



Department of Recreation and Leisure Studies

East Carolina University
Carol G. Belk Building, Room 1410 • 300 Curry Court
Greenville, NC 27858-4353
252-328-4640 office • 252-328-4642 fax

Dear RT/TR Agency:

The recreational therapy curriculum at East Carolina University is designed to prepare high-quality entry-level practitioners. An important element of the curriculum is service-learning through meaningful volunteer and practicum experiences.

The purposes of this letter are to:

- explain our new practicum requirements and
- to solicit your support or continued support by agreeing to host a practicum student or students.

As of January 2009, we have started requiring new majors to complete a 60-hour practicum in their first two semesters. The practicum is designed to be split among four settings, each hosting the student for a MINIMUM of 15 hours.

Emphasizing the major employment areas of the RT profession, the students must be supervised under the supervision of a Licensed Recreational Therapist (LRT) or Certified Therapeutic Recreation Specialist (CTRS) in the following settings:

15 hours Rehabilitation

15 hours Long term care/nursing home

15 hours Behavioral health/Mental health/Substance abuse

The remaining 15 hours may be completed in any program providing recreation or allied health services to persons with special needs. The student is to be involved in observation of and assistance with service delivery and interaction with participants. Students are **not** to be providing direct service provision but becoming aware of what skills and duties a recreational therapist might need. The point of this requirement is to make students aware of the many settings and skills incorporated in the field of recreational therapy.

The additional 15 hours can be met in a flexible placement setting. Supervision by an LRT or CTRS is not required in this flexible placement setting; however, the student may elect to complete these 15 hours in recreational therapy programs under the supervision of an LRT or CTRS. Enclosed is additional information about the practicum placement.

We thank you for your time and hope you will consider hosting a student from East Carolina University. For more information regarding the East Carolina University Recreational Therapy Program, visit our website at www.ecu.edu/rcls.

Recreational Therapy Program
East Carolina University
Carol Belk Building
Greenville, NC 27858-4353

**RT Career Exploration Sheet
Recreation and Leisure Studies Department
East Carolina University**

Recreational Therapy Experience Competency Sheet

Student Name: _____ Experience dates: _____

Agency/Program: _____

Supervisor: _____

Focus area: Rehabilitation
 Long term care/nursing home
 Behavioral Health/Substance Abuse

Instructions: *As tasks are completed, have LRT/CTRS supervisor sign and date. List other tasks not included.*

TASK	VERIFY TASK COMPLETED (RT supervisor signature/date as completed)
ORIENTATION	
HIPAA/Confidentiality policy discussed	
Dress code discussed	
Attendance policy discussed	
RT SERVICES OVERVIEW	
<u>Clientele served:</u> age, gender, socioeconomic, education, primary diagnoses, functional level, etc.	
<u>RT program description:</u> primary client goals addressed; programs/interventions provided	
TREATMENT PROCESS & SERVICE DELIVERY	
Discuss treatment process used with RT services	
Read and review assessment tool with LRT/CTRS	
Observe RT assessments (initial and re-evaluation) ___ # observed ___ # assisted	
Discuss goal setting and program selection process	
Discuss/read treatment plan for one client per session	
Observe then assist with RT sessions as ready ___ # observed ___ # assisted	
List RT interventions used/observed:	
Observe and discuss progress documentation process (post session noting, weekly noting, etc.)	
Observe and become aware of process to document client intervention outcomes/progress	
Discuss discharge/transfer planning process and form	
Explain program evaluation process	

EAST CAROLINA UNIVERSITY
Recreational Therapy Career Exploration Experience
 RT Supervisor Evaluation of Student

Student _____ Dates: _____

Agency/Program: _____

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

Comments:

Supervisor Signature: _____ Date: _____

THE COMPETENCY SHEET AND SUPERVISOR EVALUATION FORM SHOULD BE INCLUDED IN THE STUDENT'S ADVISING FOLDER TO DOCUMENT COMPLETION.

Volunteer and Service-Learning Center Time Sheet

Name (print –first, middle, last): _____ Banner ID: _____

Course & instructor: _____ or Student Organization: _____

Each time you serve the community, record the agency, date, number of hours and service code affiliated with the activities you performed. Please round the total number of hours to the nearest quarter hour (15, 30, 45 minutes). Also, have the agency supervisor verify your hours with a signature. **Return your completed time sheet to the Volunteer and Service-Learning Center**, unless you are enrolled in a service-learning course, in which case you should follow your instructors directions for submitting hours.

- Service Codes: **AC** Activities involving cultural education, exploration and awareness
Ed Service in schools and learning programs at all levels
En Environmental protection, enhancement or education and awareness
He Service providing physical or mental health
HN Service to the elderly, persons with special needs, community recreation, hunger and homelessness
SJ Service promoting equity or justice among diverse groups

Please note that activities for which you are paid, proselytize, or perform job shadowing should not be recorded on this time sheet.

Agency	Date	Hours Served
Address	Service Code	
City, State, Zip	Agency Supervisor Signature	
Phone Number		

Agency	Date	Hours Served
Address	Service Code	
City, State, Zip	Agency Supervisor Signature	
Phone Number		

Agency	Date	Hours Served
Address	Service Code	
City, State, Zip	Agency Supervisor Signature	
Phone Number		

Agency	Date	Hours Served
Address	Service Code	
City, State, Zip	Agency Supervisor Signature	
Phone Number		

I certify that the above listed hours are accurate and understand my likeness may be used on Center marketing materials.

Student Signature