

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.