THERAPEUTIC RECREATION INTERNSHIP

MIDTERM EVALUATION FORM

# **DEPARTMENT OF RECREATION AND LEISURE STUDIES**

**SCHOOL OF HEALTH SCIENCES AND HUMAN PERFORMANCE**

**ITHACA COLLEGE**

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| Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of Hours Completed to Date: \_\_\_\_\_\_\_\_\_\_\_ | Date of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## INSTRUCTIONS FOR INTERNSHIP SUPERVISORS

1. Place a check **(√)** in the appropriate box using the range of descriptors provided.
2. At the end of each section, support your evaluative check marks with written discussion in the section entitled “Evidence.”
3. Provide an overall grade of **“A”** through **“F”** at the end of form. Use pluses **(+)** or minuses **(-)** where appropriate.
4. Discuss your evaluation with the intern, and ask them to sign the document as verification that a discussion has taken place.
5. Please give the intern to provide comments in the section provided.
6. Send the evaluation form to the Ithaca College internship supervisor using the address provided on the last page.

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| I. QUALITY OF WORK | |  |  |  |  |
| **Description** | **Distinguished** | **Commendable** | **Satisfactory** | **Marginal** | **Not Applicable** |
|  | *Performance consistently exceeds requirements in all aspects. Little room for improvement.* | *Performance exceeds requirements in most, but not all aspects.* | *Performance meets requirements in most aspects.* | *Performance is less than satisfactory in some aspects. Improvement needed.* | *Category does not apply to this fieldwork situation.* |
| Accuracy of completed work |  |  |  |  |  |
| Thoroughness and attention to detail |  |  |  |  |  |
| Neatness and presentation of work |  |  |  |  |  |

##### Evidence of Quality of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **II. PRODUCTIVITY** | |  |  |  |  |
| **Description** | **Distinguished** | **Commendable** | **Satisfactory** | **Marginal** | **Not Applicable** |
|  | *Performance consistently exceeds requirements in all aspects. Little room for improvement.* | *Performance exceeds requirements in most, but not all aspects.* | *Performance meets requirements in most aspects.* | *Performance is less than satisfactory in some aspects. Improvement needed.* | *Category does not apply to this fieldwork situation.* |
| Achievement of intern objectives |  |  |  |  |  |
| Effective use of time |  |  |  |  |  |
| Quantity of work |  |  |  |  |  |
| Prompt completion of projects |  |  |  |  |  |
| Useful or effective application of knowledge and skills |  |  |  |  |  |

##### Evidence of Productivity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**III. WORK HABITS, TALENTS & SKILLS**

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| **Description** | **Distinguished** | **Commendable** | **Satisfactory** | **Marginal** | **Not Applicable** |
|  | *Performance consistently exceeds requirements in all aspects. Little room for improvement.* | *Performance exceeds requirements in most, but not all aspects.* | *Performance meets requirements in most aspects.* | *Performance is less than satisfactory in some aspects. Improvement needed.* | *Category does not apply to this fieldwork situation.* |
| Appropriate attire |  |  |  |  |  |
| Adherence to policies and procedures |  |  |  |  |  |
| Attendance and punctuality |  |  |  |  |  |
| Ability to communicate effectively |  |  |  |  |  |
| Ability to think independently |  |  |  |  |  |
| Displays mature judgement and decision making/ problem solving |  |  |  |  |  |
| Displays initiative |  |  |  |  |  |
| Displays creativity |  |  |  |  |  |

##### Evidence of Work Habits, Talents and Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **IV. INTERPERSONAL WORK RELATIONSHIPS** | | | |  |  |
| **Description** | **Distinguished** | **Commendable** | **Satisfactory** | **Marginal** | **Not Applicable** |
|  | *Performance consistently exceeds requirements in all aspects. Little room for improvement.* | *Performance exceeds requirements in most, but not all aspects.* | *Performance meets requirements in most aspects.* | *Performance is less than satisfactory in some aspects. Improvement needed.* | *Category does not apply to this fieldwork situation.* |
| Demonstrates positive relationships with agency personnel |  |  |  |  |  |
| Relates effectively with agency clientele in a friendly and courteous manner |  |  |  |  |  |
| Accepts suggestions, directions and constructive criticism |  |  |  |  |  |
| Cooperative – team player |  |  |  |  |  |
| Leadership Skills – ability to lead clients/  participants |  |  |  |  |  |
|  | | | |  |  |

##### Evidence of Interpersonal Work Relationships: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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###### PROFESSIONAL COMPETENCIES IN THERAPEUTIC RECREATION

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| **Description** | **Distinguished** | **Commendable** | **Satisfactory** | **Marginal** | **Not Applicable** |
| The categories below are defined on the following page. | *Performance consistently exceeds requirements in all aspects. Little room for improvement.* | *Performance exceeds requirements in most, but not all aspects.* | *Performance meets requirements in most aspects.* | *Performance is less than satisfactory in some aspects. Improvement needed.* | *Category does not apply to this fieldwork situation.* |
| Professional roles/  responsibilities |  |  |  |  |  |
| Assessment |  |  |  |  |  |
| Planning interventions/ programs |  |  |  |  |  |
| Implementing interventions/ programs |  |  |  |  |  |
| Evaluation of outcomes |  |  |  |  |  |
| Documentation intervention services |  |  |  |  |  |
| Working with treatment/  service teams |  |  |  |  |  |
| Organizing programs |  |  |  |  |  |
| Managing TR/RT services |  |  |  |  |  |
| Public aware-  Ness/advocacy |  |  |  |  |  |

##### Evidence of Professional Competencies in Therapeutic Recreation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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###### Note: This professional competency evaluation has been adapted from the NCTRC Job Analysis for the Certified Therapeutic Recreation Specialist.

**NCTRC Job Tasks for the Certified Therapeutic Recreation Specialist**

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| **Professional Roles and Responsibilities**  1. Establish and maintain therapeutic relationship  2. Create and maintain a safe/therapeutic environment  3. Maintain CTRS credential  4. Participate in staff development  5. Maintain knowledge of current TR/RT trends, techniques, methods, issues, and professional and legal standards  6. Enhance professional competence through additional credentials and/or contribution to TR/RT field  7. Adhere to professional standards of practice and code of ethics  8. Participate in quality improvement process  9. Participate in agency/professional committees  **Assessment**  10. Request and secure referrals  11. Obtain and review pertinent information about person served  12. Select and/or develop assessment methods based on needs of the person served and setting  13. Conduct assessments using selected methods to determine physical, social, affective, cognitive, leisure, and/or lifestyle functioning  14. Analyze and interpret results from assessments  15. Integrate, record, and disseminate results gathered to appropriate individuals  **Planning Interventions and/or Programs**  16. Discuss results of assessment and involve the person served or appropriate others  17. Develop/document individualized intervention plan with goals, objectives, evaluation criteria, and discharge/transition plan  18. Develop and/or select interventions and approaches to achieve individual and/or group goals  19. Develop and/or select protocols for individual or group session  20. Utilize activity and/or task analysis  21. Select adaptations, modifications, assistive technology  **Implementing Interventions/Programs**  22. Explain the purpose and outcomes of the intervention  23. Implement individual and/or group sessions, protocols, and/or programs  24. Use leadership and facilitation techniques to maximize therapeutic benefit  25. Monitor and address safety concerns throughout the intervention/program  26. Observe person served for response to intervention/program and note important data  27. Monitor effectiveness of individual and/or group intervention/program plans and make modifications as needed | **Evaluate Outcomes of the Interventions/Programs**  28. Evaluate changes in functioning of the person served  29. Determine effectiveness of intervention plan  30. Revise individualized intervention plan as necessary with input from the person served and others  31. Evaluate individual's need for additional, alternative or termination of services  32. Determine effectiveness of protocols, modalities, and/or programs for targeted groups  **Documenting Intervention Services**  33. Record behavioral observations, progress, functioning, and intervention outcomes of the person  34. Document unusual occurrences, accidents and incidents relating to risk management  35. Document protocols/modalities/program effectiveness  **Working with Treatment and/or Service Teams**  36. Provide information to team members concerning the range of available TR/RT services  37. Communicate information regarding person served to team members in a timely and appropriate manner  38. Coordinate intervention plan with team members  39. Develop and provide collaborative services  **Organizing Programs**  40. Maintain equipment and supply inventory  41. Plan and coordinate support services  42. Maintain program budget and expense records  43. Develop and distribute schedules  **Managing TR/RT Services**  44. Comply with standards and regulations  45. Conduct an initial/on-going organizational needs assessment for TR/RT service delivery  46. Prepare and update TR/RT written plan of operation  47. Confirm that programs are consistent with agency mission and TR/RT Service philosophy and goals  48. Recruit, train, educate, supervise, and evaluate professionals, paraprofessionals and/or volunteers  49. Provide staff development and mentorship  50. Develop, implement, maintain TR/RT internship program according to legal/professional guidelines  51. Prepare, implement, evaluate, and monitor budget  52. Support research programs or projects  53. Prepare and report quality improvement data  54. Write summary reports of TR/RT Services  **Public Awareness and Advocacy**  55. Establish network of organizations/advocates  56. Advocate for rights for persons served  57. Provide education to the community  58. Promote the agency, TR/RT services and profession |

###### Student’s Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Supervisor’s Comments**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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OVERALL MIDTERM GRADE \_\_\_\_\_\_\_\_

INTERNSHIP PLACEMENT INFORMATION

**Agency Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Supervisor’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Certification Number**\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Supervisor’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency’s Address & Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semester/Year:** **Fall** \_\_\_\_\_\_\_ **Spring** \_\_\_\_\_\_\_ **Summer** \_\_\_\_\_\_

**PLEASE RETURN THIS EVALUATION FORM TO:**

*(Name of) Faculty Internship Supervisor*

*Department of Recreation and Leisure Studies*

*Hill Center 40, Ithaca College*

*953 Danby Rd., Ithaca, NY 14850*

*FAX: (607) 274-1943*

*NOTE: This form may also be e-mailed to the student’s faculty internship supervisor.*