Recreation & Leisure Studies

**Therapeutic Recreation**

**SITE ACCEPTANCE FORM**

**ALL INFORMATION MUST BE TYPED**

## Student Name:

## Agency Name:

## Having carefully examined the records, we believe that the student identified above is prepared and qualified to begin an internship/fieldwork. This document is to verify that your site hereby accepts this student as an intern as summarized in the Therapeutic Recreation Internship Manual.

|  |  |
| --- | --- |
| **Start Date:** | **End Date:** |

## Time Allotments

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | X |  | = |  |
| TOTAL # WEEKS | # HOURS per WEEK *+* | TOTAL HOURS *++* |

*+ Commuting hours to and from the site can not be included in the overall tally of hours per week.*

++Student must complete a minimum of 14 weeks and a minimum of 560 for 9 credits.

+++1-3 additional credits can be added. 60 hours of work must be completed for each additional credit.

*Site Supervisors:* Briefly describe benefits, if any, the site will provide the intern.

|  |
| --- |
| Salary/Wage/Stipend:      Expenses (Reimbursement):      Transportation:      Food/Board:      Housing:      Insurance:      Office Space:      Uniform:      Other:       |

*Site Supervisors:* Please provide the following information about the intern’s immediate supervisor.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name:      Title:      E-mail Address:      Work Address:      Telephone Number:       FAX Number:      What are the supervisor’s primary responsibilities and work duties?      ***For each question below, check either ‘Yes’*** *or* ***‘No’ and provide additional information requested.***

|  |  |  |
| --- | --- | --- |
| [ ]  YES  | [ ]  NO | Has the supervisor supervised TR students in the past? *If yes, for how long?* |
| [ ]  YES  | [ ]  NO | Does the supervisor maintain certification from the National Council for Therapeutic Recreation Certification?*If yes, please provide the certification number below and attach a copy of the CTRS Certificate.*Certification Number:  |
| [ ]  YES  | [ ]  NO | Does the agency provide direct supervision and mentoring on an ongoing basis for the interns?*Please explain:* |
| [ ]  YES  | [ ]  NO | Does the agency meet all NCTRC requirements for internships?*Please explain:* |

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*Site Supervisors:* Please provide a description of how this internship will enable the student to develop the following job competencies *(you may use a separate sheet or attach your agency’s internship guidelines).*

|  |
| --- |
| Agency and Therapeutic Recreation (TR) Service Plan:Assessment for TR Intervention:Individualized Intervention Planning:Implementation of TR Services:Evaluation of Program:Documentation of Client Progress:Treatment Service Team Involvement:Outreach, Advocacy, Public Relations, and Professional Development: |

# *SIGNATURES:*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***AGENCY INTERNSHIP SUPERVISOR*** |  | ***DATE*** |
|  |  |  |
| ***IC THERAPEUTIC RECREATION INTERNSHIP COORDINATOR*** |  | ***DATE*** |

Thank you in advance for your prompt attention and return of this document.

Please Email to:
Jessie Kanowitz-Tonjes, CTRS, BCBA, LBA

Instructor

Department of Recreation and Leisure Studies

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