- A. All reports, assignments, and forms that the student prepares are to be **typed**. Students may download forms from the ECU RCLS web page (http://www.ecu.edu/rcls/RT_internship_forms.htm). Students are encouraged to save the forms to disk **prior to** leaving ECU. The forms included in the appendices of this manual are to be used in the case that students have difficulty accessing the saved files or on-line forms during the internship.
- B. Late reports/assignments will receive a letter grade reduction per working day.
- C. Incomplete work will receive a letter grade reduction and will be returned to the student for completion and resubmission before grading. The following constitutes an incomplete report:
 - 1. Missing signatures on the Weekly Verification Form and Agency Supervisor's Mid-Term and Final Performance Report;
 - 2. Incomplete information on the Weekly Verification Form; or
 - 3. Missing items that are due with the specific weekly report.
- D. RCTX 4990 grades will be submitted to the Registrar as soon as possible. If the scheduled internship extends beyond ECU grade deadlines, students will receive an "I" and a grade change will be made upon completion of the internship. If a student has earned a D or F in the Internship, the student will not repeat the Internship. The student will be required to enroll in 12 s.h. of coursework that is selected by the RCTX faculty. The student will be required to make a C grade or better in each of these courses before becoming eligible for graduation.

Section IV: VISITATION/CONFERENCE CALL

A. Visitation

Generally, if students are doing internships at an agency within 150 miles of Greenville, the faculty supervisor will visit. Students are to suggest several good days and times for the visitation and turn these in with the first report (consider faculty supervisor's traveling time to/from ECU). A map and directions should be included. Visits are usually done between the third and seventh week of the internship.

The faculty supervisor will need to spend some time with the agency supervisor, but will spend most of the time with the student. Therefore, students need to be available during the visit and not involved with programs or other meetings. The purpose of the visitation is for the student, faculty supervisor, and internship agency supervisor to discuss the experience; determine performance strengths; and specify performance goals for the remainder of the internship. The faculty supervisor will also be ready to answer any questions concerning academic assignments. Visitations vary in length – an average visit might be two hours (only thirty to forty-five minutes would include the agency supervisor).

B. Conference Call

The faculty supervisor will make a conference call to those interns who are not visited. Conference calls are to be arranged by the student and confirmed by both the agency supervisor and the faculty supervisor. The student and agency supervisor are requested to use speakerphone or telephone extensions, which permit a three-way conversation. The conference call is to take place **after** the faculty supervisor has received the Agency Supervisor's Mid-Term Performance Report. The call will focus on the student's and agency supervisor's comments concerning the student's performance to date, student's strengths, areas of performance and/or knowledge which need additional development and the status of the case study. Additional topics may be included as necessary.

Section V: INTERNSHIP GRADING PLAN & ASSIGNMENT DESCRIPTIONS

A. Grading Plan

Interns will be responsible for a variety of tasks at the agency as well as numerous academic assignments. Interns should remember that they are an upcoming professional in the field and represent themselves, the agency, as well as ECU at all times. Students may find it helpful to organize academic tasks by using the "RCTX 4990 Internship Worksheet" which can be downloaded from the ECU RCLS home page (http://www.ecu.edu/rcls/RT_internship_forms.htm). This worksheet is for the student's use only; it is never submitted to the faculty supervisor. Any questions or problems should be addressed to the faculty supervisor immediately by telephone or e-mail.

The final grade for RCTX 4990 is based upon the following assignments and grading plan:

1) Weekly Reports (11)	25%
2) Case Study	25%
3) Student Midway Progress Report	10%
4) Internship Summary Report	10%
5) Agency Supervisor Evaluation	15%
6) Faculty Supervisor Evaluation	15%
TOTAL	100%

B. Internship Assignments and Descriptions

All written assignments are to adhere to the guidelines outlined in the Internship Manual. The guidelines generally follow those specified in the ECU RCTX "Writing Style Manual". Students are expected to use professional language and write in *third person* on the *majority* of written materials (e.g. "The intern completed three assignments."). Students are to refrain from writing in first person (e.g. "I completed all of the tasks assigned to me for the week." "I learned that the administrative structure of the organization was very complex.") *First person* terminology is acceptable in the Self-Critique and Directed Responses sections of the Weekly Report. First person terminology is also acceptable in the *Midway Progress Report* and *Internship Summary Report*. Abbreviations are to be used only with the explanation of the abbreviated information (e.g., National Recreation and Parks Association (NRPA)).

Margins are to be one inch on all four sides. All written assignments must be **stapled** in the upper left corner; **paper clips should not be used.**

1) **Weekly Reports** (25%)

Rationale:

- a) to provide a record of specific tasks/experience and hours the intern has completed;
- b) to provide a mechanism for monitoring that the intern's experiences are appropriate and in compliance with professional credentialing standards;
- c) to encourage intern students to reflect upon their performance weekly and plan specific actions to enhance their knowledge, skills, and abilities.

Procedures:

- a) Each student is required to submit a total of 11 reports during the internship. Each weekly report will be graded and serves as a way to document the internship experience and number of hours completed that week. Students can either submit the reports via mail or electronic submission.
- b) Each report will be graded by the faculty internship supervisor and returned to the intern via mail or email.
- c) Reports must be postmarked or email dated on/before the due date as established in the Due Date form (see 'f' below). Students submitting assignments electronically should submit their work directly to the ECU faculty supervisor so that it is *received* by **5:00 p.m. Eastern Standard Time** on the due date with their work attached in MS Word format. Because the hours and weekly reports must be verified by the agency supervisor, all students who submit weekly reports electronically are required to mail the "Weekly Verification Form" to the ECU faculty supervisor each week (postmarked by the due date established in accordance with the student's work week).

Therefore, students should be sure that s/he has the correct mailing and email address for the ECU internship supervisor prior to leaving East Carolina University. The *majority* of the time the address will be:

Dr. (Faculty name)
Recreation and Leisure Studies
Belk Annex, Minges Coliseum (or Christenbury)
East Carolina University
Greenville, NC 27858-4353

- d) If the student will not have access to a computer to submit reports electronically, they should provide *eleven self-addressed stamped* envelopes in their internship folder when finalizing the internship placement with the RT Director. *Eight envelopes are to have 1 stamp and 3 envelopes are to have 2 stamps.* If the student's mailing address is not known at that time, labels for each envelope are to be submitted with the first weekly report. The envelopes are used for correspondence with the student and for returning graded reports. Students **will not** receive feedback if envelopes are not provided. Students submitting electronically will receive assignments and feedback via email and do not need to provide envelopes.
- e) All reports are to be written **outside** of scheduled work hours.
- f) The following items must be submitted with the first weekly report
 - ❖ Due Date Sheet (both pages of the form)
 - ❖ Work Schedule
 - ❖ Three suggested dates/times for a visit or, if beyond 150 miles, a conference call
 - ❖ Visitation map and directions (within 150 miles of ECU)
 - ❖ Confidentiality Agreement
 - ❖ Dress Code Requirements

The Due Date Sheet (see appendix) outlines all weekly reports and other materials that are due over the course of the internship. Due dates are to be established in accordance with the student's work week, in consultation with the agency supervisor. Each week the intern will need to meet with their agency supervisor to review the weekly report and accompanying items and obtain necessary signatures, as well as to discuss progress, scheduling, and other topics. The intern and agency supervisor agree on which day of the week will be best for these meetings. It is preferred that the first or second day of the work week be established for these meetings and are used as the due dates. For example, if the intern's regular work week is Monday through Friday, the meeting day (and due dates) would be set for either Mondays or Tuesdays typically. The day that is selected becomes the due date for every week. The specific calendar dates are entered in the left column of the Due Date Sheet. Corresponding due dates are also filled in on the second page of the form. Once all due dates are entered, the form is then sent with the first weekly report to the faculty supervisor. The faculty supervisor will either approve the dates or request changes.

- g) The weekly report (see appendix) consists of an identification heading, summary of weekly tasks completed, self-critique responses, directed responses, verification form, and dated signatures. A blank weekly report form is available from the RCLS web page. All reports must adhere to the following format:
 - ❖ Weekly reports **will not** contain a cover page. The report must begin with an identification heading that consists of the intern's name, semester, year, date of report coverage, and due date.

- ❖ The self-critique and directed response sections of the report must be completed with each report and may be written in first person. Please note that these responses should be thorough and self-reflective. Typically a 1-2 sentence response *does not* represent adequate evaluation of the week's experiences. For purposes of the directed responses, the internship has been divided into three phases: Orientation (weeks 1-3), Skill Acquisition (weeks 4 – 7), and Leadership and Refinement (weeks 8 – 11). The student will answer those questions that correspond to the appropriate internship phase.
- h) The final section of the weekly report is the **Agency Supervisor Weekly Verification Form**. This form is a log of the hours completed that week, the total number of hours completed thus far, and the intern's and supervisor's dated signatures. Hours reported exclude non-working meals. **Students submitting weekly reports electronically are reminded to mail a hard copy of the signed Agency Supervisor Weekly Verification Form to the faculty supervisor (postmarked on the due date). This provides documentation of weekly hours completed for the internship.** According to NCTRC standards, all weeks must be at least 20 hours and should not exceed 45 hours. Any hours over 45 hours are not included in the final number of internship hours.

Agency Supervisor Weekly Verification Form (EXAMPLE)

Reporting Period for Week # 3

Dates: January 26 to January 31, 2004 .

Daily Hours

Days	Hours	Total
January 26	8-12, 1-5:30	8.5
January 27	8-10, 11-5	8
January 28	9-12, 1-3, 8-10:45	7.75
January 29	12:45-5, 7-11	8.25
January 30	9-5	<u>8</u>
	Weekly Total	<u>40.5</u>

Total Internship Hours To Date 80

I have read the student's weekly report and verify the accuracy of the above stated hours in the provision of TR/RT services for this reporting period.

Supervisor Signature _____ **Date** _____

Supervisor Name (Typed) _____

Intern Signature _____ **Date** _____

- i) The eleventh report should also include a narrative projection of duties or responsibilities and hours for the remainder of the internship weeks. (Note: All interns are required to complete a minimum 12 full week internship of at least 480 hours of work during their internship period.)

2) **Case Study Project** (25%)

Rationale:

- a) to provide students the opportunity to critically analyze one TR/RT case through the entire treatment process.
- b) to allow students the opportunity to see firsthand the interaction between patient/participant and healthcare/administrative systems and how that interaction influences treatment effects.
- c) to provide a mechanism for the TR/TR agency to benefit from an analysis of treatment services.

Procedures:

The internship case study is 25% of the **overall** RCTX 4990 grade. The case study is an analysis of a patient/participant through their entire treatment. The intent of this analysis is to provide students with a greater understanding of the treatment process and those variables that positively and negatively influence therapeutic change. The individual selected for the case study should have either a special situation that warrants analysis or represents the typical patient/participant served by the agency. The patient/participant selected for the case study should have involvement in the TR/RT program for a duration that is representative of the average length of time for that TR/TR program. Any patient/participant not representing the typical time of involvement for the agency *should not* be selected for the case study. The case study will include a Confirmation Report (due with the 4th weekly report) and the actual case study (due with the 10th weekly report).

I. Case Study Confirmation Report (due with week 4 report)

The confirmation report should be double-spaced (max. 5 pages) and include the following sections:

- a) a detailed plan/timeline for student tasks in completing the case study,
- b) student progress made to date,
- c) student difficulties experienced to date,
- d) description of selected patient/participant including gender, age, primary diagnosis, and expected length of stay. (**pseudonym to protect confidentiality**)
- e) primary and secondary TR/RT outcome measures (i.e., Primary might include things that the RT/TR program is directly responsible for in a treatment team

approach and secondary outcomes would include outcomes the RT/TR program contributes to the treatment team approach)

1. describe each outcome measure (1 primary, 1 secondary)
 2. describe the measurement and documentation process
(i.e., how will measures be assessed and documented)
- f) overview of services provided by agency (staffing resources, treatment/intervention resources, average length of involvement for patients/participants, administrative structure)
- g) overview/plan of how student will present case study to supervisor and/or RT staff (i.e., written format, inservice, etc.). Include the target date for presenting case study.

II. Case Study Final Report

(due with week 10 report)

The case study is to be presented as a formal report. It is to have a cover page and be double-spaced. The report should use the primary headings to organize the paragraphs of content. Full sentences are to be used rather than phrases. The specific content is to include the following sections:

A. Identifying information

1. Patient identification (initials or pseudonym, etc.)
2. Age,
3. Gender,
4. Racial/ethnic background.

B. Diagnosis

1. Patient/participant's diagnosis as stated in the medical record
 - a. signs and symptoms
 - b. clinical course and prognosis
 - c. medical and/or surgical management; behavioral management techniques
 - d. other pertinent special issues affecting TR/RT treatment
2. Date of onset and date of admission
3. Patient/participant's chief complaint(s), signs, and symptoms on admission.
4. Personal history: Discuss pertinent information in the following areas: Social, Medical, Educational, and Vocational. Be sure to include marital status, social support network, community life (rural/urban), employment history, financial status, transportation resources.

C. Comprehensive Team Treatment Plan: Summarize the integrated treatment/program goals for services provide to the patient/participant by the agency. Indicate also how the TR/RT service focus (goals) help meet the comprehensive plan for the patient/participant.

D. Recreational Therapy Treatment Program

1. Referral: Indicate referral source to RT and date. Note date of

- onset also.
2. Initial Evaluation: Explain TR/RT evaluation procedures and baseline assessment results in the following areas:
 - a. physical status
 - b. cognitive status
 - c. social interaction skills
 - d. psychosocial, mental status, mood, cooperation, motivation, social problems
 - e. past social, leisure, and recreational involvement
 - f. barriers to progress including: physical, attitudinal, financial, and social
 - g. patient's goals with regard to community living.
 3. Special information precautions and/or restrictions for RT treatment protocols.
 4. Summary of patient/participant's assets and deficits
 5. TR/RT treatment goals and objectives
 6. Implementation: Give a detailed description of entire TR/RT treatment process including:
 - a. methods techniques and equipment
 - b. therapist's role in the treatment of this patient/participant
 - c. patient/participant's response and progress
 - d. modification of goals and/or methods
 7. Documentation and Interpretation of Health Change
 - a. Measurable Health Outcomes
 - i. selection of primary and secondary outcome measure (i.e., social interaction, memory, stigma, leisure skills, balance, community mobility, etc.)
 - ii. description of the primary and secondary health outcomes (description of outcomes and how they were measured)
 - iii. data documenting change in health outcomes: Graphic presentation of data may supplement narrative description.
 - b. Interpretation of the Treatment Outcome
- E. Discharge or Re-evaluation of Care Plan Process
1. Summary of Discharge/Re-evaluation Plan content
 2. Patient's prognosis
 3. Plans for the patient/participant
 4. Specific role of TR/RT in discharge/re-evaluation planning
 5. Family involvement and training
- F. Evaluation/Agency Recommendations (Please do not use first person)
1. Evaluation of Agency Treatment System
 - a. effectiveness of the treatment system (i.e., administrative functions, scheduling, etc.)
 - b. points of consideration for agency
 2. Evaluation of TR/RT Service Provision

4) **Internship Summary Report** (due with week 10 report) (10%)

Rationale:

- a) to provide the student with an opportunity to reflect upon their overall internship experiences as well as the things that they would like to accomplish in the near future with regard to their professional development.
- b) to provide an opportunity for the student to share their overall reflections of the agency and provide their opinion for future interns as to the value of completing an internship at this agency.

Procedures:

- a) The Internship Summary Report will be no longer than four pages in length, double-spaced, and should include the topics listed below. This report **may be** written in **first person terminology**. Students are encouraged to expand upon these topical areas if they feel they have pertinent information to share with the faculty internship supervisor that is not captured under the following areas.
 - I. Overall Reflections of the Internship and Key Learning Experiences
Students are encouraged to refrain from providing a superficial account of the internship experience. Analysis and reflection upon the experience, and highlight of specific experiences key to professional growth and development, are expected. Students are encouraged to reference their internship Midway Progress Report goals when completing this analysis.
 - II. Professional Plans and Goals for the Near Future
 - III. Words of Wisdom and Advice for Future Interns
- b) The Internship Summary Report is due with the tenth weekly report.

Section VI: EVALUATIONS

Evaluations of the internship experience are done by the student, agency supervisor, and faculty supervisor. All of the necessary forms can be downloaded from the RCLS world wide web page (<http://www.ecu.edu/rcls/>).

A. Student Evaluations of the Internship

Students are to evaluate the internship agency, the internship agency supervisor, and the University internship supervisor. **Summer interns who are supervised by a different faculty member each summer session are to submit an “Evaluation of University Supervisor” for each faculty supervisor.** It is the student’s responsibility to obtain and complete these forms and return them during the eleventh week of the internship. The evaluation of the Agency, the Agency Supervisor, and the University Supervisor are to be submitted to the RCLS administrative assistant’s office (Minges 174). The University

Supervisor evaluation will not be given to the faculty supervisor until after 4990 grades are submitted.

- Evaluation of the Agency
- Evaluation of the Agency Supervisor
- Evaluation of University Supervisor

B. Agency Supervisor's Performance Reports of Student (15%)

The agency supervisor evaluates the student's performance the week following the student's Midway Progress Report and at the end of the internship. It is the student's responsibility to make sure the agency supervisor receives all evaluation forms upon arrival and that all forms are returned by the appropriate due date. As a self-assessment process, it is suggested that the intern makes a copy of each evaluation tool and completes it him or herself prior to meeting with the agency supervisor. A comparison of intern and supervisor perceptions may then be made. This is purely for self-assessment. The supervisor's performance reports are the only one's to be turned in to the faculty supervisor. The student and agency supervisor are to jointly review and discuss all performance reports. It is the student's responsibility to schedule this meeting so that evaluations are received when due.

1. Mid-Term Performance Report

The Mid-Term Progress Report evaluates the student's performance halfway through the internship. This evaluation form is the same one that will be used as the final performance. It is due with the sixth weekly report. This evaluation will not be used to determine the course grade but serve as a source for establishing goals for the rest of the internship.

2. Final Performance Report

The Final Performance Report is an evaluation of your overall internship performance. It is to be mailed to your faculty supervisor by the end of the eleventh week of the internship period. This evaluation will be the primary source of information used to determine your agency supervisor's final grade of your performance during the internship.

C. Faculty Supervisor's Evaluation of Student (15%)

The Faculty Supervisor continually evaluates the intern student on the quality of internship assignments, following instructions, conforming to internship deadlines, and professional attitude. In addition to such ongoing evaluation, after receiving all internship materials the Faculty Supervisor will complete the Faculty Supervisor Evaluation of RT Intern form. The specific criteria to be used include: analysis and judgment; active learning; communication, adaptability, problem solving, timeliness, following directions, professional conduct, attitude, and potential as a therapeutic recreation specialist. The evaluation form can be found in the appendix.

Section VII: PERMANENT CONTACT INFORMATION FORM

After the intern completes the internship and graduates, their ECU email account is closed out. Faculty often have information concerning employment opportunities and other professional information that they would like to share with graduates. Without the ECU email account, the faculty have no convenient way of contacting graduates. The Permanent Contact Information Form (see appendix) is the mechanism to obtain contact information to be used after the intern graduates and leaves campus.

The Permanent Contact Information Form is to be completed by the intern and submitted during the eleventh week to the RCLS Office at the same time as the Student Evaluations of the Internship (agency, agency supervisor, and faculty supervisor). The student is reminded to use an email account other than their ECU email account.

APPENDIX
INTERNSHIP FORMS

EAST CAROLINA UNIVERSITY
Recreation and Leisure Studies
Internship Information Sheet
(Submit Prior to Leaving ECU)

Name: _____ Student ID#: _____
 Last First Middle

Home Phone #: (_____) _____ Office Phone #: (_____) _____

Internship Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Term You Expect to Graduate: Fall Spring Summer Year: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Phone #: (_____) _____

Official Name and Mailing Address of Internship Agency:

City: _____ State: _____ Zip Code: _____

Name and Title of Internship Agency Supervisor:

Name: _____ Title: _____

Internship Agency Supervisor Business Address if Different from Above:

City: _____ State: _____ Zip Code: _____

Supervisor's Office Phone Number: (_____) _____

Supervisor's Fax Number: (_____) _____

Supervisor's E-Mail Address: _____

**EAST CAROLINA UNIVERSITY
Recreation and Leisure Studies
RT Internship Due Date Form**

Name: _____ Semester: _____

Agency: _____

Begin Date: _____ End Date: _____

ALL INTERNSHIP ASSIGNMENTS DUE : _____ (the week classes end)

Due Date	Date Posted	Date Received	Date Returned	Grade	Number of Hours	Comments/Items Due
1						<ul style="list-style-type: none"> • Work Schedule • Visitation/Conference Call Suggestions • Map & Parking Directions • Confidentiality Policy • Dress Code • Weekly Report #1 (O)***
2						<ul style="list-style-type: none"> • Weekly Report #2 (O)
3						<ul style="list-style-type: none"> • Weekly Report #3 (O)
4						<ul style="list-style-type: none"> • Weekly Report #4 (SA) • Case Study Confirmation
5						<ul style="list-style-type: none"> • Weekly Report #5 (SA) • Student Midway Progress Report
6						<ul style="list-style-type: none"> • Weekly Report #6 (SA) • Agency Supervisor Mid-Term Evaluation
7						<ul style="list-style-type: none"> • Weekly Report #7 (SA)
8						<ul style="list-style-type: none"> • Weekly Report #8 (LR)
9						<ul style="list-style-type: none"> • Weekly Report #9 (LR)
10						<ul style="list-style-type: none"> • Weekly Report #10 (LR) • Case Study Project • Intern Summary Report
* **						<ul style="list-style-type: none"> • Final Performance Report * • Student Evaluations (3) ** • Permanent Contact Form**
11						<ul style="list-style-type: none"> • Weekly Report #11 (LR) • Projected weeks and hour

* Mail the Final Performance Evaluation by Agency Supervisor before the end of week eleven.

** The Permanent Contact Information Form and the Student Evaluation of the Agency, Agency Supervisor, and University Supervisor should be mailed to the RCLS Office during week eleven.

***KEY- (O) = Orientation Phase directed responses, (SA) = Skill Acquisition Phase directed responses, (LR) = Leadership & Refinement Phase directed responses.

Case Study Confirmation Report:

Proposal Due: _____ Received: _____ Approved: _____

Agency Supervisor Mid-Term Performance Report:

Due: _____ Received: _____

Student Midway Progress Report:

Due: _____ Received: _____

Student Internship Summary Report:

Due: _____ Received: _____

Agency Supervisor Final Performance Report:

Due: _____ Received: _____

Case Study Final Project Report:

Due: _____ Received: _____

Due: _____	Evaluation of Agency Supervisor	Received: _____
	Evaluation of Agency Supervisor	Received: _____
	Evaluation of University Supervisor	Received: _____

ALL INTERNSHIP ASSIGNMENTS ARE DUE : _____
(the week that classes end)

Grading Plan:

Assignment	Grade	Percentage	Points
Weekly Reports		25%	
Case Study		25%	
Student Midway Progress Report		10%	
Internship Summary Report		10%	
Agency Supervisor Evaluation		15%	
Faculty Supervisor Evaluation		15%	
TOTAL			
LETTER GRADE			

Faculty Signature: _____ Date: _____

**EAST CAROLINA UNIVERSITY
RECREATIONAL THERAPY PROGRAM
RCTX 4990 WEEKLY INTERNSHIP REPORT**

Student Name:

Semester/Year:

Week # and Reporting Period :

Report Due Date:

I. Summary of Tasks Completed (Check the boxes corresponding to those tasks/skills demonstrated during the week. List other tasks not included. Answer other questions as requested.)

Planning (Agency, TR/RT Department, Individual Treatment/Program Planning)

<input type="checkbox"/>	Knowledge of agency mission	Other tasks:
<input type="checkbox"/>	Knowledge of population served	
<input type="checkbox"/>	Knowledge of agency standards	
<input type="checkbox"/>	Knowledge of specific programs	
<input type="checkbox"/>	Knowledge of funding sources	
<input type="checkbox"/>	Use of assessment info. to develop treatment plan	
<input type="checkbox"/>	Develop individualized intervention goals and plan	
<input type="checkbox"/>	Revision of intervention plan	
<input type="checkbox"/>	Develop discharge/ transition plan	

Implementation of TR/RT Services

<input type="checkbox"/>	Implement individualized intervention plan (list # for each.) ___ # observed; ___ # assisted, ___ # led	List TR/RT interventions used. Indicate your role in the intervention as: (O) observed, (A) assisted, or (L) led.
<input type="checkbox"/>	Management of client involvement	
<input type="checkbox"/>	Education of family/relevant others	
Other tasks:		

Assessment, Evaluation, and Documentation

<input type="checkbox"/>	Review pertinent background information on client	Other tasks:
<input type="checkbox"/>	Client interview (enter # of each) ___ # observed; ___ # assisted, ___ # independent	
<input type="checkbox"/>	Assessment process (enter # of each) ___ # observed; ___ # assisted, ___ # independent	
<input type="checkbox"/>	Analyze and interpret assessment information	
<input type="checkbox"/>	Report assessment results to treatment team.	
<input type="checkbox"/>	Document client intervention outcomes/progress	
<input type="checkbox"/>	Participate in program evaluation process (i.e., QA)	

Professional Development (Working with professionals, outreach, advocacy, management)

<input type="checkbox"/>	Coordinate and convey information with other disciplines	Other tasks:
<input type="checkbox"/>	Knowledge of standards and regulations	
<input type="checkbox"/>	Maintain equipment and supply inventory	
<input type="checkbox"/>	Provide support and education to the person served and relevant others	
<input type="checkbox"/>	Promotion through marketing and public relations activities	
<input type="checkbox"/>	Expand professional competence	
<input type="checkbox"/>	Participate in inservice training and staff development programs	

II. Self-Critique

PERSONAL STRENGTHS THIS WEEK

AREAS FOR IMPROVEMENT

III. Directed Responses (Answer the following directed items for the appropriate stage of your internship. Each weekly report is to include only those items specific to your phase of the internship.)

ORIENTATION PHASE: Weeks 1-3

1. Describe what you learned this week.

2. Explain how your experience this week was different from what you expected.

3. Describe a particular program/intervention session or experience and explain how it was important to your development.

SKILL ACQUISITION PHASE: Weeks 4-7

1. Describe a meaningful experience with a client and how it was important to your development.

2. Describe an intervention session in which you had a leadership role and explain what you learned from the experience.

3. Describe your progress in the areas of assessment and documentation.

LEADERSHIP & REFINEMENT PHASE: Weeks 8-11

1. Describe your progress toward independently managing and conducting program/intervention services.

2. Describe an instance where you were able to make a significant difference in the treatment of a patient/participant (please use pseudonym if referring to a patient/participant).

3. Select one skill or ability you need to improve and describe the specific steps you will take during the next week to enhance that skill or ability.

**EAST CAROLINA UNIVERSITY
RECREATIONAL THERAPY INTERNSHIP**

Weekly Verification Form

Student Name:

Agency:

Reporting for Week # **Dates:** to

Daily Hours

Days (mo./date)	Hours	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Weekly Total

Internship Hours Total to Date

I have read the student's weekly report and verify the accuracy of the above stated hours in the provision of TR/RT services for this reporting period.

Supervisor Signature _____ **Date** _____

Supervisor's Name (Typed)

Intern Signature _____ **Date** _____

EAST CAROLINA UNIVERSITY
Recreation and Leisure Studies
Student Evaluation of Faculty Internship Supervisor
(This will be kept confidential)

Student Name: _____ Date: _____

Agency: _____

University Internship Supervisor's Name: _____

Directions: Please evaluate your **University internship supervisor** by circling the appropriate number for each of the following qualities:

Qualities	Not Applicable	Not Acceptable	Poor	Fair	Good	Excellent
Clarification of Assignments		1	2	3	4	5
Prompt Communication		1	2	3	4	5
a. Written		1	2	3	4	5
b. Oral		1	2	3	4	5
Grading Timeliness		1	2	3	4	5
Grading Fairness		1	2	3	4	5
Performance Feedback		1	2	3	4	5
Effective Advocate		1	2	3	4	5
Conflict Resolution		1	2	3	4	5
Availability		1	2	3	4	5
Visitation/Call		1	2	3	4	5
Professional Knowledge		1	2	3	4	5
Overall Rating		1	2	3	4	5

Comments: _____

Return this form during the eleventh week of your internship. Please mail directly to:

RCLS Department
Minges Coliseum
East Carolina University
Greenville, NC 27858-4353

EAST CAROLINA UNIVERSITY
Recreation and Leisure Studies
Student Evaluation of Internship Agency
(This will be kept confidential)

Agency: _____ Date: _____

Location: _____

Use the following to rate your internship agency. Please circle your response to indicate the quality of the item.

	Pre-Placement					
	Not Applicable	Unacceptable	Poor	Average	Good	Excellent
Information Provided	0	1	2	3	4	5
Prompt Communications	0	1	2	3	4	5
Interview/Tour	0	1	2	3	4	5
Job Description	0	1	2	3	4	5

Comments for future interns: _____

	Orientation					
	Not Applicable	Unacceptable	Poor	Average	Good	Excellent
Quality	0	1	2	3	4	5
Manual Provided	0	1	2	3	4	5
Welcome Package	0	1	2	3	4	5
Goals/Objectives Clarified	0	1	2	3	4	5
Policies/Procedures Explained	0	1	2	3	4	5
Work Schedule Established	0	1	2	3	4	5
Job Description Reviewed	0	1	2	3	4	5

Comments for future interns: _____

Benefits

	Not Applicable	Unacceptable	Poor	Average	Good	Excellent
On-Site Transportation	0	1	2	3	4	5
On-Site Parking	0	1	2	3	4	5
Housing	0	1	2	3	4	5
Stipend/Salary	0	1	2	3	4	5
Uniform	0	1	2	3	4	5
Additional Insurance	0	1	2	3	4	5
Transportation to and from Internship Site	0	1	2	3	4	5

Comments for future interns: _____

Work Experience

	Not Applicable	Unacceptable	Poor	Average	Good	Excellent
Adequate Resources	0	1	2	3	4	5
Adequate Supervision	0	1	2	3	4	5
Adequate Staffing	0	1	2	3	4	5
In-Service Training	0	1	2	3	4	5
Reasonable Work Schedule	0	1	2	3	4	5
Reasonable Work Load	0	1	2	3	4	5
Variety of Work Experiences	0	1	2	3	4	5
Exposure to Variety of Professional Activities, Seminars, Materials	0	1	2	3	4	5

Comments for future interns: _____

Work Environment

	Not Applicable	Unacceptable	Poor	Average	Good	Excellent
Clean	0	1	2	3	4	5
Safe	0	1	2	3	4	5
Accessible	0	1	2	3	4	5
Conducive to doing your job	0	1	2	3	4	5

Comments for future interns: _____

	Equipment					
	Not Applicable	Unacceptable	Poor	Average	Good	Excellent
Availability	0	1	2	3	4	5
Condition	0	1	2	3	4	5
Adequacy	0	1	2	3	4	5

Comments for future interns: _____

Post-internship

If offered a position at this agency would you accept it? Why/why not? _____

Would you recommend this site for future interns? why/why not? _____

What specific skills are needed to succeed as an intern at this agency? _____

Return this form during the eleventh week of your internship. Please mail directly to:

**RCLS Department
 Belk Annex
 East Carolina University
 Greenville, NC 27858-4353**

EAST CAROLINA UNIVERSITY
 Recreation and Leisure Studies
Student Evaluation of Internship Agency Supervisor
(This will be kept confidential)

Student Name: _____ Date: _____

Agency: _____

Supervisor's Name: _____

Title: _____

Use the following rating scale to rate your supervisor. Please circle your response.

Qualities	Unacceptable	Poor	Fair	Good	Excellent
Ability to do job	1	2	3	4	5
Provided support as needed	1	2	3	4	5
Motivator	1	2	3	4	5
Role-model	1	2	3	4	5
Oral communication	1	2	3	4	5
Written feedback	1	2	3	4	5
Able to solve problems	1	2	3	4	5
Honest and fair	1	2	3	4	5
Good leadership	1	2	3	4	5
Took time to work with me	1	2	3	4	5
Professionalism	1	2	3	4	5
Overall rating	1	2	3	4	5

Would you recommend this person to serve as a future internship supervisor? _____ Yes _____ No

Comments: _____

Return this form during the eleventh week of your internship. Please mail directly to:

RCLS Department
Belk Annex
East Carolina University
Greenville, NC 27858-4353

EAST CAROLINA UNIVERSITY
Recreation and Leisure Studies
Faculty Supervisor Evaluation of RT Intern

Student _____ Semester _____

CRITERIA	Not Observed	Not Acceptable	Poor	Average	Good	Excellent
Analysis & Judgment (sizes up situations and reaches sound professional decisions)		1	2	3	4	5
Active Learner (actively seeks new experiences for learning)		1	2	3	4	5
Effective Communicator (sends and receives messages effectively)		1	2	3	4	5
Adaptability (embraces change and demonstrates flexibility)		1	2	3	4	5
Problem Solving (identifies problems and sound courses of action)		1	2	3	4	5
Timeliness (plans ahead; able to meet established deadlines)		1	2	3	4	5
Follows Direction (able to follow through with instructions from supervisors)		1	2	3	4	5
Professional Conduct (treats others with professional courtesy)		1	2	3	4	5
Attitude (maintains positive attitude)		1	2	3	4	5
Potential as CTRS (demonstrates potential to effectively work as CTRS)		1	2	3	4	5

Total Points = _____ = _____ x 100 = _____
50

Notes/Comments:

Faculty Signature: _____ Date: _____

EAST CAROLINA UNIVERSITY
Recreation and Leisure Studies
Permanent Contact Information Sheet
(Submitted During 11th Week)

Name: _____ Student ID#: _____
 Last First Middle

Permanent Contact Information (Someone who will know your whereabouts in five years)

Name of Person: _____ Relationship (parent, etc.): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (_____) _____

E-Mail Address: _____

Current Contact Information (Where you currently reside)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____

Email (other than ECU): _____

Return this form during the eleventh week of your internship. Please mail directly to:

**RCLS Department
Belk Annex
East Carolina University
Greenville, NC 27858-4353**

EAST CAROLINA UNIVERSITY

Recreation and Leisure Studies

(Please Check) ___Mid-Term and ___Final Internship Performance Report
Recreational Therapy

Student Name: _____

Agency/Department: _____

Dates of Internship: _____

The internship is an important aspect of the student's professional education. It is the student's opportunity to gain experience in the application of concepts and theories under the supervision of professional practitioners. Since the internship is a part of the total education process, strengths and suggestions for improvement should be stressed in order to promote professional growth and development. This performance report consists of three sections: **1)** performance items which are uniform to any leisure service setting, **2)** performance items which are setting or specialty specific, and **3)** summary comments.

This form is designed to be used as a communication tool as well as an evaluation tool. Please discuss the ratings with the student near the end of the internship period. If the student has been supervised by more than one staff member, the evaluation should reflect their combined judgment, even though only one signature is required.

You will note that there are "Comments" sections throughout the performance report. If poor or unacceptable performance is noted, please be sure to provide comments, which will assist the student in understanding what development is recommended.

Please return the Mid-Term Performance Report to the University supervisor with the 6th student's week report.

Please return this Final Performance Report to the University supervisor during the eleventh week of the internship. Your input is appreciated and will be essential in reviewing the student's development.

II. Recreational Therapy Specific Items

GENERAL ITEMS	N/A	Unacceptable	Poor	Average	Good	Excellent
Knowledge and understanding of RT concepts	0	1	2	3	4	5
Ability to apply RT concepts to practice	0	1	2	3	4	5
Knowledge of the role of other service providers in meeting client needs	0	1	2	3	4	5
Understanding of disabling conditions and unique needs of clients	0	1	2	3	4	5
Knowledge of interventions/programs used at agency	0	1	2	3	4	5
Knowledge of how to apply activities to achieve treatment goals	0	1	2	3	4	5
Knowledge of diagnostic labels and medical terminology	0	1	2	3	4	5
Public relation skills	0	1	2	3	4	5

TREATMENT/ PROGRAM PLANNING	N/A	Unacceptable	Poor	Average	Good	Excellent
Ability to formulate an individualized treatment plan/program	0	1	2	3	4	5
Ability to appropriately place clients in programs/interventions	0	1	2	3	4	5
Ability to select and adapt activities appropriate for client functioning and goals	0	1	2	3	4	5

IMPLEMENTATION OF TREATMENT/PROGRAM	N/A	Unacceptable	Poor	Average	Good	Excellent
Implementation of individualized treatment program plan	0	1	2	3	4	5
Skill in treatment modalities used at agency	0	1	2	3	4	5
Client interaction skills (1:1): (establish rapport, skillful listening, sensitivity to others, motivational techniques, etc.)	0	1	2	3	4	5
Group facilitation skills: (motivating client participation, managing disruptive behaviors, group processing skills, etc.)	0	1	2	3	4	5

III. Additional Summary Comments

What do you consider to be the primary areas for improvement for this student? Give specific suggestions as to how the student may improve.

What do you consider to be the major strengths of this student?

Any additional comments:

Supervisor signature: _____ Date: _____

Title: _____

Intern signature: _____ Date: _____

Your signature indicates that you have had the opportunity to review and discuss your performance evaluation with your supervisor. It does not necessarily indicate that you agree with the evaluation.