

Department of Health and Human Services

Student Handbook

for

45-451 Field Experience in

Therapeutic Recreation

Contacts

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THERAPEUTIC RECREATION FIELD EXPERIENCE AGREEMENT

(FAX TO: 660-562-1483)

Field Experience agreement for:

(Student Name)

Field Experience is designed to provide the student with practical, on-the-job work experience that will assist the student in further identifying a career path. All applicants for Field Experience must meet the following academic requirements: completion of 60 credit hours to include 240 Foundations of Recreation, 245 Leisure Services and Special Populations, 340 Recreation Programs, 443 Techniques of Recreation Leadership, 243 Intro to Therapeutic Recreation, and 345 TR Program Design.

Once signed, this agreement indicates approval by Northwest Missouri State University for the above student to complete field experience requirements with your agency. Field Experience involves a minimum 200 work hours over a 10 week period in a leisure services job setting. Students will receive 3 hours of academic credit for their field experience and work under the joint supervision of the site supervisor and an assigned University faculty. The University encourages financial compensation, but the agency is not obligated to pay students. If the agency provides compensation to students, the actual amount and form will be agreed upon prior to the start of the field experience. The University provides personal liability coverage for all field experience students.

\_\_\_\_ Compensation will be provided to the field experience student. Please provide a written explanation

of the compensation agreement.

\_\_\_\_ Compensation will not be provided to field experience students.

This agreement is effective from \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* (Dates must be provided above to make this agreement complete.)

This agreement may be terminated after the first 30 days by the agency or the university upon written notice of the other party. Authorized representatives of the agency or the University must approve termination of this agreement.

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Student Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

University Coordinator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_

Agency Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Agency Supervisor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Phone: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Agency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip Code)

**THIS FORM MUST BE ON FILE WITH THE UNIVERSITY PRIOR TO THE END OF THE SCHOOL TERM PRECEDING FIELD EXPERIENCE.**

COURSE REQUIREMENTS

45-451 Field Experience in Therapeutic Recreation

**1.) Field Experience Agreement and 2.) Due Date Form**

A field experience agreement form (p. 2) must be completed and handed in by the student two weeks prior to the trimester of the experience. Students cannot work without a field experience agreement, and any hours completed before this form is on file will not be counted toward the field experience. Once the field experience agreement is completed and turned in to the University Field Experience Coordinator, students should complete the due date form (p. 4) and return it prior to the first day of work.

**3.) Objectives Worksheet**

The Student will complete the objectives worksheet with the guidance of their site supervisor. At least five objectives should be stated and submitted to both the university and agency supervisor by the second Wednesday of the fieldwork experience.

**4). Additional Site Visitations (2)**

The student will arrange for and complete two site visitations at therapeutic recreation facilities/ providers other than the site of the primary field experience. For each visit, the student is to complete the site visitation worksheet. These site visits should be diverse in nature and must be approved by the university supervisor as acceptable.

**5.) Bi-Weekly Reports and Work Hours Log**

The student will complete four bi-weekly reports and submit them to the university supervisor on or before designated due dates. The agency supervisor’s signature must appear on each bi-weekly report. Students should turn in the completed work hour’s log with **each** bi-weekly report. A final work hours log should be turned in at the completion of the field experience. All logs must be signed by the agency supervisor.

**6.) Weekly Journal**

Students will submit a weekly journal of experiences and observations from the field experience. You are encouraged to make daily entries, not just at the end of the week. These journals should be emailed or drop-boxed at the end of each work week. **The daily journal entries will not be shared with the sponsoring supervisor; therefore, his or her signature is not required.**

**7 – 10. Evaluation Forms.**

he first evaluation is the student progress report (7), which is to be completed half way through the field experience by the site supervisor. Other evaluations to be completed include (8) the objective evaluation (student completes), (9) the student evaluation (supervisor completes), and (10) the field work evaluation and recommendation (student completes). **See page 4 for details concerning the due dates for all of these evaluations and other required assignments.**

Point Values and Due Dates for 45-451

Assignment

1. Field Experience Agreement 5 points Two weeks prior to the end

of the previous term

2. Due Date Work Sheet 5 points Before fieldwork begins

3. Objectives Worksheet 10 points 2nd Wed. of fieldwork

4. Two Site Visits-15 points each 30 points Due by 5th and 10th Monday

5. 4 Bi-Weekly Reports 80 points Due Mondays the 3rd,

(20 points each) 5th, 7th, and 9th week.

6. Weekly Journal Assignments 50 points Due the following Monday.

(5 points per week)

7. Progress Report 25 points 5th Thursday of fieldwork

8. Objectives Evaluation 20 points Friday before final exams

9. Agency Final Evaluation 100 points Friday before final exams

of Student Work

10. Student Recommendation 25 points Friday before final exams

of Field Work Agency

**Total 350 points**

451 DUE DATES WORKSHEET

(give a completed copy to university supervisor after calculating dates)

DUE DATE

OBJECTIVES WORKSHEET

BI-WEEKLY REPORTS/HOURS LOG SHEETS

1

2

3

4

PROGRESS REPORT

FINAL MEETING

OBJECTIVES EVALUATION

STUDENT EVALUATION

FIELDWORK EVALUATION

STUDENT RECOMMENDATION

MEASURABLE OBJECTIVES WORKSHEET

Every fieldwork student will prepare at least five measurable objectives, identifying what they hope to learn and accomplish during the field experience. They should be written with the guidance of the agency supervisor and submitted to the University supervisor.

Students are able to have a meaningful role in determining their own learning by establishing measurable objectives. Agency supervisors can suggest projects or tasks that are of value and achievable during the time of the fieldwork. Such mutuality will minimize the assignment of tasks that have little or no challenge and maximize meaningful learning experiences.

# **GUIDELINES FOR WRITING OBJECTIVES**

A well formulated, measurable objective will meet the following criteria:

1. It includes a behavior, condition under which it is to be achieved, a criterion for determining success, and a time orientation. SMART Goal formatting is also allowed.
2. It specifies a single key result to be accomplished.
3. It is readily understandable by those who will be contributing to its attainment.
4. It is realistic and attainable, but still represents a significant change.
5. It is consistent with available or anticipated resources.
6. It is consistent with agency and organizational policies and practices.
7. It is recorded in writing, with a copy kept and periodically referred to by both supervisor and student.

SITE VISITS

On two different occasions, the student is to visit another therapeutic recreation facility. Following the visit, the student is to write a report of the site visit. The report should include:

1. Name and location of the facility program.
2. Population served – demographics as well as the nature of their therapeutic need.
3. A description of agency resources – staff, facilities, equipment.
4. A description of the type of programs provide at the facility.
5. A description of how the program is funded.
6. An overall summary of your visit with respect to types of programs, interactions with clients, and any other significant observations.

WARNING: - These site visits should be at different location than your current field experience. If two different programs are located on the same campus, you must have the approval of your University supervisor to use both as separate visits. It is recommended that you seek out visits that are different in nature than your current placement.

Use these visits to explore potential internship or employment sites, and as a tool for expanding your understanding of your profession.

Be sure that you complete these site visits prior to the due dates described on the due date worksheet.

**WORK HOURS LOG**

Weekly Work Hours Log:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week / Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Week** | **Mon.** | **Tues.** | **Wed.** | **Thur.** | **Fri.** | **Sat.** | **Sun.** | **Total** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |

**Total \_\_\_\_\_**

I acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed the hours indicated.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sponsor’s Signature)

Weekly Work Hours Log:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week / Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Week** | **Mon.** | **Tues.** | **Wed.** | **Thur.** | **Fri.** | **Sat.** | **Sun.** | **Total** |
| **6** |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |

Total **\_\_\_\_\_**

I acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed the hours indicated.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sponsor’s Signature)

**WORK HOURS LOG**

Weekly Work Hours Log:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week / Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Week** | **Mon.** | **Tues.** | **Wed.** | **Thur.** | **Fri.** | **Sat.** | **Sun.** | **Total** |
| **11** |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |

**Total \_\_\_\_\_**

I acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed the hours indicated.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sponsor’s Signature)

NORTHWEST MISSOURI STATE UNIVERSITY

**COVER SHEET: BI-WEEKLY REPORT #1 – 20 POINTS**

(Due at the end of the second week along with the time log)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS:**

Describe in paragraph form the therapeutic recreation setting in which you are working. Be sure to address each of the following.

1. Agency mission/ purpose
2. Nature of population served and facility capacity/census.
3. Major referral agencies (where clients come from).
4. Funding Sources.
5. Available Facilities and Resources (buildings, equipment, spaces).
6. Staffing – including an organizational structure.
7. What type of orientation were you given by your agency (length of the orientation, who conducted your orientation and subject areas discussed, was a background check required, were you given any special training)?

And finally,

G. Describe any philosophical or theoretical orientation associated with the treatment program. For example:

* Does the agency promote an inclusion approach?
* Is challenge by choice an inherent part of program participation?
* Does the agency promote client centered care?
* Does the agency follow the Eden Alternative philosophy?
* Does the agency follow social learning theory or a behaviorist approach to

changing behavior?

* Does the agency utilize cognitive behavioral strategies in their programs?

To answer this question, you need to visit with the TR staff, as well as professionals who may be providing other services (E. G., substance abuse counselor).

***Thorough Responses ARE EXPECTED*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If your response is shorter than these*** (Student Signature)

***instructions, that’s a bad sign****.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Supervisor’s Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

NORTHWEST MISSOURI STATE UNIVERSITY

**COVER SHEET: BI-WEEKLY REPORT #2 – 20 POINTS**

(Due at the end of the 4th week – 20 POINTS)

Address the following assessment and documentation questions in paragraph form.

1. Describe the TR assessment procedures currently in place at the agency.
   * What specific assessment instruments/techniques are being used?
   * What domains or areas of functioning do these focus on?
   * When and by whom are these assessments administered?
   * Are these instruments part of the evaluation process?
   * How is the TR assessment integrated into the client’s overall treatment plan?
2. Explain all documentation/charting procedures currently being used at the facility.
   * What format is currently being used for progress notes?
   * Explain how these procedures apply to both groups and individuals?
   * How often are charting activities carried out?
   * Are progress notes for TR integrated with other dimensions of treatment, or are they kept separate?
   * How is quality of documentation maintained? Explain any internal or external audits that may be carried out?
3. Describe any strategies or procedures related to program evaluation.
   * How is client progress monitored?
   * How is quality of groups/programming ensured?
4. What steps are taken to arrange for the client’s care after services are completed/terminated?
   * Describe the elements of the discharge summary.
   * Describe any out-patient programs or after-care programs that are available.
   * Describe any other community integration elements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student Signature) (Supervisor’s Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

NORTHWEST MISSOURI STATE UNIVERSITY

**COVER SHEET: BI-WEEKLY REPORT #3 – 20 POINTS**

(Due at the end of the 6th week – 20 POINTS)

**Program Elements**

Answer in paragraph form the following questions regarding the programmatic elements available to clients:

A. Describe each regularly scheduled specific program that is available to clients in your facility. **For each**, include: (weekly groups, for example).

1. The program title.

2. The program purpose and any targeted goals.

3. Description of clients who typically take part in the program.

4. An overall description of program content, format, and duration.

B. Describe 3 special events (one-time only or infrequently held events) that have or will take place during your field experience (if none, ask about others that have occurred in the past).

1. The program title.

2. The program purpose and any targeted goals.

3. Description of clients who typically take part in the program.

4. An overall description of program content, format, and duration.

C. Make a recommendation for a new program that would add to the existing programs at the agency. Again, describe the following elements:

1. What would your program title be?

2. What would program purpose and targeted goals be?

3. Describe the clients who would typically take part in the program.

4. Give an overall description of program content, format, and duration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student’s Signature) (Supervisor’s Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

NORTHWEST MISSOURI STATE UNIVERSITY

**COVER SHEET: BI-WEEKLY REPORT #4 – 20 POINTS**

(Due at the end of the 8th week – 20 POINTS)

CASE SUMMARY

Complete a case summary of a client with whom you have had extensive contact in the TR environment. Students should use an alias when referring to the client and take extra care to avoid violating confidentiality in any way. The summary should include, but is not limited to, the following areas.

1. Describe the client’s presenting issues.
   * psychological, physical, cognitive, social
2. Describe any background information/history relevant to the client’s issues.
3. Describe the TR assessment procedures and results associated with the client.
4. Describe both general and TR goals/objectives that were developed based on intake assessment (TR and otherwise).
5. Describe the general treatment approach to achieving these objectives.
   * What is the theoretical/medical foundation of the client’s treatment?
   * What groups or programs did the client participate in?
   * Be sure you address the specific TR objectives.
6. Describe your relationship with the client, reflect on your experiences when working in the therapy environment, and identify your strengths and weaknesses related to working with this client.
7. Describe how the client progressed/regressed over time (have objectives been achieved).
8. Describe the client’s current status and report any updates in the client’s treatment plan/discharge summary.
9. Include any unique information or circumstances associated with the client’s treatment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student’s Signature) (Supervisor’s Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

PROGRESS REPORT

Instructions: To be completed by the agency supervisor, reviewed with the student, and returned to the university supervisor the midway point of the fieldwork experience.

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENTS NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Above Below

Outstanding Average Average Average Poor

Professional appearance: 5 4 3 2 1

Comments:

Dependability 5 4 3 2 1

Comments:

Initiative 5 4 3 2 1

Comments:

Ability to communicate 5 4 3 2 1

Comments:

Sensitivity to client needs 5 4 3 2 1

Comments:

Ability to accept criticism 5 4 3 2 1

Comments:

Programming skills 5 4 3 2 1

Comments:

Above Below

Outstanding Average Average Average Poor

Leadership 5 4 3 2 1

Comments:

Commitment to learning 5 4 3 2 1

Comments:

Relationships 5 4 3 2 1

Comments:

Please comment on any specific skills, responsibilities, or issues that might provide additional insight into the performance, strengths, and needs of the intern.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Agency Supervisor’s Signature) (Date)

Did you (sponsor) review this report with the intern? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

OBJECTIVES EVALUATION

STUDENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S.S. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students should evaluate the degree to which each objective was accomplished during the fieldwork and discuss these accomplishments with the Agency Supervisor.

Objective #1 – State the objective:

(Indicate percentage achieved)

\_\_\_\_\_ 91-100% accomplished \_\_\_\_\_\_\_ 61-70% accomplished

\_\_\_\_\_ 81-90% accomplished \_\_\_\_\_\_\_ 51-60% accomplished

\_\_\_\_\_ 71-80% accomplished \_\_\_\_\_\_\_ 50% or less accomplished

State how this objective was accomplished or partially accomplished.

Objective #2 – State the objective:

(Indicate the percentage achieved)

\_\_\_\_\_ 91-100% accomplished \_\_\_\_\_\_\_ 61-70% accomplished

\_\_\_\_\_ 81-90% accomplished \_\_\_\_\_\_\_ 51-60% accomplished

\_\_\_\_\_ 71-80% accomplished \_\_\_\_\_\_\_ 50% or less accomplished

State how this objective was accomplished or partially accomplished.

Objective #3 – State the objective:

\_\_\_\_\_ 91-100% accomplished \_\_\_\_\_\_\_ 61-70% accomplished

\_\_\_\_\_ 81-90% accomplished \_\_\_\_\_\_\_ 51-60% accomplished

\_\_\_\_\_ 71-80% accomplished \_\_\_\_\_\_\_50% or less accomplished

State how this objective was accomplished or partially accomplished.

Objective #4 – State the objective:

(Indicate percentage achieved)

\_\_\_\_\_ 91-100% accomplished \_\_\_\_\_\_\_ 61-70% accomplished

\_\_\_\_\_ 81-90% accomplished \_\_\_\_\_\_\_ 51-60% accomplished

\_\_\_\_\_ 71-80% accomplished \_\_\_\_\_\_\_ 50% or less accomplished

State how this objective was accomplished or partially accomplished.

Objective # 5 – State the objective:

(Indicate percentage achieved)

\_\_\_\_\_ 91-100% accomplished \_\_\_\_\_\_\_ 61-70% accomplished

\_\_\_\_\_ 81-90% accomplished \_\_\_\_\_\_\_ 51-60% accomplished

\_\_\_\_\_ 71-80% accomplished \_\_\_\_\_\_\_ 50% or less accomplished

State how this objective was accomplished or partially accomplished.

EXPAND THIS FORM TO COVER ALL OF THE WRITTEN OBJECTIVES

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPLORATORY FIELDWORK EXPERIENCE

STUDENT EVALUATION BY SPONSOR

To be completed by the Sponsoring Supervisor, reviewed with the student, and returned to the University Supervisor within two days of the completion of the 45-451 Exploratory Fieldwork Experience, but no later than the last day before final examinations begin.

STUDENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rating Period From\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_ Date of Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sponsor’s Signature)

Please take this opportunity to critique the student’s performance in each of the following categories:

Above Below Not

Outstanding Average Average Average Poor Applicable

Leadership Traits 5 4 3 2 1 N/A

Human Relations Skills 5 4 3 2 1 N/A

(Staff & public)

Professional Attitude 5 4 3 2 1 N/A

Judgment & Problem 5 4 3 2 1 N/A

Solving

Professional Knowledge, 5 4 3 2 1 N/A

Skills & Competencies

Utilization of Resources 5 4 3 2 1 N/A

Report Writing and 5 4 3 2 1 N/A

Documentation skills

Oral Communication 5 4 3 2 1 N/A

Skills

Program and/or Services 5 4 3 2 1 N/A

Development Skills

Appropriate Initiative 5 4 3 2 1 N/A

Above Below Not

Outstanding Average Average Average Poor Applicable

Assessment skills 5 4 3 2 1 N/A

Professional Appearance 5 4 3 2 1 N/A

Stability (emotional) 5 4 3 2 1 N/A

Sensitivity to client needs 5 4 3 2 1 N/A

Assessment skills 5 4 3 2 1 N/A

Adapts activities 5 4 3 2 1 N/A

to meet client needs.

Processing/debriefing 5 4 3 2 1 N/A

skills

Ability to accept 5 4 3 2 1 N/A

criticism

Creativity 5 4 3 2 1 N/A

Ability to work 5 4 3 2 1 N/A

Independently

Ability to respond 5 4 3 2 1 N/A

appropriately to client needs

Ability to identify and 5 4 3 2 1 N/A

clarify facts

Ability to establish 5 4 3 2 1 N/A

appropriate client goals

Ability to maintain long 5 4 3 2 1 N/A

range/term goals

Uses goals to guide 5 4 3 2 1 N/A

Program planning

Ability to avoid imposing 5 4 3 2 1 N/A

one’s problems, feelings,

and opinions on others

(patient/client/customer)

# COMMENTS

Please explain any rating on the above evaluation that is 2 or less. Feel free to provide additional information pertaining to the student’s performance or the overall field experience.

Please include any major strengths or weaknesses you may have identified throughout the student’s placement.

Students Ability: Please check the appropriate response which will reflect the student’s performance while under your supervision.

\_\_\_\_\_ Truly Exceptional Comparable to the best intern student I have

had or expect to have.

\_\_\_\_\_ Outstanding Performs in the upper 10% of interns

\_\_\_\_\_ Good Performs in upper 20%

\_\_\_\_\_ Above Average Performs in upper 30%

\_\_\_\_\_ Average Upper 50 to 30% of all students

\_\_\_\_\_ Below Average Lower 50% of all students

\_\_\_\_\_ Not recommended for hire

Recommended Field Experience Grade :A B C D F FIELDWORK EVALUATION OF SITE AND SPONSOR

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name and Sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

More Than Not

Excellent Adequate Adequate Marginal Poor Applicable

5 4 3 2 1 N/A

\_\_\_\_\_ 1. Acceptance of you as a functional member of the staff; willingness to integrate

you into all appropriate levels of activities, programs, and projects.

\_\_\_\_\_ 2. Provision of relevant experiences in administration, supervision, and

leadership.

\_\_\_\_\_ 3. Cooperation of agency staff to provide professional growth experiences

through training programs, seminars, and similar activities.

\_\_\_\_\_ 4. Provision of assistance in helping you meet your personal and professional

goals and objectives.

\_\_\_\_\_ 5. Possession of resources essential to the preparation of professionals (library,

equipment supplies, etc.).

\_\_\_\_\_ 6. Employment of qualified, professional staff with demonstrated capability to

provide competent supervision.

\_\_\_\_\_ 7. Adequate scheduling of conferences with you and ongoing evaluation of your

performance, followed up by brief written progress reports.

\_\_\_\_\_ 8. Allowance for relating classroom theory to practical situations.

\_\_\_\_\_ 9. Willingness to listen to whatever suggestions or recommendations are made.

\_\_\_\_\_ 10. The sponsor had an interest in you as a person and as a student.

\_\_\_\_\_ 11. The sponsor was willing to discuss the full range of your activities at the site.

\_\_\_\_\_ 12. The sponsor was able to respond to your problems and to help you work

toward solutions.

\_\_\_\_\_ 13. Adequacy of arrangements made to orient you to the site.

\_\_\_\_\_ 14. Sensitivity to your needs in accomplishing your objectives.

\_\_\_\_\_ 15. The sponsor expressed encouragement and sincerity.

\_\_\_\_\_ 16. Flexibility in arranging your tasks in light of changing situations within the

site and within you.

\_\_\_\_\_ 17. The sponsor was open to change, innovation and new techniques.

18. Was this experience what you expected? Explain.

19. How could the fieldwork experience have been more meaningful?

20. What suggestions or recommendations can you offer for improvement of this

experience?

Sponsor:

University:

**STUDENT RECOMMENDATION**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information is for the benefit of future students who may desire field work at the agency you were with during 45-451.

YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENCY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPONSOR NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JOB TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPONSOR A/C & PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR JOB TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you recommend this agency to another student? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

Explain what your job involved:

Please comment about any positive and/or negative experiences you had with the agency or agency supervisor.