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PURPOSES AND OBJECTIVES OF THE PROFESSIONAL INTERNSHIP IN THERAPEUTIC RECREATION

The basic purpose of the Professional Internship in Therapeutic Recreation is to provide a planned transition from the university curriculum to a professional service setting. During the internship experience, the student will test the practical application of the theories of therapeutic recreation in the agency setting under the guidance and supervision of a Certified Therapeutic Recreation Specialist and a university advisor. As part of the internship experience, the agency supervisor and the university faculty advisor will evaluate the student. The student will continually review his/her own knowledge, skills, accomplishments and professional growth as they prepare for entry into the recreation and leisure services profession.

OBJECTIVES FOR A THERAPEUTIC RECREATION PROFESSIONAL INTERNSHIP

Upon completion of an internship the student should be able to:

1. Demonstrate the ability to establish and maintain rapport and a therapeutic relationship with a variety of clients.
2. Demonstrate the ability to use appropriate interviewing assessment techniques and procedures.
3. Demonstrate the ability to set treatment priorities.
4. Demonstrate the ability to develop and implement appropriate treatment plans for a variety of clients.
5. Demonstrate the ability to apply creative ideas and activities for individuals and groups.
6. Demonstrate the ability to coordinate programs with other team members.
7. Demonstrate the ability to function as a dynamic member of the treatment team.
8. Demonstrate the ability to communicate effectively, both verbally and in writing.
9. Demonstrate good habits of organization and time management.
10. Demonstrate the ability to use available resources within the facility and the surrounding community.
GENERAL POLICIES OF THE PROFESSIONAL INTERNSHIP PROGRAM

1. All internships must adhere to the NCTRC Field Placement Standards (http://nctrc.org/documents/1NewAp.pdf)

2. The student is responsible to meet all steps leading up to an internship (See Timetable For Professional Internship)

3. Students should not complete their professional internship at an agency in which they have held a similar position (paid or voluntary). Requests for exception to this must be submitted in writing to their advisor. Criteria to be met in order for the request to be considered must include the following:
   a. The internship position is significantly different in terms of responsibilities and exposure.
   b. The internship position is in a significantly different program area.
   c. The internship location is not primarily based upon student convenience.

4. Internships are only available and can only be registered for during Summer Quarter. Registration will be for Summer Quarter even if beginning the internship in Spring Quarter. Register for RCLS 493-01.

5. Student must be a senior.

6. All GECRs must be completed (or exception has been approved by advisor).

7. All RCLS core and major supporting courses must be completed.

8. Students must meet departmental grade standards, which are:
   a. A minimum of 2.5 must be obtained in all RCLS major courses and 2.0 in all non-RCLS supporting courses. If a lower grade was received, the course must be retaken.
   b. A minimum cumulative grade point average (GPA) of 2.50 shall be necessary in all RCLS upper- and lower-division required major courses.
   c. A minimum cumulative grade point average (GPA) of 2.25 shall be required for all university course work.
   d. Failure to comply with the above standards will prohibit Professional Internship eligibility.

9. There must be documented verification of the 1,500 hours work experience. Hours will be divided in the areas designated on the “Hour Requirement Sheet”
10. The internship may be paid or not paid, depending upon the resources of the agency at which the internship takes place and on the agreements made between the student intern and agency supervisor.

11. Students not adhering to the general schedule for advising, interviewing and preliminary placement procedures and following the steps as outlined, are subject to non-placement and will have to wait until the following summer to register and do their internship.

12. Students who do an internship but do not pay the tuition will have to go through the entire process the following year and will have to do another full internship.

13. Students should not plan to take other university courses during the internship. Should this be absolutely necessary, written permission from the student’s advisor is required.

14. The student is expected to bear all expenses incidental to living in the area of the internship placement and to work out his/her own satisfactory housing arrangements in order to be able to carry out assignments as required. It is recommended that the student visits the area of placement in advance and arrange living facilities. Agency personnel may be able to assist the student in locating housing possibilities.

15. The student doing their internship is required to obtain “Professional Liability Insurance”. Coverage can be purchased from HPSO (Healthcare Providers Service Organization) at www.hpso.com. Some agencies will provide liability insurance and/or medical malpractice insurance to interns. If this is the case then the student will need to provide their advisor with written documentation of such coverage from an officer of the facility. The student is not covered through the University.

16. Student intern must be a member of a national professional organization prior to internship. Proof of membership in one or more of the professional organizations relative to therapeutic recreation must be cleared through the student’s advisor.

17. Students must have all their paperwork completed and back to their faculty advisor on or before May 15, if beginning an internship in Summer. If beginning internship in Spring then paperwork must be completed and back to your advisor by February 15th. This means beginning the process months before. As far as the University is concerned, you are not doing an internship until your advisor has signed the contract.

18. It is the student’s responsibility to ensure their agency supervisor provides the faculty adviser with the mid-term evaluation and the final evaluation at the agreed upon times. (See Student Assignment Agreement Form)
TIMETABLE FOR PROFESSIONAL INTERNSHIP

FALL/EARLY WINTER QUARTER
- Access internship manual online.
- Meet with advisor to complete a major/minor form to confirm required and supporting classes are completed.
- Consult with faculty advisor on possible internship sites.
- Go through past internship files
- Narrow internship site selections down to three or four.
- Contact sites and make tentative selection.

WINTER/EARLY SPRING QUARTER
- Get faculty advisor’s approval of the site selected.
  - Please note: some sites require additional paperwork between the university and the site. This can take time. Please plan accordingly.
- Get final approval from the site supervisor.
- Complete all site specific paperwork and requirements.
- Complete the CHECKLIST FOR STUDENTS IN THERAPEUTIC RECREATION
- Have necessary paperwork submitted on or before May 15th to faculty advisor.
- Meet with faculty adviser for a final check before the start of the internship.
- Register for RCLS 493-01

SPRING/SUMMER QUARTER
- Begin internship.
- Send 16 week plan to your faculty advisor, by the end of the second week.
- Follow the weekly reporting system agreed to by you and your faculty advisor. You cannot miss one week and make it up the following week.
- Have mid-term evaluation completed and submit to your faculty advisor by the end of the 9th week.
- Have final evaluation completed and submit to your faculty advisor immediately following the completion of the internship.
- Do follow-up paperwork (copy of thank you letter, site evaluation, agency supervisor evaluation, faculty advisor evaluation, student exit interview, and alumni register) and submit to your faculty advisor.
- Final grade will only be issued after EVERYTHING has been completed as outlined above. If everything is not completed, you will receive an incomplete. Then you must check with your faculty advisor to determine the time limit extended to you to have everything completed. If not done on time, you will be required to do a completely new internship and pay the registration amount for the next summer.
CHECKLIST FOR STUDENTS IN THERAPEUTIC RECREATION

This checklist must be completed before the faculty advisor will sign the contract. Without the signature of the faculty advisor, your internship has not “officially started”.

☐ Print NCTRC Student Internship Guide

☐ Submit all Hours Forms to advisor, finalize excel file with advisor, advisor will print hour totals.

☐ Proof of membership in a national therapeutic recreation professional organization. This can be in the form of a letter from said organization or newsletter/email addressed to you.

☐ Proof of current Standard First Aid and CPR Card.

☐ Proof of medical malpractice coverage in the form of a contract from HPSO (Healthcare Providers Service Organization at www.hpsocom) or a letter from the agency supervisor stating that the facility carries malpractice insurance on interns and that you will be covered.

☐ Student Assignment Form has been signed by student and faculty advisor.

☐ Complete Professional Internship Application with all information.

☐ Internship dates indicated on the Student/Agency Supervisor/Academic Advisor Agreement Form total the agreed upon number of weeks.

☐ Student/Agency Supervisor/Academic Advisor Agreement Form has been signed by the agency supervisor and the student.

☐ Copy of the agency supervisor’s NCTRC certificate.

☐ Proof that the agency supervisor is employed full-time, this can be an email from the supervisor themselves or a superior stating this.

☐ Objectives for the internship that have been approved by the agency supervisor. This can be in the form of a signature on the objectives or an email from your supervisor stating this.

☐ All of the above have been completed.

☐ Student/Agency Supervisor/Academic Advisor Agreement Form signed by faculty advisor.
1500 HOURS EXPERIENCE RECORD

This form should be used as a draft to calculate and keep track of your hour totals within each required area. When ready, bring this form and your signed TR Hours Forms to Dr. Messina to total everything in an excel file. Once the excel file is complete, a hard copy will be printed for your records.

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<th>Agency</th>
<th>Older Adult</th>
<th>Cognitive (Psych &amp; Dev Dis)</th>
<th>Phys Rehab</th>
<th>General</th>
<th>Form Complete?</th>
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TOTAL HOURS _____________
STUDENT ASSIGNMENT AGREEMENT FORM

Initialed by student

_______ Student agrees to complete daily journals and e-mail copies weekly to faculty adviser. (See Guidelines for Intern Journals)

_______ Student agrees to complete a 16 week internship plan with agency supervisor and return it to university supervisor within two weeks of starting date. (16 week plan must demonstrate how internship objectives will be met.)

_______ Student will be responsible for getting the mid-term evaluation completed by their site supervisor and returned to faculty advisor by week nine.

_______ Student will be responsible for completing special assignments and/or projects pertaining to the TR APIED process as determined by agency supervisor.

_______ Student will be responsible for getting the final evaluation completed by their site supervisor and returned to faculty advisor immediately following the conclusion of the internship.

_______ Student will be responsible for completing and submitting all forms (copy of thank you letter, site evaluation, agency supervisor evaluation, faculty advisor evaluation, student exit interview, and alumni register) in a timely manner at the conclusion of the internship.

_______ Student realizes that failure to comply with any of the above may result in termination of internship or withholding of grade.

I have read and understand the above requirements.

Signed ____________________________________________ (Student)

__________________________________________________ (Faculty advisor)

___________________________ Date
GUIDELINES FOR INTERN JOURNALS

The purpose of keeping a journal is to allow you to spend some time each day after you finish your experience to be able to reflect on the day’s events and to analyze your interactions and interventions with both clients and staff. The process of committing these thoughts to writing will validate them and give you a chance to think about how effective you were in the interactions.

The following guidelines will provide some direction to your journals:

- Journal as soon after work as possible
- Reread your journal to see if it accurately reflects what you wanted to say
- Journals are to reflect your interactions and interventions, not a list of what you did during the day
- It is critical to complete the journal each day rather than at the end of the week if it is to be a helpful tool
- Journaling will allow you to analyze interactions and interventions to see if they were what you wanted or if you would change the way you handled the situation next time
- Keep them as brief as possible while explaining what occurred, how you responded, and if you were happy with your response

I will read your journals and give you some input based upon what I read. Remember this is the major source of my evaluation of your internship for my part of your grade.

Please send all journal entries to emessina@ewu.edu with the subject line “Week ____ Internship Journal”.

It is imperative that you are accurate with your subject line and keep track of your weekly submissions. I receive 15-25 journals a week, all of which are on a different timeline, so if your subject line is not accurate it makes it difficult to keep track of your submissions and give you full credit.

Please use the following formats for the weeks indicated:

**Weeks 1 – 4**

- Format free.
- Summarize your experiences following the guidelines above.

**Weeks 5 – 16**

- In order to encourage additional reflection regarding your experiences and how they relate to the NCTRC Job Tasks and Knowledge Areas*, please include similar journal entries as you did above, but organize them according to content, under the most relevant content heading (using the list of NCTRC Job Tasks and Knowledge Areas below as your headings). For more information on what each of these entail, please see http://nctrc.org/documents/5JobAnalysis.pdf

A. Professional Roles and Responsibilities  
B. Assessment  
C. Planning Interventions and/or Programs  
D. Implementing Interventions and/or Programs  
E. Evaluate Outcomes of the Interventions and/or Programs  
F. Documenting Intervention Services  
G. Working with Treatment and/or Service Teams  
H. Organizing Programs  
I. Managing TR/RT Services  
J. Public Awareness and Advocacy

*At the conclusion of your internship you are required to verify that you gained exposure to each of these areas. You won’t have addressed every heading, every week; but, as you review your journals, if you start to notice an area that has not been addressed, it may warrant a discussion with your supervisor regarding the possibility of incorporating that area into your experiences a bit more*
PROFESSIONAL INTERNSHIP APPLICATION

Student’s Name ____________________________________________
First    Middle    Last

Major ___________________________ Advisor ____________________________

Student EWU ID Number ____________________________________________

Current Address: E-mail________________________ Phone (____) __________
Street _____________________________________________________________
City ________________ State ________________ Zip ____________

Permanent Address: (parents) Phone (____) __________
Street _____________________________________________________________
City ________________ State ________________ Zip ____________

Agency and Supervisor Information:
Supervisor’s Name ___________________________ Title ______________________
Phone (____) __________________ Fax (____) __________________________
Email ________________________________
Agency Name ________________________________
Department Name ________________________________
Address ____________________________________________
City ________________ State ________________ Zip ____________

Student Address While Interning: Phone (____) __________
Street _____________________________________________________________
City ________________ State ________________ Zip ____________

STARTING DATE ________________ COMPLETION DATE ________________
STUDENT/AGENCY SUPERVISOR/ACADEMIC ADVISOR AGREEMENT FORM

This agreement is to be returned to the Physical Education, Health and Recreation Department, PEB 200, Eastern Washington University, Cheney, WA 99004-2499

Agency Name

Agency Supervisor ________________ Student’s Name ________________

Agency Address

City ______________________ State _______________ Zip ________________

Phone (______) ______________ E-Mail ________________________________

Fax: (______) __________ - ______________________________

The following items have been discussed and mutually agreed upon constituting a guide for the Professional Internship Program. Please complete and return to the student.

This agreement is established between the Physical Education, Health and Recreation Department at Eastern Washington University (hereinafter referred to as “EWU”) and the above-mentioned agency (hereinafter referred to as the “Agency”) for the purpose of cooperation in providing an internship placement for students of the university. Internship placements serve as an educational experience for the students and enhance Agency services.

This agreement is signed by the student, agency supervisor, and EWU faculty advisor as an acknowledgment of the conditions of the agreement. This agreement may be supplemented with an additional University/Agency Agreement as deemed necessary.

MUTUAL RIGHTS AND RESPONSIBILITIES

1. There will be no discrimination with regard to race, creed, sex, religion or national origin in the selection, assignment, and education of the student;

2. Autonomy of EWU and the Agency will be observed at all times;

3. Visits by EWU staff to the Agency for the purpose of planning and evaluating the program, discussing student performance and arranging for additional educational experiences will be welcome when applicable and feasible;

4. There shall be no exchange of funds between EWU and the Agency;

5. Students shall be required to follow all rules, regulations and procedures of the Agency as required of Agency employees; these rules, regulations and procedures shall be made available to the student through the Agency supervisor;
6. EWU and/or the Agency may request the withdrawal of the student from the Agency; the withdrawal request shall be made in writing and shall be shared with the student; the request shall include the reason for the request; in emergency situations, withdrawal requests may be made verbally between the Agency, EWU and the student.

7. EWU does not carry insurance to cover health, accident or professional malpractice of students. The responsibility (if required) rests with the student.

8. Each party to this Agreement shall be responsible for damages to persons or property resulting from the negligence on the part of itself, its employees or its officers. Neither party assumes any responsibility to the other party for the consequences of any act or omission of any person, firm, or corporation not a party to this Agreement.

RESPONSIBILITIES OF THE STUDENT

1. The student will prepare behavioral objectives before beginning their internship, and will work with their Agency supervisor to accomplish the objectives;

2. The student will expect and prepare for periodic conferences with the agency supervisor during the placement;

3. The student will follow the policies, procedures, programs and operating standards of the Agency and EWU. The student should be familiar with the Policies and Procedures Manual of the Agency, if available.

4. The student will complete all documentation required by the Agency, journals required by EWU, and special assignments and/or projects pertaining to the TR APIED process as determined by agency supervisor.

5. The student has the responsibility to act professionally and ethically to maintain confidentiality and to give priority to Agency clients’ rights and needs over his/her own;

6. The student is responsible for his/her own health, accident and professional malpractice insurance unless otherwise agreed to with the Agency. The student shall, prior to commencing the internship, furnish the Agency with Certificate of Insurance for general and malpractice insurance coverage if the Agency so requires.

7. The student will provide the Agency supervisor with a copy of the Professional Internship Manual, which covers in detail agency responsibilities and the evaluation forms which need to be returned to the EWU faculty advisor.

8. The student must realize the Professional Internship Program is to be the equivalent to a full-time assignment in concert with the Agency’s appointment.
9. The student is to plan thoroughly and in advance for all assignments and is to do the best possible job in carrying out assignments. The student realizes it is generally better to go slow and do the assignments right than have to redo the tasks.

10. The student is to evaluate each meeting or activity that he/she has planned and/or conducted.

11. The student is to be well groomed and appropriately dressed for all assignments.

12. The student is to be prompt for all work assignments and be willing to contribute extra effort.

13. The student is to notify the agency supervisor, well in advance when possible, in cases of absence from work.

14. The student is to accept the Agency’s philosophy, methods, leadership and program; if asked for suggestions by the Agency’s supervisor, student may give constructive criticism and suggestions.

15. The student is to be tactful, friendly, courteous and respectful to all.

16. The student is to consult with the Agency supervisor when confronted with problems he/she cannot solve alone.

17. The student should strive to become a productive, contributing member of the agency program and delivery of services.

**RESPONSIBILITIES OF THE AGENCY**

1. The Agency will designate a person to be the agency supervisor with responsibilities as may be mutually agreed upon between the Agency, EWU faculty advisor and the student;

2. The Agency will provide meaningful tasks for the student to test and develop skills and knowledge. These tasks will provide the opportunity for the student to (a) work with various staff members within the Agency and (b) work with significant outside resources and clientele that the Agency comes in contact with. It is expected that the Agency will assign increasingly complex tasks as the student gains confidence and competence. The Agency supervisor and the student will confer during the first week of the internship to finalize in written form an agenda with learning objectives, which the student can follow for the duration of the internship.

3. The Agency will provide necessary facilities and supplies to enable the student to handle assignments, including an Agency vehicle or mileage if travel is expected of the student and including complete insurance coverage while traveling on official business for the Agency;
4. The Agency understands that the placement of internship students is designed to develop skills in the student and to enhance the Agency services;

5. The Agency will provide an orientation for the student covering rules, regulations, procedures, facilities and equipment of the Agency;

6. The Agency supervisor will conduct periodic conferences with the student. A minimum of once per week is suggested.

7. The Agency supervisor will complete two formal evaluations of the student (mid-term and final) and return them to the faculty advisor in a timely fashion. The forms are provided in the Professional Internship Manual, which will be supplied to the supervisor by the student.

8. If the Agency supervisor intends to use the internship supervision toward CEU credit with NCTR, the supervisor must provide oversight to a student special project that addresses service delivery related to the TR/RT process (APIED).

9. If the Agency requires the student to have health, accident and malpractice insurance, the Agency must clearly inform the student during the pre-internship contact of the insurance requirements.

10. The Agency will acquaint the student with resources and materials used by the Agency and permit the student to acquire copies when possible for the student’s resource notebook.

11. The Agency will help, if possible, with recommendations for the student for full-time employment and contact persons.

RESPONSIBILITIES OF EWU

1. EWU assumes responsibility for the academic preparation of its students and guarantees that the student shall have satisfactorily completed such preparation prior to being assigned to the internship;

2. EWU shall appoint a faculty advisor to act as a liaison between the parties to this agreement. The advisor will help to clarify all administrative intents and/or purposes of the internship program.

3. EWU will provide, at the Agency’s request, information regarding the student’s level of preparation and prior experience and will provide materials for the evaluation of the student;

4. The EWU faculty advisor will schedule periodic counsel with the agency supervisor via phone or by correspondence.
This agreement may be modified at any time by mutual consent of the parties. The agreement may be terminated at any time by mutual consent or by failure of either party to fulfill its responsibilities.

The student shall work a minimum of forty hours per week, for 16 weeks, with consideration given to family life and personal needs of the internship student in the assignment of hours.

The student will be supervised by a full-time employee who is currently NCTRC CTRS certified and has held the CTRS credential for at least one year prior to supervising said student.

This internship is to begin the _______ day of ____________, 20 _____

and terminates on the ______ day of ____________, 20 ____. 

AGENCY SUPERVISOR  
Signature ___________________________  Signature ___________________________

Title ___________________________  Title ___________________________

Date______________________________  Date ___________________________

STUDENT  
Signature ___________________________

Date ___________________________
GRADING PROCEDURE

According to the policy of Eastern Washington University, numerical grades will be assigned to each student at the completion of the Professional Internship Program. The final determination of the student’s grade is based upon the following divisions:

Agency Supervisor ................. 70%

As determined in the student’s final student performance appraisal.

Intern Coordinator ................. 30%

As determined from the following:

- Objectives and agenda submitted on time and well done.
- Weekly reporting consistency
- Attitude and professionalism
- Overall performance
- All paperwork submitted

The faculty member has the right to withhold a grade if materials have not been submitted or if the internship was not completed.
HOW TO USE THE THERAPEUTIC RECREATION INTERN EVALUATION (TRIE) FORM

The Therapeutic Recreation Intern Evaluation (TRIE) should be used both at the mid-point (mid-term) and at the end of the internship. It is important that sufficient time is given to complete this evaluation. Agreeing to supervise interns is a significant professional commitment made by a certified therapeutic recreation specialist who wants to make a contribution to the advancement of therapeutic recreation.

The supervisor rates the intern on each item using a five-point rating scale: (1) consistently does not meet expectations, (2) needs improvement in meeting expectations, (3) meets expectations, (4) frequently exceeds expectations, and (5) consistently exceeds expectations.

The supervisor will place an X in each appropriate column to rate the intern on each item. To score, the number of X's are added in each column, then multiplied by the value of that column: 1, 2, 3, 4, or 5. The total score is found by then adding the sums of all three columns.

Since an internship is a progressive learning experience, it may not be possible to evaluate the intern on each criterion at the mid-point. The scoring of the procedure is designed to allow for items that are not applicable (NA). In order to compute the average score for each section of Part One and Part Two, it is necessary to eliminate the number of NA's from the calculation. To compute the average score, the total score is divided by the number of items, minus the number of NA's in that section.

Part Three is narrative, and is not scored.

Part Four, the scoring and grading scale, prompts the supervisor to compute the average score for the performance criteria, and to list the average score for the personal and professional development criteria. The two scores must then be added and an average score is obtained. It is this final score that determines the grade assigned by the site supervisor for the intern.

If you have questions while completing this evaluation, please contact me. I greatly appreciate the time and energy needed to help a student reach the professional level.

PLEASE MAKE A COPY OF THE (TRIE) BEFORE FILLING IT OUT. A COPY WILL BE NECESSARY FOR THE MID-TERM AND FINAL EVALUATION.
THERAPEUTIC RECREATION INTERN EVALUATION
Eastern Washington University

NAME OF INTERN ___________________ FACILITY ___________________
SITE SUPERVISOR ___________________ ADDRESS ___________________
PHONE ( ) __________________________ ___________________________
Mid-TERM EVALUATION EMAIL __________________________
Final EVALUATION FAX __________________________

RATING SCALE

5 Consistently exceeds expectations
4 Frequently exceed expectations
3 Meets expectations
2 Needs improvement in meeting expectations
1 Consistently does not meet expectations

PART ONE: PERFORMANCE CRITERIA

ASSESSMENT

The therapeutic recreation intern demonstrates:

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<th>5</th>
<th>NA</th>
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<td>1.</td>
<td>Ability to assess <strong>physical</strong> needs and functioning.</td>
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<td>2.</td>
<td>Ability to assess <strong>cognitive</strong> needs and functioning.</td>
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<td>3.</td>
<td>Ability to assess <strong>social</strong> needs and functioning.</td>
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<td>4.</td>
<td>Ability to assess <strong>emotional</strong> needs and functioning.</td>
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<td>5.</td>
<td>Ability to assess <strong>leisure and lifestyle</strong> needs and functioning.</td>
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<tr>
<td>6.</td>
<td>Ability to <strong>select</strong> appropriate assessment instruments.</td>
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<td>7.</td>
<td>Ability to <strong>implement</strong> appropriate assessment instruments.</td>
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<tr>
<td>8.</td>
<td>Skills to interviewing techniques (listening, responding, and questioning).</td>
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<tr>
<td>9.</td>
<td>Accurate behavioral observations.</td>
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<tr>
<td>10.</td>
<td>Skill in the use of relevant information from records, charts, other professionals, and family/significant others.</td>
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<tr>
<td>11.</td>
<td>Ability to report assessment findings and recommendations based on analysis and interpretation of results from assessment procedures.</td>
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</tbody>
</table>

COUNT NUMBER OF NA'S
ADD TOTAL OF EACH COLUMN
ADD TOTAL SCORE OF FIVE COLUMNS
AVERAGE SCORE: TOTAL SCORE DIVIDED BY (11 ITEMS MINUS THE NUMBER OF NA'S)
### TREATMENT PLANNING

The therapeutic recreation intern demonstrates:

<table>
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<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ability to follow agency policy and procedures for documenting the treatment plan content.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Skill in using assessment data to formulate treatment plan.</td>
<td></td>
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<tr>
<td>3.</td>
<td>Ability to involve the person served and/or significant parties in the development of the plan.</td>
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<tr>
<td>4.</td>
<td>Skills in identifying specific problems, needs and/or strengths related to diagnosis, age, cultural and socioeconomic factors.</td>
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<td>5.</td>
<td>Skill in <strong>writing</strong> measurable, behavioral goals related to diagnosis, age, cultural and socioeconomic factors.</td>
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<tr>
<td>6.</td>
<td>Skill in <strong>identifying</strong> appropriate individualized interventions to achieve desired outcomes with measurable goals based on diagnosis, age, cultural and socioeconomic factors.</td>
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<tr>
<td>7.</td>
<td>Ability to collaborate in providing interdisciplinary interventions and programs.</td>
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<tr>
<td>8.</td>
<td>Ability to utilize activity analysis for proper selection of treatment interventions.</td>
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<tr>
<td>9.</td>
<td>Ability to utilize task analysis for proper selection of treatment interventions.</td>
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</tr>
</tbody>
</table>

**COUNT NUMBER OF NA’S**

**ADD TOTAL OF EACH COLUMN**

**ADD TOTAL SCORE OF FIVE COLUMNS**

**AVERAGE SCORE:** TOTAL SCORE DIVIDED BY (9 ITEMS MINUS THE NUMBER OF NA’S)

---

### PLAN IMPLEMENTATION

The therapeutic recreation intern demonstrates:

<table>
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<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ability to use a minimum of six modalities/programs to reach treatment outcomes.</td>
<td></td>
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<tr>
<td>2.</td>
<td>Leadership skill in group treatment.</td>
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<tr>
<td>3.</td>
<td>Skill in therapeutic communication (listening, responding).</td>
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<tr>
<td>5.</td>
<td>Ability to implement agency treatment protocols.</td>
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<tr>
<td>6.</td>
<td>Ability to develop written program descriptions/protocols.</td>
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<tr>
<td>7.</td>
<td>Skill in the use of teaching/learning principles to reach positive outcomes.</td>
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<tr>
<td>8.</td>
<td>Ability to use assistive techniques, devices, and equipment to meet client goals.</td>
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<tr>
<td>9.</td>
<td>Ability to involve the person served, family/significant others in the implementation process.</td>
<td></td>
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</tr>
</tbody>
</table>

**COUNT NUMBER OF NA’S**

**ADD TOTAL OF EACH COLUMN**

**ADD TOTAL SCORE OF FIVE COLUMNS**

**AVERAGE SCORE:** TOTAL SCORE DIVIDED BY (9 ITEMS MINUS THE NUMBER OF NA’S)
### EVALUATION

The therapeutic recreation intern demonstrates:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ability to <strong>conduct</strong> ongoing, timely, measurable and appropriate evaluation process.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Ability to <strong>document</strong> ongoing, timely, measurable, and appropriate evaluation process.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Ability to <strong>monitor</strong> effectiveness of individual treatment plan.</td>
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<tr>
<td>4.</td>
<td>Ability to <strong>determine</strong> effectiveness of individual treatment plan.</td>
<td></td>
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<tr>
<td>5.</td>
<td>Ability to communicate evaluation of progress to treatment team and/or appropriate individuals.</td>
<td></td>
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<tr>
<td>6.</td>
<td>Ability to revise individual treatment plan as necessary with input from the person served, treatment plan and relevant others.</td>
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</tr>
</tbody>
</table>

**COUNT NUMBER OF NA'S**
**ADD TOTAL OF EACH COLUMN**
**ADD TOTAL SCORE OF FIVE COLUMNS**
**AVERAGE SCORE: TOTAL SCORE DIVIDED BY (6 ITEMS MINUS THE NUMBER OF NA’S)**

### DISCHARGE PLANNING

The therapeutic recreation intern demonstrates:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ability to summarize the person’s response to treatment including current functional level and treatment outcomes.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Ability to develop discharge recommendations in accordance with the person's specific needs, interests and preferences.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Ability to document discharge plan in a timely manner in accordance with policy and procedure.</td>
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<tr>
<td>4.</td>
<td>Ability to collaborate with the person served, family/significant others and treatment team members in developing comprehensive discharge plans.</td>
<td></td>
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<td>5.</td>
<td>Ability to contact and/or refer persons served to community resources.</td>
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</tbody>
</table>

**COUNT NUMBER OF NA’S**
**ADD TOTAL OF EACH COLUMN**
**ADD TOTAL SCORE OF FIVE COLUMNS**
**AVERAGE SCORE: TOTAL SCORE DIVIDED BY (5 ITEMS MINUS THE NUMBER OF NA’S)**
### RECREATION SERVICES

<table>
<thead>
<tr>
<th>The therapeutic recreation intern demonstrates:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>1. Ability to organize and provide appropriate recreational opportunities and services.</td>
<td></td>
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<tr>
<td>2. Ability to lead a minimum of ten recreational activities.</td>
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<tr>
<td>3. Ability to maintain recreational facilities and equipment in a clean and safe manner in accordance with health, fire and safety codes.</td>
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</tbody>
</table>

**COUNT NUMBER OF NA'S**  
**ADD TOTAL OF EACH COLUMN**  
**ADD TOTAL SCORE OF FIVE COLUMNS**  
**AVERAGE SCORE: TOTAL SCORE DIVIDED BY (3 ITEMS MINUS THE NUMBER OF NA'S)**

### ETHICAL CONDUCT

<table>
<thead>
<tr>
<th>The therapeutic recreation intern demonstrates:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ability to discuss professional codes of ethics.</td>
<td></td>
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<tr>
<td>2. Compliance with all related agency standards of conduct.</td>
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</tbody>
</table>

**COUNT NUMBER OF NA'S**  
**ADD TOTAL OF EACH COLUMN**  
**ADD TOTAL SCORE OF FIVE COLUMNS**  
**AVERAGE SCORE: TOTAL SCORE DIVIDED BY (2 ITEMS MINUS THE NUMBER OF NA'S)**

### MANAGEMENT

<table>
<thead>
<tr>
<th>The therapeutic recreation intern demonstrates:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understanding of the department quality improvement plan.</td>
<td></td>
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<tr>
<td>2. Understanding of the department funding and reimbursement.</td>
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<tr>
<td>3. Understanding of the department budget and fiscal procedures.</td>
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<tr>
<td>4. Understanding of the agency's mission and purpose.</td>
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<tr>
<td>5. Understanding of organization and management of agency.</td>
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<tr>
<td>6. Ability to follow department plan of operation.</td>
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<tr>
<td>7. Ability to schedule therapeutic recreation services</td>
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<tr>
<td>8. Skills in practicing safety, emergency, infection control and risk management procedures.</td>
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</table>

**COUNT NUMBER OF NA'S**  
**ADD TOTAL OF EACH COLUMN**  
**ADD TOTAL SCORE OF FIVE COLUMNS**  
**AVERAGE SCORE: TOTAL SCORE DIVIDED BY (8 ITEMS MINUS THE NUMBER OF NA'S)**
## PART TWO: PERSONAL AND PROFESSIONAL DEVELOPMENT CRITERIA

The therapeutic recreation intern demonstrates:

<table>
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<tr>
<th></th>
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<th>NA</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Positive attitude</td>
<td></td>
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<tr>
<td>2.</td>
<td>Enthusiasm</td>
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<tr>
<td>3.</td>
<td>Self-confidence</td>
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<tr>
<td>4.</td>
<td>Empathy</td>
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<tr>
<td>5.</td>
<td>Flexibility</td>
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<td>6.</td>
<td>Willingness to learn</td>
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<tr>
<td>7.</td>
<td>Judgement</td>
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<tr>
<td>8.</td>
<td>Initiative</td>
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<tr>
<td>9.</td>
<td>Respect and courtesy</td>
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<tr>
<td>10.</td>
<td>Cooperation</td>
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<tr>
<td>11.</td>
<td>Ability to evaluate personal strengths and weaknesses</td>
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<td>12.</td>
<td>Ability to accept constructive criticism</td>
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<td>13.</td>
<td>Professional dress according to setting</td>
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<tr>
<td>14.</td>
<td>Work habits (timeliness, completeness, consistent quality of work)</td>
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<tr>
<td>15.</td>
<td>Planning and organizational skills (time management, management of space and materials)</td>
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<td>16.</td>
<td>Interpersonal relationships (with supervisor, staff, customers)</td>
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<td>17.</td>
<td>Effective verbal communication skills (assertiveness, clarity, organization)</td>
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<td>18.</td>
<td>Effective written communication (skills grammar, spelling)</td>
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<td>19.</td>
<td>Uses available computer</td>
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<td>20.</td>
<td>Use of medical terminology and abbreviations</td>
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<tr>
<td>21.</td>
<td>Maintenance of professional boundaries (personal space, relationships, language)</td>
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<td>22.</td>
<td>Ability to seek direct and indirect supervision</td>
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<tr>
<td>23.</td>
<td>Ability to accept direct and indirect supervision</td>
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</tbody>
</table>

**COUNT NUMBER OF NA’S**

**ADD TOTAL OF EACH COLUMN**

**ADD TOTAL SCORE OF FIVE COLUMNS**

**AVERAGE SCORE:** TOTAL SCORE DIVIDED BY (23 ITEMS MINUS THE NUMBER OF NA’S)

## PART THREE: COMMENTS

1. In what areas does the intern excel?

2. In what areas does the intern need further development?
PART FOUR: OUTCOMES SCORING

<table>
<thead>
<tr>
<th>PART ONE: PERFORMANCE CRITERIA</th>
<th>AVERAGE SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSESSMENT</td>
<td></td>
</tr>
<tr>
<td>TREATMENT PLANNING</td>
<td></td>
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<tr>
<td>PLAN IMPLEMENTATION</td>
<td></td>
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<tr>
<td>EVALUATION</td>
<td></td>
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<tr>
<td>DISCHARGE PLANNING</td>
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<tr>
<td>RECREATION SERVICES</td>
<td></td>
</tr>
<tr>
<td>ETHICAL CONDUCT</td>
<td></td>
</tr>
<tr>
<td>MANAGEMENT</td>
<td></td>
</tr>
<tr>
<td>FINAL SCORE PART ONE (Add all average scores and divide by 8)</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

PART TWO: AVERAGE SCORE

<table>
<thead>
<tr>
<th>PERSONAL AND PROFESSIONAL DEVELOPMENT</th>
<th>AVERAGE SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>FINAL AVERAGE SCORE (Average the two scores in Part One and Part Two)</td>
<td>[ ]</td>
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<tr>
<td>FINAL GRADE (See scale below)</td>
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</table>

<table>
<thead>
<tr>
<th>GRADING SCALE</th>
<th>SCORE OF:</th>
<th>GRADE</th>
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<tbody>
<tr>
<td></td>
<td>5.0 - 4.3</td>
<td>4.0</td>
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<td></td>
<td>4.2 - 3.5</td>
<td>3.5 - 3.9</td>
</tr>
<tr>
<td></td>
<td>3.4 - 2.7</td>
<td>3.0 - 3.4</td>
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<tr>
<td></td>
<td>2.6 - 1.9</td>
<td>2.5 - 2.9</td>
</tr>
<tr>
<td></td>
<td>1.8 - 1.0</td>
<td>2.0 - 2.4</td>
</tr>
</tbody>
</table>

______________________________ (student’s name) completed a total of ____ weeks
at an average of ____ hours per week from ____________ (start date) through ____________ (end
date), for a total of _____ hours.

Site Supervisor Signature __________________________ Intern Signature __________________________
STUDENT EVALUATION OF INTERNSHIP SITE
(This form is to be returned to your EWU faculty advisor at the end of the internship.)

AGENCY NAME ________________________ Location ________________________

Instructions: Please rate the strengths and weaknesses of the site in terms of meeting your needs as an intern student. Use the following scale:

5 = Excellent  3 = Good  1 = Poor
4 = Very Good  2 = Fair

1. Acceptance of you as a functional member of the staff; willingness to integrate you into all appropriate levels in activities, programs and projects.
   Comments:

2. Provision of relevant experiences in administration, supervision and leadership.
   Comments:

3. Cooperation of agency staff to provide professional growth experiences through training programs, seminars and similar activities.
   Comments:

4. Provision of assistance in helping you meet your personal and professional goals and objectives.
   Comments:

5. Possession of resources essential to the preparation of professionals (library, equipment, supplies, etc.).
   Comments:

6. Employment of qualified, professional staff with demonstrated capability to provide competent supervision.
   Comments:

7. Adequate scheduling of conferences with you and ongoing evaluation of your performance followed by brief, written progress reports.
   Comments:

8. Allowance for relating classroom theory to practical situations.
   Comments:

9. Willingness to listen to whatever suggestions or recommendations you might offer and willingness to discuss them with you, explaining the rationale for their acceptance or rejection.
   Comments:

Student’s Name ________________________ Date ________________________
STUDENT EVALUATION OF AGENCY INTERNSHIP SUPERVISOR
(This form is to be returned to your EWU faculty advisor at the end of the internship.)

Supervisor’s Name ___________________________ Agency _________________________

Instructions: Please evaluate the quality of the supervision you received during the internship. Please rate on the following items, but include other information you feel pertinent under each category in the comments section. Use the following scale:

5 = Excellent   3 = Good   1 = Poor
4 = Very Good   2 = Fair

____ 1. Interest in you as a person and as a student.
   Comments:

____ 2. Willingness to discuss the full range of your activities at the site.
   Comments:

____ 3. Ability to respond to your problems and to help you work toward solutions.
   Comments:

____ 4. Number of conferences.
   Comments:

____ 5. Quality of conferences.
   Comments:

____ 6. Adequacy of arrangements made to orient you to the site.
   Comments:

____ 7. Sensitivity to your needs in accomplishing your objectives.
   Comments:

____ 8. Expression of encouragement and sincerity.
   Comments:

____ 9. Understanding of philosophy and practices in the profession.
   Comments:

____ 10. Flexibility in arranging your tasks in light of changing situations within the site and with consideration to you.
   Comments:

____ 11. Openness to change, innovation and new techniques.
   Comments:

Student’s Name ___________________________ Date ___________________________
STUDENT EVALUATION OF EWU INTERNSHIP ADVISOR
**This form is to be returned to the PEHR Department Secretary at the end of the internship

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STUDENT EVALUATION OF INSTRUCTOR

Department: Physical Education, Health and Recreation
College: Arts, Letters, and Education

Instructor’s Name ___________________________ Date __________

Student’s Name ___________________________ Date __________

Course Title: Professional Internship in Therapeutic Recreation
Course ID #: RCLS 493 Section 01 Quarter Summer

Justification: The PEHR Department and the College of Arts, Letters, and Education are interested in knowing what students think about the instruction they have received. It is our desire to receive an honest and confidential evaluation of each instructor. The information you provide will be used in making decisions about the instructor’s eligibility for tenure, promotion and merit. It may also improve the quality of instruction provided.

Direction: Please answer the following question by circling the number which you feel best describes the instruction you received.

The instructor’s effectiveness in teaching the subject matter was: (circle one)

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments: Please feel free to comment and use back of this form if additional space is needed.
STUDENT EXIT INTERVIEW
This form is to be returned to the PEHR Department Secretary,
PEB 200, EWU, Cheney, WA 99004 at the end of the internship.

Name of Intern ______________________ EWU Faculty Advisor ______________

Agency _________________________ Agency Supervisor's Name ______________

Please answer the following questions at the end of your internship.

1. Did you feel prepared for this internship experience? Please explain:

2. To what extent was the internship a valuable experience?

3. Describe your overall experience at Eastern Washington University.

4. Describe your overall experience in the RCLS program.

5. Can you recall a particular highlight during your years in the RCLS program?

6. In your opinion, what are the greatest strengths of the RCLS program?

7. How might we improve the degree or curriculum of the RCLS program?
ALUMNI REGISTER
This form is to be returned to
the Alumni Register, 102 Hargreaves, Cheney, WA  99004
at the end of the internship.

Please fill in the following information if applicable. If not, just fill in your permanent mailing address.

**PERMANENT ADDRESS:** (generally a parent—where you can always be reached)

<table>
<thead>
<tr>
<th>Major</th>
<th>Year Graduated</th>
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Name ________________________________________________

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Address: ____________________________________________

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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

Phone: (______) __________________________ Email __________________________

Area code    Number

Parent’s Name (if appropriate)______________________________

**PRESENT ADDRESS:**

Address: ____________________________________________

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<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

Phone: (______) __________________________

Area code    Number
Congratulations! You have completed your internship (or are almost done) and are looking into the requirements to sit for the NCTRC Exam!

A few things to keep in mind…

The NCTRC Exam is only offered three times a year (January, May, and October).

The application deadlines are the same every year…

- October 1st for the January exam
- February 1st for the May exam
- July 1st for the October exam

You will complete the application for new applicants contained here http://nctrc.org/documents/NCTRC_Professional_Eligibility_Application.pdf

You will be applying via the Academic Path

Knowing that you are Academic Path is important because it determines what forms on the application are required for you!

(All of this is clearly stated at the top of every form – please read each form carefully).

If you just completed your internship, or are not done yet, and have not received your diploma in the mail, you will be applying for Academic Path – Degree Pending*. This is also important to know because there are some forms you hold onto and don’t submit until your internship is done. (Again, all of this is clearly stated at the top of every form – please read each form carefully).

If you are applying as Degree Pending it means NCTRC will require your transcript twice

- First time - when you are completing the application to show that you’ve taken all necessary courses and are enrolled in an internship.
- Second time - after your degree has processed to show that you completed the internship and have your degree. (This will most likely be after you’ve taken the exam as well. If this is the case, they will not grant your certification until you prove your degree is been awarded).

*Please note: Applying through this process will require an additional $25.00 fee, making the total application fee $425.00 when submitting the Professional Eligibility Application.

Once you are determined eligible to sit for the exam, you will receive information from Prometric Testing Center containing an access code to schedule your exam. You may then schedule an exam day and time from a two week time frame within the month you selected (January, May, or October).