Compiled Culminating Experience Materials

Graduate Internship (SPH R697)
Assignment 1 - Orientation Report

A. General Student Information

a. Name: Jordan Haverly

b. Local address: 3935 North Timber Wolf Lane 5A Park City, UT 84098

c. Telephone number: 317-410-9575

d. Work schedule: See attached document

e. Agency address:

   National Ability Center

   1000 Ability Way

   Park City, UT 84060

f. Phone number: 435-649-3991 (main)

B. Job Analysis

a. Name and general description of the agency:

   The National Ability Center is a non-profit, tax exempt organization founded in 1985 whose mission is to “empower individuals of all abilities by building self-esteem, confidence, and lifetime skills through sport, recreation and educational programs.” National Ability Center provides programming to more than 3,000 individuals with disabilities and their family members through 20,000 unique adaptive recreation lessons each year. These programs are offered year-round and include Alpine Skiing, Nordic Skiing, Snowboarding, Aquatics, Archery, Biathlon, Challenge Course, Cycling, Equestrian Programs (Adaptive Horseback riding, Hippotherapy, and Equine Facilitated Learning), Climbing Wall, Sledge Hockey, Water Sports, Camps, and customized programs for groups and families.
National Ability Center programs can accommodate a wide range of interests and skill levels ranging from beginners to Paralympic athletes.

b. Name and contact information for your immediate supervisor

Kristen Caldwell
National Ability Center
1000 Ability Way Park City, UT 84060
kristenc@DiscoverNAC.org

c. Statement of duties and responsibilities of field work assignment including:

i. Time schedule:

   INTERNSHIP EXPERIENCE: A minimum of fourteen weeks is required in which the intern works forty hours a week averaging five days a week. Weekends are often included in scheduling. Vacation periods during internships are not permitted, unless approved by the Intern Supervisor. The intern is expected to complete the internship according to predetermined starting and ending dates. Emergencies are given special consideration.

   PRACTICUM EXPERIENCE: A shorter and/or part-time internship can be arranged, depending on program and special needs. Dates and times will be discussed with the internship coordinator. Weekends are often included in scheduling. Vacation periods during the practicum are not permitted. Emergencies are given special consideration.
This timeline is tentative depending upon the season and current program needs. It is a guide for the intern to use while planning individual goals.

WEEK 1: Welcome and orientation. General training clinics begin in all program areas. Meet individually with supervisor to discuss internship goals and schedule.


WEEK 3-6: Program assignments are finalized. Shadow lessons and assist in program implementation. Continue program specific training clinics as needed. Begin weekly clinics on the application of the TR process in our programs. Begin prep course for NCTRC exam.

WEEK 7: Mid-term evaluations.

WEEK 8-13: Transition into more program leadership roles, if appropriate. Continue weekly intern meetings and NCTRC prep course. Prepare projects and presentations.

WEEK 14: Final projects and presentations due. Final evaluations. Facility and equipment maintenance.

ii. Activities: Alpine Skiing, Nordic Skiing, Snowboarding, Aquatics, Archery, Biathlon, Challenge Course, Cycling, Equestrian Programs (Adaptive Horseback riding, Hippotherapy, and Equine Facilitated Learning), Climbing Wall, Sledge Hockey, Water Sports, Camps, and customized programs for groups and families
iii. Personal goals:

1. Gain hands on training and experience in several adaptive recreation activities, including the use and care of adaptive equipment. To measure this goal, lead staff will observe me properly set-up, use, and put away adaptive equipment once in each program.

2. Gain professional opportunities to observe and participate in all aspects of therapeutic recreation programming, including but not limited to: assessment, planning, implementation, evaluation, documentation, and therapeutic relationships. This can be accomplished through a case study.

3. Gain professional opportunities to observe and participate in all aspects of therapeutic recreation program administration, including but not limited to: program development (Steve/Ellen), marketing (Whitney), fundraising (Denise), and statistics tracking (Shalese).

4. Serve in a leadership role, as an activity/program leader or project/committee head. This can be accomplished by running one program shadowed by a lead staff.

5. Be prepared for the National Council for Therapeutic Recreation Certification (NCTRC) exam upon completion of the internship. This can be accomplished by attending and actively participating in all scheduled preps.
d. Nature and description of the clientele with who work will be done:

Programs are designed for people of all abilities, including those with physical, sensory, and intellectual disabilities as well as those impacted by serious illness. The largest populations served are veterans with disabilities and children and adults on the autism spectrum. More than 50% of the programs benefit children and young adults 21 years old and younger. The youngest participant is 2. Participants range from beginners to elite Paralympic athletes.

e. Facilities, equipment, and similar factors:

The NAC Ranch is located on 26 acres in Park City, UT and is just a few minutes away from city center and 3 world-class ski resorts. The Mountain Center is an 1,800 sq. ft. facility at the base of Park City Mountain Resort that houses ski and snowboard programs. Activities are also offered at Deer Valley Resort, Canyons Resort, and Brighton. On-site facilities include: Program Services Building, Guest Lodge, Equestrian Center, Indoor/Outdoor Riding Arenas, Direct Public Trail Access, Indoor Rock Climbing Wall, Conference and Meeting Rooms, Outdoor Pavilion, Archery Range, Challenge Course, and a Yurt. Adaptive Equipment for a variety of disabilities is offered for each unique program.

C. List of Assignments and Due Dates

a. Identify your start date: 05/23/2014

b. Due dates of all of the below identified assignments: You may have to coordinate some of these assignments with your Agency supervisor. Arrange this meeting as soon as you start your internship so you don’t leave this until the last minute.

i. First Month Report 6/20/2014
ii. Mid-Term Report 7/18/2014

iii. Mid-Term Evaluations 7/18/2014

iv. Observations 8/1/2014

v. Program Planning 8/15/2014

vi. Internship Project 8/22/2014

vii. Final Notebook 9/5/2014

viii. Final Evaluations 9/5/2014
Jared,

The National Ability Center is a community based program open to individuals of all ages and abilities. The National Ability Center empowers individuals of all abilities by building self-esteem, confidence and lifetime skills through sport, recreation, and educational programs. The NAC offers a wide range of programs and camps at several different facilities to best accommodate those who wish to participate. This facility helps build lasting friendships while challenging individuals to live the best quality of life possible. The NAC will never deny participation due to an inability to pay and accepts anyone who wishes to participate. Overall, the NAC uses sports, recreation, and educational programs to increase overall quality of life and raise ability awareness to those in the community.

My immediate and long range objectives have been established through one on one and group meetings with Kristen Caldwell. My first objective is to gain hands on training and experience in several adaptive recreation activities, including the use and care of adaptive equipment. My second objective is to gain professional opportunities to observe and participate in all aspects of TR programming, including but not limited to: assessment, planning, implementation, evaluation, documentation, and therapeutic relationships. My third objective is to gain professional opportunities to observe and participate in all aspects of therapeutic recreation program administration, including but not limited to: program development, marketing, fundraising, and statistics tracking. My fourth objective is to serve in a leadership role, as an activity/program leader or project/committee head (shadowed by lead). My fifth objective is to be prepared for the NCTRC exam upon completion of my internship. Kristen and I have discussed measurable ways to determine if I’ve met these objectives or not. I also have an objective to do two internship projects: a case study and special project. I have spoken with Andrea Thompson about developing the Sensory Garden at the NAC to make it more wheelchair accessible, appealing, and incorporate life-size games for participants.

I have had the opportunity to lead several different activities or programs so far. First, I was able to conduct two 30 minute Summer Session swim lessons with a fellow intern. Before our participants arrived, we read over the participants’ paperwork and ask our Lead for additional information or tips on our client. During the lessons, we worked on implementing ways to achieve the client’s goals through various objectives. At the end of each session, we filled out a client progress report reflecting on his/her goals and objectives. I have assisted in leading an Archery Program for Recovery Ways. The program lead, another intern, and I set up the activity for our group. Once they arrived, our program lead did the brief for the first round then conducted the activity. The next round of Recovery Ways, our lead let us conduct the brief and run the program. I have also had the opportunity to lead a participant in our Cycling Program each week. Each Wednesday before he arrives, I check his progress notes as a reminder of his goals and objectives, as well as his diagnosis and background information. Once he arrives, I fit him to a recumbent bike. Then we go on rides for about 2 hours round trip. Afterwards, I fill out a progress note on our session.

The attitude of people towards the recreational therapy program I believe is great. Everywhere I go in Park City, people have high regards for the National Ability Center and know what we do.
I have had many participant’s family members tell me how much of a difference they see in their children after participating in our programs. Many families have relocated to Park City and/or surrounding areas just to be closer to the National Ability Center. We held a parent panel of three parents with children in our programs and each spoke very highly of our facility.

I believe the attitude of people towards the recreational therapy staff is great as well. I have heard on many occasions a parent say to a staff member that “I’m so glad we have you to work with us” or “We’re lucky to have you.” On other occasions I hear that someone wishes they could do what we do or that we’ve got an awesome job. I feel like the attitude of people towards RT staff is different in Utah than in Indiana. In Indiana, many people don’t know what an RT does or are skeptical of our practice. In Utah, I never have to explain what I do or what an RT does. Instead, they say how awesome it is and that the National Ability Center is great.

I have more positive than negative feelings so far about the National Ability Center. The NAC offers the wide array of activities and programs that I wanted experience with. I have been able to gain experience working in a variety of settings with people of all abilities. I really like how each day can be different working with different populations and groups. I also have administrative opportunities and choices in projects I take on. The staff are extremely friendly and welcoming, so I feel I have no problem reaching out to any of them for questions or help. The negatives I’ve experienced have been working in the same 3 or 4 programs each week instead of all of them. This will be changing next week when the interns rotate which programs we’ve each been working with. Also, since we work with many groups that only come for a program one time, it is hard to implement the APIE process or see how it is being used. I’ve been able to see the APIE process through the Summer Sessions and some groups that come each week, but it hasn’t been as much as I anticipated. Hopefully this will change as I get to work with new programs in the coming weeks.

A photo of my Job Analysis using the NCTRC Job Analysis Task Domain worksheet is attached to my submission. I wrote in the dates of when I felt I was exposed to each of these areas. If needed, I can go back and write in the dates of when we were exposed to these areas through training.

Sincerely,

Jordan Haverly
Dear Jared,

I am officially half way through my internship now and I wanted to update you on my experiences and progress. I am having an amazing time here at the NAC. I have learned so much about the many different programs offered and I am now starting to take more of a “lead” role in each area. I have made so many great memories that have made this experience worthwhile. I am most touched by the last WWP group we had. There was an incomplete quad who I helped sit ski. He couldn’t believe that he was able to do this and we made his year by breaking the stereotype he had put himself in.

The NAC programming is in full swing at the moment. Everyone is extremely busy now that Kristen is leaving for her new job. This is also the busiest point in the summer because of all the programs offered. The second summer session is about to begin so we will be seeing some new faces and the interns are going to be moving around to different programs as well.

I feel that every day the NAC lives up to its mission statement and they are constantly changing the lives of everyone that walks through the doors, able or not. I am looking forward to taking more of a leadership role in the next half of my internship, and I am going to try to soak up as much knowledge as I can while I am here.

Progress towards my long term goals is coming along nicely. I have met with both Amanda and Kristen and we have established how and when I am going to finish all of my goals. We have decided that I will lead my case study as well as lead a group when they come. I am going to try and lead a leadership/ team building session with one of the WWP groups if possible. I am also going to have a case load of participants on Tuesdays in equestrian. I will be working with 5 different participants and will help plan, implement, and evaluate their lessons. I am going to use the APIE process and apply it to 1 lesson, 1 session, and 1 group that comes through in the next month. I will attempt to deal with more conflicts during programming, and finally, I will make a document that states the benefits of all the programs offered at the NAC. Most of these I have started and others will be started in the next week.

Some new short term goals I am working on are being more disciplinary with participants if they break rules or are not following directions. I want to work on finding a balance between friend and professional who is respected at all times. I also am working on finding the good in camps. As I said before this is an area I am less than thrilled about, however, I know I can learn from the experiences so I am trying to keep an open mind.

The closest I have come to leading a program on my own has been in equestrian. Last week I had the chance to lead grooming, tacking, and the warm up for a participant. This was exciting and went well. I learned a few key things that I am going to remember for my case study. I need to make sure that I am doing less prompting and allow participants to think and respond for themselves. I also want to work on not giving participants an option when it comes to performing tasks. An example would be saying please stretch your arms instead of saying can you please stretch your arms now. I will be leading more activities in equestrian this upcoming
week and will be asking for more responsibility in the upcoming weeks in other programs as well.

We use the APIE process on a daily basis at the NAC. I have come to realize that even within one 50 minute session each step of the process can be used multiple times. Each day we are assessing individuals as they walk up for programming. Within the first 5 minutes we have a feel of their mood and energy for the day. This determines what plan we will choose for the day. It is good to have multiple plans for each session so if something is not working it can be changed quickly and seamlessly. We make plans ahead of time and use the previous weeks progress notes. Then we implement. This is by far the most fun for me. I love working with participants to help them achieve their goals. During and after the program we evaluate how it went and what could have been changed to make it an even better experience for the participants. Each step is used daily for each client. If in the middle of a program something is not going well we quickly evaluate why and then start from the top again (APIE).

Much of my work with the APIE process has been informal, but I have asked to do formal notes for different clients so I can get more experience in preparation for the NCTRC exam. I will be doing this for my case study as well as with some other equestrian clients as well.

I have loved my experiences thus far. I especially love challenge course, water sports, and equestrian. My favorite groups to work with are WWP’s. This is the population I want to work with once I am a professional so I enjoy learning as much from them now as possible. My least favorite is still camps. I am just not the camp personality. I have found a way to make it better by sticking with one camper for the day. This allows me to learn more about them and how to deal with particular disabilities.

I hope all is well in Bloomington. I am having a great summer and want to thank you again for suggesting the NAC for my internship. I am learning a lot and hope that this new knowledge will help me become one of the best professionals in the field.

Sincerely,
Jordan Haverly

NCTRC Job Task Analysis
A. Professional roles and responsibilities 6-1-14
B. Assessment 6-1-14
C. Planning interventions or programs 6-10-14
D. Implementing interventions or programs 6-15-14
E. Evaluate outcomes 6-15-14
F. Documenting interventions 6-10-14
G. Working with treatment or service teams 6-1-14
H. Organizing programs 6-10-14
I. Managing RT services 6-1-14
J. Public awareness and advocacy 6-20-14
Assignment 4 – Mid-Term Evaluation

See attached file.
Assignment 5A – Program Observation

PROGRAM OBSERVATION
Indiana University
Department of Recreation, Park, and Tourism Studies

Date: 7/25/14 ___________________________ Name: Jordan Haverly ___________________________

Facility: NAC _______________ Program Title: Water Sports Lessons ____________

Program Purpose: Increase independence and confidence in riders ________________________

Name of CTRS/therapist you worked with: Steve Robinson ________________________________

Location: Jordanelle Reservoir ___________ Time (Beginning and End): 8-9:30 am ____________

Personnel: (leadership, vol., supervisory)
Steve- boat driver, Bailey-intern running the lesson, Lara- intern in charge of spotting,
Kaden- staff driving jet ski

Participants: (Disability, age, sex, socio-economic status)
Sean is a 39 year old male who has Spinal Cerebral Ataxia. He was of middle class
standings and his mother accompanied him on the lesson.

Facilities: (Description, conditions, safety, unusual things)
Jordanelle reservoir is a large lake in Park City. This is where all NAC water sports activities
take place. On this date the water was very calm, perfect for skiing, and it was sunny out as
well. Equipment used was ropes, sit ski, boat, and jet ski. There were no unusual
happenings on this day.

Program: (Content)
We started with introductions and transferring Sean onto the boat. Today Sean worked on
going up out of the water without assistance in his sit ski. He accomplished this on his first
try and rode for 30 minutes without falling. After the fall he was instructed on how to better
cross in and out of wakes, and how to control himself in choppy water. He then tried to get
in the ski with minimal assistance and the rest of his attempts were not successful. I would
say this is because he was so tired from the first long ride.

Problems observed: (Reasons, possible solutions, ideas gained)
I saw a lot of talking between Sean and Bailey in the water. It seemed to waste a lot of time in which he could have been skiing. Also the talk was not productive and focused on skiing, it was more small talk that had nothing to do with the lesson. Also a lot of time was wasted in the beginning looking for and untangling ropes for Sean. I think this should have been done before he arrived so that he was not waiting on the staff.

Identify objectives of activity/program from your observations:
Sean’s goal is to become more independent and to be more successful skiing. The objectives that were used to accomplish this were as follows.
- He worked on getting in the ski alone.
- He worked on getting up without assistance.
- He worked on getting out of the ski on his own as well.
- He practiced cutting through wakes.
- He watches videos of adaptive water skiing to increase knowledge.

Evaluate this observation as to how well objectives and purposes were met; how use of facilities, equipment, program, etc., showed leadership ability.
Objectives were met in this lesson. Sean was given minimal assistance when in the water so that he could work on being independent. He was also given positive feedback by staff on his long ride. Use of facilities and equipment was good. Nothing was abused or neglected and care was maintained at all times. Bailey showed leadership when working with Sean. He is her case study and she was leading the lesson. They had a good relationship and she was able to keep him calm when he began to get frustrated. Steve was also there to help with any safety concerns and give guidance on some occasions. Overall the lesson went well and the program exceeded my expectations.
Assignment 5B – Site Observation

SITE OBSERVATION
Indiana University
Department of Recreation, Park, and Tourism Studies

Date: 8/13/14 ____________________ Name: Jordan Haverly ____________________

Facility: Salt Lake City VA ______ Program Title: Recreational Therapy ________

Program Purpose: I attended the weekly meeting and spoke with 3 CTRS’s __________

Name of CTRS/therapist you worked with: Emily Potter ____________________________

Location: Salt Lake City ________ Time (Beginning and End): 10:00-12:00 ________

Personnel: (Leadership, volunteers, supervisors)
Emily Potter, Mike Scott, and William Klinger- CTRS’s
There was 1 volunteer present, but he works as a peer with all RT staff as well

Participants: (Disability, age, sex, socio-economic status)
I was not able to watch a group program take place due to HIPA laws. However we talked about all the different programs and who is typically involved.

Most of their participants are between the age of 21-30 or 55-75. They are veterans who have served in Vietnam or Iraq/Afghanistan. Many have PTSD, MST, or amputations. They come from all economic backgrounds.

Facilities: (Description, conditions, safety, unusual things)
Groups meet at the VA and then many of the activities take place off the property. This is to promote community involvement. Some activities such as creative writing, crafts, and woodcarving take place on site.

The recreation rooms I was shown were very clean and organized. They had many different tools for a therapist to use. They were safe and had nice equipment for veterans to use.

Program: (Content)
There are two types of programs inpatient and outpatient. Most inpatient programming stays on site. This is because these patients have substance abuse issues, mental instability, or severe PTSD/MST. These programs are focused on socialization and self-empowerment on a less physically active level. Once patients graduate from this they then can be an outpatient. These activities are more active and many off the VA campus. These include bowling, rock climbing, golf, skiing, equine therapy, and many others.
Problems observed: (Reasons, possible solutions, ideas gained)
The only problems I heard from staff were that some patients never want to leave. Even though they possess the skills to be involved in community activities on their own they are scared because it is out of their comfort zone. This means there are many reoccurring clients and they have a hard time scheduling them in programming because they are also trying to get new clients involved as well.
Another problem discussed was available funding to cover the cost of all the activities the VA offers. Many of the programs are free, and others only cost $20. The budget is tight and they are working on expanding it.

Identify objectives of activity/program from your observations:
The objectives of the activities are to help veterans recover through recreation. They want to help improve socialization, confidence, and overall health of the individual.

Evaluate this observation as to how well objectives and purposes were met; how use of facilities, equipment, program, etc., showed leadership ability.
I was impressed with the staff at the VA. They each cover a different area of clientele but they work together to plan and implement programs. There is always something offered each day ranging from yoga to golf to crafts. They seemed passionate about their clients and loved that each day was different when at work. I enjoyed my visit and this further confirmed that I want to work with veterans when I become a professional.
Assignment 5C – Administrative Observation

Jordan Haverly
Administrative Observation

Type of Meeting: Advancement weekly meeting (money raisers)

Staff in Attendance:
- Whitney- Marketing Manager
- Katie- Outreach and Development associate
- Janet- Grants Administrator
- Denise- Director of Development
- Krista- Executive Assistant
- Jan- Equestrian Resource Manager

Topics discussed:
There were many different topics discussed at the meeting. The first was setting a date for the advancement team retreat. Then we moved into discussing how the trip to Napa went for Denise. She was in Napa with other NAC staff working on securing vintner’s for Red White and Snow (RWS), the largest fundraiser of the year. With this we also talked about RWS ticket prices. The general consensus is that the price should be raised to ensure people who attend will bid at the auction. Who should be the auctioneer was also discussed.

We then moved into marketing and the jerseys that were made for the upcoming Summit Challenge. Whitney talked about different products for the possible merchandise store that may be created soon. The group discussed how merchandise could be a way to bring in extra profits to the NAC, but they are also worried that they may have to invest more than they are willing at this time.

Finally grants were discussed. Janet had a list of the different grants, what they were for, and her progress on each. We also recently received a 10,000 dollar grant!! The meeting ended discussing outreach event that we could send staff and volunteers to. This is another way to get our name out in the community. The last topic was an open floor for any other concerns, questions, and comments.

My Reaction:
I went into the meeting assuming it would be boring and all about numbers. However, I was pleasantly surprised. The group in the meeting works as a team, each covering a different area. They made the meeting fun and entertaining, making sure not to get too serious. This way everyone can stay engaged and give input to each other. I think a lot of information was covered in a short amount of time. This is good because this way they could all get back to the projects that were discussed in the meeting. Each person was willing to help the others and they all left the meeting with a list of things to check on, do, or follow up with. They were great in explaining materials to me, and they even asked for my input on certain topics. I felt welcome and involved. They even invited me back to another meeting and I am going to help with the merchandise store presentation.
Assignment 6 – Program Planning

Program Planning Assignment

The program I lead was archery for a 2 hour session for Camp Extreme. Camp Extreme is a camp for kids with visual and physical impairments who are looking for a typical camp experience where they take part in many different activities. Seven kids took part in the camp and participated in the archery session.

Assessment:

Before the group arrived I performed an assessment by looking at the camp ability grid (Attached in the e mail). The ability grid lists the age, size, disability, and other important information for each camper. I also talked to some of the camp counselor’s about the campers and their possible needs. Finally, when campers were walking to the archery range I visually assessed each of them to see if there were any other things I could see that were not on the paperwork or discussed. During the archery session I also talked to each camper individually to see if there were any adaptations they had tried before.

Planning:

Before the campers arrived we set up the archery range. Because of the know impairments we put each target 5 yards away to start, to ensure a higher rate of success. We brought out two different types of bows, recurve and compound. These were both right and left handed and each was different poundage. We put the bows on rack that were easily accessible so that everyone would be able to grab their own.

Once the campers arrived we went over rules to ensure safety and we asked what type of bow they wanted to use. From there I quickly determined what lane the camper would be in, who would assist them, and what adaptive equipment would be used. Since many of the campers had visual impairments we let them feel all the equipment and targets so they had a better idea of what they were using.

(The lesson plan is attached in the e mail)

Implementation:

Once the rules were covered and all safety equipment was handed out we began shooting. This went very well. Each camper was able to shoot with their bow, some with more staff assistance than others. The campers each got 10 arrows and after they finished shooting they switched with a partner. They shot for an hour, practicing at first and then progressing to shooting pictures and balloons. After an hour they were all tired so they went back into their dorms and relaxed.

Evaluation:

There are three different forms we use at the NAC that can be considered evaluation forms. These are the incident report form, group progress notes, and the daily info sheet. These three sheets are attached.

After the campers had left we had a quick debrief. As a group we felt that the session went well. All the campers were able to participate as much as they wanted, and all were successful.
were no problems or injuries during the session. The campers expressed that they had a lot of fun and they were thankful for our assistance.

Conclusion: I was nervous to lead this group at first, but once I met the participants I relaxed a lot. I had a lot of fun working with the campers, it was my first time working with kids who have visual impairments. I was paired with a camper who couldn’t see the target so I was in charge of lining him up correctly. The program ran smoothly, everyone had fun, and no one got hurt so I say it was a success!!
PROGRAM: Archery  
DATE: 7/29  
INTERN: Jordan  
STAFF: Kelley  
VOL: None

SESSION NUMBER:  
SESSION TITLE: Camp Extreme Archery

PROGRAM EQUIPMENT NEEDS: Bows, arrows, bow stand.

MATERIALS NEEDED: Balloons and pictures to shoot at.

GOALS:
To have each camper experience all aspects of archery, and find a way for them to successfully hit the target.

OBJECTIVES:
___ Go through the proper safety and rules for the range. Teach the proper progression, and then help campers individualize how they would shoot the bow and arrow.

Campers will shoot 10 arrows each with the supervision of staff then switch with a partner. In the break time changes can be made to equipment and technique.

PROCESS:
___ Have campers pair with a staff member to ensure safety and help aiming at the targets. Also some campers need help pulling the bow string back, so staff supports with this as well. Let campers shoot 10 arrows at a time then switch and repeat as long as they would like. After a few practice rounds pin up pictures and balloons to aim at.
EVALUATE YOUR PLAN:

The session went well. The campers enjoyed shooting and each was successful in hitting the target. The session ended a little earlier than planned, but this is because the campers were tired from being there for 3 days already. They all participated in the practice rounds and in the game rounds.

PLAN FOR NEXT TIME:

Since this is a camp the same group of campers will not be back. However, making sure that there is enough staff for each camper is important to ensure the kids have help aiming. Also playing games and shooting at balloons was a hit, so do this again. Finally, give campers time to feel the bows, arrows, and targets so they can visualize what they are shooting at.
National Ability Center
Incident / Near Miss Report

Please submit this report to your supervisor before 5:00 pm the day of the incident.

Type of Occurrence:  _____ Incident   _____ Near Miss   _____ Health/Illness

Consequence:
_____ Injury (Able to Continue in Activity)   _____ Injury (Unable to Continue in Activity)
_____ Possible Injury   _____ Health/Illness   _____ Property Damage   _____ Other (Please describe)

Was the above consequence a pre-existing condition?  Y   N

Program: ___________________________  Date: _____________  Time: ________________

Person in-charge at time of incident: ____________________________________________

Name of injured or ill person: ____________________________________________  Gender:    M    F

Injured or ill person’s phone number: __________________________________________

_____ Student   _____ Staff   _____ Volunteer   _____ Other

Activity involved in during incident: ____________________________________________

Description of the incident (What and how it happened. Include location, weather conditions, etc)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Chief complaint(s): ____________________________

First aid performed by: ____________________________

First aid performed:
____________________________________________________________________________

Was EMS or ski patrol called?  Y   N

What time was EMS/ski patrol called?_______________  When did they arrive?_______________

What time was the student transported? ___________  Destination? ________________
NAC Staff Person Filling Out Form: _________________________________ Date:_______

Witnesses: ____________________________ Date: ________

Supervisor Signature: ____________________________ Date: ________
Program Director Signature: ____________________________ Date: ________

**Incident Report Follow-up**

Name of Injured Person: ____________________________ Incident Date:________________

Staff Member Doing Follow-up Phone Call: ____________________________

Date of Follow-up: ____________________________

Please mark all that apply:

___ Spoke with injured person
___ Spoke with relative
___ Left a message

What were effects of injury? ____________________________
________________________________________________________________________
________________________________________________________________________

Please describe anything else said in the follow-up conversation: ____________________________
________________________________________________________________________

Was any other action taken after initial follow-up conversation? If so, describe: ____________________________
________________________________________________________________________

Staff Signature: ____________________________ Title: ____________________________ Date:___________

Program Director: ____________________________ Date:___________
Date: __7/29/14______________________

Group: _Camp Extreme_____ Will the same group members return next time? Y N
Number of Participants: ___7______

Lead/Staff/Interns: _Jordan Haverly lead, Camp Staff, and Bailey Nissen Intern

Activity: _Archery____________________________________________________________________
Adaptations: Quick release, bow stand, staff as spotters___________________________________

Comments about the activity or group? What worked? What didn’t work as well?
_Having a staff member with each participant worked very well. Camp had a lot of staff present so we assigned each staff a camper. Many of the campers needed prompts on where to aim, and some needed help pulling the bow back. Communication between staff before the actual program could be better. So each staff knows what they will be doing before the activity takes place.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Other notes or suggestions for future programs with this group?
Make sure that each participant gets to try each type of bow. Also try to pair staff and participants that already have a bond formed.
NAME:___Jordan Haverly______DATE:___July 29
2014__________________________________

ACTIVITY:__________________________________

Type of Program: (Check one)

____ Group                                      Name_________________________________________________________

___X___ Camp                                     Name__Camp

EQUIPMENT

Please note any equipment issues and/or equipment in need of repair.

Specific Piece of Equipment:   NO CONCERNS

Problem/Concern:

Recommendation, how to fix, who should fix it:

List areas of concern and/or suggestions for ways to improve. Please also note if a student is using equipment other than what is indicated on the roster.

We had to use chairs from the lodge for a few campers because they could not hold the bow in their chairs. The chairs with no arms work best.
**NO SHOWS** *(List by name)*

<table>
<thead>
<tr>
<th>Staff:</th>
<th>ALL PRESENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers:</td>
<td></td>
</tr>
</tbody>
</table>
Assignment 7 – Internship Project – Case Study

CASE STUDY OUTLINE

1. **Personal Data**
   A. Sam Smith is a 14 year old white male. He is 60 pounds, 5’5” and is currently preparing to enroll in high school level special education classes.

2. **Medical-Social History**
   A. Sam has been diagnosed with Aicardi Goutieres Syndrome, which is a type of Leukodystrophy. He has spastic quadriplegia. The onset of the disease was at birth.
   B. Vocational History- Sam has no work history, he is a student.
   C. Educational History- Sam has taken part in special education classes offered through the school district. He also has a caregiver in the summers who is a teacher and they go on field trips daily.
   D. Sam comes from a typical family. He has a mother and father both of who are free of disabilities. He also has an older sister who does not have a disability. He loves his dad and is most responsive to him.
   E. Sam goes to school during the typical school year and has a caretaker in the summer. He is constantly visiting new places and taking part in fun educational activities. His family goes on long vacations in the summer to visit relatives and to relax together. He is a very active teenage boy. Sam goes to a functional skills classroom, for kids with significant disabilities. This program is offered through the school district and classes take place in the high school.
   F. Sam has an amazing personality that is contagious. He has taken part in many different activities here at the NAC and many outside the organization as well. He has done overnight camps, ski lessons, horseback riding, day camps, swimming, and challenge course. He loves horseback riding, swimming, and being at camp with other kids. He is very social for someone who is non-verbal.

3. **Admission/Referral Information**
   A. Sam started at the National Ability Center in the Hippotherapy program when he was 2 years old.
   B. Sam’s grandparents were living in Park City and they found information on the National Ability Center and their different equestrian programs. They had heard of the different benefits that hippotherapy could offer, so they decided to try it out. Sam was in hippotherapy for 6 years then he switched over to adaptive riding.
   C. Sam’s family signed him up because Hippotherapy can help improve spasticity, coordination, balance, and posture; all of which he needs assistance with.
Hippotherapy also helps Sam with head control, another thing he needs to work on.

D. Sam’s family was open to the idea of putting him in hippotherapy because they knew of all the possible benefits it had to offer. They saw improvement over the years so they kept Sam involved in adaptive riding. Horseback riding is also one of Sam’s favorite activities, so his family wanted to keep him involved in something that he loves and that brings him joy.

4. Present Diagnosis/Status

A. Aicardi Gouittteres Syndrome is a type of leukodystrophy. It is affects the brain, immune system, and skin. It is inherited in an autosomal recessive manner, and the specific gene that causes the disease has not yet been detected.

B. The cause of AGS is unknown and there is no known treatment. Common characteristics include enlarged liver and spleen, feeding difficulties, small head, brain abnormalities, lack of motor and social skills, spasticity, visual inattention, ocular jerks, skin lesions, calcium deposits in brain, and cerebral spinal fluid that has elevated levels of lymphocytes but does not have an infection.

C. Current Level of Function/Status- Sam’s current level of functioning is low. He needs maximal assistance. However, his capability to understand what people are saying is very high.

1. Sam is currently in good health; his most pressing issue is his spasticity and stiffness related to the AGS. Sam was diagnosed with AGS at age 7 but his family and doctors knew something was wrong at 5 months. Doctors have worked hard to control Sam’s symptoms and he has only had to be in the hospital once.

2. Sam has little motor functioning. He can control his arms somewhat, his right more than the left, and this is how he responds to questions. He has no fine motor skills. He is able to use his all of his senses; however, his vision is slightly impaired.

3. Sam loves to be around other kids and is very social. He enjoys watching others play and participating when he can. His favorite activities are horseback riding, swimming, and skiing. He also loves music, sports, action movies, and dogs!

4. Sam is completely dependent on a caretaker/his family. He needs assistance with all activities of daily living.

5. Sam is in a wheelchair. He has to be pushed everywhere. He does have a chair that his head can control, however he has little head control and he finds it funny to run into things, so he rarely uses this chair. Sam needs assistance with transfers, feeding, grooming, and all other activities.

6. Sam’s behavior is always positive. He is the happiest person I know. He is always smiling and interacting with people. His only bad behavior happens when he is tired. He becomes very unresponsive and stoic.
7. Sam is non-verbal. He communicates using a couple different methods. He can answer yes/no questions and he does this by raising his hand for yes and doing nothing for no. If he is too stiff or is too tired he will smile for yes and make no expression for no. Sam also laughs and occasionally uses his voice to make noises. These are good signs.

8. Sam has a great attitude about himself, others, and the environment. He is always happy and laughing. He loves being around other kids, people, animals and being social. His favorite activities are all outdoors. These are horseback riding and skiing.

9. The results of his assessment show that he has a high level of awareness. He understands what is said to him whether it is commands or questions. He also is responsive to questions and conversations of others.

10. Sam has a fear of being left alone or forgotten somewhere. He also has a service dog that stays with him at all times. She also sleeps with him and goes to get Sam’s parents if anything is wrong.

5. Treatment/Intervention Plan

A. Sam does not have a health care team. He only has a doctor. So little is known about AGS that care of patients is symptom management based. The goal is to help control or better symptoms; there is no way to cure the disease.

B. Recreational Therapy plan

1. The assessment findings show that Sam has poor physical strength and motor skills. Sam has a good level of cognitive functioning when it comes to understanding questions given to him; however, he is not aware of letters, numbers, or other basic subjects. He is very social and loves to be around people. He enjoys watching and listening to kids his age. Sam is emotionally stable and has a positive outlook on life. Sam’s riding skills are minimal. He has taken part in hippotherapy and adaptive riding. However, this has focused more on strengthening and fun than actual skills.

2. Sam’s family has multiple goals for adaptive riding. They are to increase his control of his upper body, manage spasticity, increase eye contact, and have fun. He loves riding and the above mentioned goals are benefits he can gain. They really want Sam to enjoy his time and have fun since horseback riding is his favorite activity.

3. Activities and rationale (why) used to achieve goals*

   Many different activities were used in Sam’s lessons. These included grooming, warm ups, using a walk on/ woah button, music, obstacle courses, and laying down on the horse.

   Grooming was used to help Sam work on his range of motion in his arms. In the warm ups we worked on loosening the muscles in Sam’s arms and legs. This was done with assistance either doing simple stretching or by participating in hokey pokey.
The walk on/woah button was used to help increase the amount of independence Sam could experience. He had to hit the button, therefore putting him in charge of his horse. The movement to reach the button also worked on upper body movement. Music was used as an incentive and as a game during lessons. It was used as a warm up tool as well as a stop/go mechanism. Obstacle courses were a way to change up the scenery of the lesson. It gave Sam something to maneuver through and it challenged his balance by adding more turns and obstacles to walk over. Laying on the horse was a way to get Sam’s muscles to relax. He found it very funny as well. He would lay down for a lap and we could see his hips and legs relax a little, this allowed him to have better posture on the horse.

4. Intervention/facilitation techniques used*

The intervention used in this case study was adaptive riding. To facilitate the lessons I took on a completely supportive role. Due to Sam’s level of functioning I was an instructor, friend, supporter, and encourager all in one. I was strict when it came to following the rules and pushing Sam outside of his comfort zone. I was a friend before and after the lessons, and during the lessons I supported Sam and his needs as well as praised and encouraged him to complete new tasks.

I feel that Sam and I have formed a professional relationship and his parents wrote in the final evaluation that he will miss me. This feedback made me feel like I did a good job making a connection with him.

5. Evaluation-specific results of program following selected time period*

Over the six week period small improvements were seen. Sam’s eye contact and willingness to answer questions improved. He gained some more stability and upper body muscle control. He also was able to be independent in some lessons when the button was incorporated.

The ultimate goal of having fun was achieved as well. This could be seen each time Sam was riding. He was always smiling and laughing. He did not achieve better head control, but he was more willing to listen to commands, such as “pick your head up”. Overall, I think Sam took some steps toward achieving his goals and he enjoyed working hard to get there.

6. Modifications needed in program plan*

Sam had many modifications made so that he could ride. He used a bareback pad on his horse, he didn’t use stirrups or reins, and he had side walkers that physically supported him at all times.

The bareback pad was used because it allowed the heat from the horse to reach Sam’s body more easily, which in turn helped with his tight muscles. He didn’t use stirrups at all because his legs were too stiff to put into the stirrups. He used reins occasionally, but not to control the horse. Reins were used as another way to hold on. Finally, Sam had side walkers at all times to hold him on the horse.
and assist him with tasks.

Another modification that was implemented was how Sam did 2 point. 2 point is technically done by standing on your legs, but in Sam’s case we would pick up his arms parallel to the horse. We did this both at a stop and walking.

6. **Recommendations for future recreation involvement**

   A. I would recommend that Sam continue with adaptive riding. He can get so many benefits from the program, and he has progressed over his years in the program. He also enjoys horses and riding and this can be a fun outlet for him to participate in. It benefits his physical, mental, and emotional states so it should be continued.

   B. Sam should continue to be in lessons with Tracy, one of the NAC instructors. They have a great connection and he is very comfortable with her. He should also have side walkers who are strong and willing to talk to him throughout the lesson. He should keep riding a horse with a slower gait that can also handle a lot of movement from the rider.

   Sam’s next step in the learning progression should be to consistently use his voice as a response. He could begin to learn to use reins as well. Even if he cannot carry out the task alone he will have an idea of what he should do as a rider.

   Sam is currently involved in many recreation activities and adding more may be an unreasonable request of his parents. He should continue with his current activities which include baseball, horseback riding, skiing, camps, and swimming.
Assignment 8 – Final Notebook

Returned to student.

Assignment 9 – Final Evaluation

See attached files.
CLINICAL PERFORMANCE APPRAISAL
INTERN

INTERN
PERFORMANCE

Intern Information
Ms. /Mr. Jordan Haverly
Address
City________________________ State________________ Zip________
Phone_____________________

College/University
Supervisor of internship Jared Allsop Certification No._______
College/University Indiana University Phone
Address
City________________________ State________________ Zip________
Internship course title ___________________Course Prefix___ Course #_____Credits___

Internship Agency
Internship Supervisor Kristen Caldwell Title Sports and Recreation Manager
Certification No. 48180 Expiration date 6/30/2015
Agency National Ability Center Phone 435-649-3991
Address 1000 Ability Way
City Park City State UT Zip 84060
Setting/type of agency Community Primary Population All Ages All Abilities

Dates of internship: From: 5/23/14 to 9/5/14
No. of weeks: 15 x 40 hours/ week = TOTAL HOURS 600

OVERALL PERFORMANCE RATING:
Exceeds Expectations (5)☐
Above Expectations (4)☑
Achieve Expectations (3)☐
Below Expectations (2)☐
Does Not Meet Expectations (1)☐
**INTERVENTION SKILLS:**
List the treatment interventions and the proficiency level (introductory – intermediate – advanced) demonstrated by the intern by the completion of the internship.

Various Sport Interventions:
- Aquatics
- Archery
- Cycling
- Climbing
- Challenge Course
- Equestrian
- Sled Hockey
- Water Sports

**DEVELOPMENT PLAN:**
Identify practice competencies to be accomplished by the intern in the next six months.

- Community Based Assessment
- Community Based Planning
- Community Based Implementation
- Community Based Evaluation
- Community Based Documentation
- Fundraising
- Marketing
- Special Events
- Program Development
- Diagnostic Groupings
- NCTRC Exam Prep
**KEY RESPONSIBILITY:**

**Individualized Patient Assessments**

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Receives physician’s orders for recreational therapy evaluation and treatment.</td>
<td>3 - Achieves Expectations</td>
</tr>
<tr>
<td>2. Selects appropriate instruments/batteries to generate age and diagnostically appropriate baseline data that identifies the patient’s/client’s strengths and limitations in the functional areas: physical, cognitive, social, behavioral, emotional, and leisure/play.</td>
<td></td>
</tr>
<tr>
<td>3. Conducts the assessment in a timely manner, in accordance with standards of regulatory agencies and/or treatment protocols and policies.</td>
<td></td>
</tr>
<tr>
<td>4. Informs the patient/client of his/her responsibilities in the assessment and seeks collaboration in the process. If the patient’s/client’s condition or ability prevents his/her involvement in the assessment, the therapeutic recreation specialist seeks involvement of family and/or significant others to obtain complete and accurate assessment data.</td>
<td></td>
</tr>
<tr>
<td>5. Uses standardized assessment procedures including, as appropriate: structured interview, direct observation, performance testing, information from others, and/or record review.</td>
<td></td>
</tr>
</tbody>
</table>

**Tracking Source & Frequency**

- Assessment summaries of behavioral observations, standardized developmental, psychomotor and psychosocial assessment instruments and/or batteries.
- Observation of assessments.
7. Based upon the analysis of assessment data, formulates clinical impressions and recommendation for treatment, referral for other services, or no service at all.
8. Reports assessment findings to appropriate individuals to include the treatment team, patient/client or family and/or significant other.
9. Documents all relevant information regarding the assessment process within the patient/client record.
10. Conducts re-assessments of patients as necessary and appropriate.

RESULTS/COMMENTS
# KEY RESPONSIBILITY:
## 2. Plans treatment interventions

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interprets assessment data accurately and develops the therapeutic recreation treatment plan based upon summary findings of the assessment process congruent with the overall treatment plan.</td>
<td></td>
</tr>
<tr>
<td>2. The treatment plan includes the formulation of relevant and attainable short term, long term, and/or discharge goals.</td>
<td>- Review of treatment plan meetings.</td>
</tr>
<tr>
<td>3. The individualized treatment plan includes measurable, functional goals described in the behavioral terms that provide a time frame for achievement.</td>
<td></td>
</tr>
<tr>
<td>4. Consider all factors (e.g. diagnosis), precautions, contradictions) in the development of the treatment plan that may influence treatment strategies.</td>
<td></td>
</tr>
<tr>
<td>5. Collaborates with the patient/client, family, significant others, team members and consultants, as appropriate, in establishing the individualized treatment plan.</td>
<td></td>
</tr>
<tr>
<td>6. Formulates an individualized treatment plan that is comprehensive and incorporates treatment strategies and/or protocols.</td>
<td></td>
</tr>
</tbody>
</table>

**RESULTS/COMMENTS**
**KEY RESPONSIBILITY:**

3. **Implementation of treatment**

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepares the patient for treatment and implements the individualized treatment plan using appropriate intervention strategies to restore, remediate or rehabilitate in order to improve functioning and independence as well as reduce or eliminate the effects of illness or disability.</td>
<td>• Observation of treatment interventions</td>
</tr>
<tr>
<td>2. The intervention strategies based upon the assessment and treatment plan includes type, frequency, duration and intensity of the interventions needed to achieve the expected outcomes and appropriateness of diagnostic and individual characteristics to age, cultural, and socioeconomic factors.</td>
<td>• Progress notes</td>
</tr>
<tr>
<td>3. Establishes and maintains an effective therapeutic relationship with the patient, family, and/or significant others.</td>
<td>• Patient satisfaction reports</td>
</tr>
<tr>
<td>4. Reviews, modifies, or discontinues therapeutic recreation interventions based upon patient/client progress or change in condition.</td>
<td></td>
</tr>
<tr>
<td>5. Evaluates and documents the implementation and effects of the interventions according to procedure.</td>
<td></td>
</tr>
<tr>
<td>6. Collaborates with members of the treatment team, patient/client, family, significant others during the implementation of the treatment plan.</td>
<td></td>
</tr>
<tr>
<td>7. Adheres to treatment precautions and contraindications to maximize treatment and minimize patient risk.</td>
<td></td>
</tr>
<tr>
<td>8. Reports any adverse reactions and incidents to appropriate sources.</td>
<td></td>
</tr>
</tbody>
</table>

**RESULTS/COMMENTS**

Jordan collaborates well with the treatment team. She utilizes staff resources well and seeks a
**KEY RESPONSIBILITY:**

4. Evaluate Patient’s Progress

**Rating** 3 - Achieves Expectations

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Evaluates and compares the client’s progress relative to the individualized treatment plan. The treatment plan is revised based upon changes in the interventions, diagnosis, and patient/client responses.</td>
<td>• Progress notes</td>
</tr>
<tr>
<td>2. Conducts a formative evaluation of the patient’s/client’s progress that is based upon established treatment goals; reviews of intervention strategies; and considers patient/client satisfaction and functional outcomes.</td>
<td>• Team conferences</td>
</tr>
<tr>
<td>3. Conducts a summative evaluation of patient/client progress that determines the effectiveness of the plan based upon anticipated functional outcomes, and the patient’s/client’s satisfaction and adherence to the treatment plan.</td>
<td>• Observation of therapist patient interactions</td>
</tr>
<tr>
<td>4. Conducts the treatment program evaluation on a timely basis and according to procedure.</td>
<td>• Patient satisfaction reports</td>
</tr>
<tr>
<td>5. Collaborates with appropriate individuals to complete the evaluation, to communicate the results to members of the treatment team, patient/client, family, and/or significant others and to document results in the record.</td>
<td></td>
</tr>
<tr>
<td>6. Revises or discontinues the treatment plan based upon the evaluation results as necessary.</td>
<td></td>
</tr>
</tbody>
</table>

**RESULTS/COMMENTS**
### KEY RESPONSIBILITY:
#### 5. Develops Discharge Plan

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
</table>
| 1. Develops a discharge plan in collaboration with the patient/client, family, significant others and treatment members in order to continue treatment as appropriate. | • Written discharge plan  
• Observance of discharge team conference  
• Evaluation of follow up case |
| 2. The Therapeutic Recreation discharge plan is a part of the comprehensive discharge planning process that documents the following components in the record:  
a.) Summary of patient’s/client’s response to treatment including a current functional level and treatment goals and outcomes.  
b.) Need and recommendations for continued service or aftercare in consideration of patient’s/client’s specific needs (e.g. level of acculturation, living arrangements, support systems, leisure needs, financial considerations, adaptive skills, community resources, agency referrals). |  |
| 3. Documents the discharge plan in a timely manner according to procedure. |  |
| 4. Actively participates in the comprehensive discharge planning process. |  |
| 5. Collaborates in the discharge planning process, with the patient/client, family, significant others and members of the treatment team. |  |
| 6. When applicable, makes referral to appropriate agency and/or maintains follow-up contact with patient/client/significant others with respect to the discharge plan. |  |

**RESULTS/COMMENTS**
### KEY RESPONSIBILITY:

**6. Recreation Play Opportunities are Available to Patients**

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assures that recreation facilities, equipment, and activities are available, accessible, and appropriate to patient’s/client’s needs and abilities/disabilities.</td>
<td>• Observations of play/recreation opportunities/facilities</td>
</tr>
<tr>
<td>2. Assures that recreation facilities and equipment are clean, safe, and maintained in accordance with health, fire and safety codes.</td>
<td>• Patient satisfaction reports</td>
</tr>
<tr>
<td>3. Assures that recreation opportunities are provided in accordance with department procedures that are designed to improve the general health and well-being of patient’s and adjustment to the health care environment treatment procedures.</td>
<td></td>
</tr>
<tr>
<td>4. Involves the patient/client, family, and/or significant others in planning recreational opportunities to the extent possible.</td>
<td></td>
</tr>
</tbody>
</table>

**RESULTS/COMMENTS**

It is clear that Jordan is invested in providing the best experience for each client that she can.
### KEY RESPONSIBILITY:
**7. Practices Professional Ethics**

**Performance Expectations**
1. Adheres to the Professional Code of Ethics.
2. Complies with all related agency standards of conduct and professional ethical standards.
3. Reports all suspected instances of ethical misconduct to appropriate parties.

**Tracking Source & Frequency**
- Observation by supervisor
- Patient of staff reports

**RESULTS/COMMENTS**
Jordan can work on walking the fine line between being casual/friendly with a client and when to be professional/direct.

### KEY RESPONSIBILITY:
**8. Quality Improvement**

**Performance Expectations**
1. Effectively participates in the quality improvement program through the identification of care and the identification of clinical indicators used to monitor and evaluate the quality and appropriateness of care.
2. Effectively participates in routine collection of data and systematic review and evaluation of therapeutic recreation practices.

**Tracking Source & Frequency**
- Quarterly evaluation of CQI reports

**RESULTS/COMMENTS**
**KEY RESPONSIBILITY:**

9. Safety and Risk Management (OSHA)  
**Rating** 3 - Achieves Expectations

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Follows policies and procedures regarding infection control and safety.</td>
<td>• Direct observation</td>
</tr>
</tbody>
</table>

**RESULTS/COMMENTS**

No concerns with safety.

---

**KEY RESPONSIBILITY:**

10. Research  
**Rating** 3 - Achieves Expectations

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effectively participates in literature reviews, and case study presentations, and research projects.</td>
<td>• Case presentations, research reports</td>
</tr>
</tbody>
</table>

**RESULTS/COMMENTS**

Does well with assignments and chooses to take on additional projects that are not required!
<table>
<thead>
<tr>
<th>Behavioral Expectations</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Judgment:</strong> Weighs alternative actions and makes decisions that reflect the facts of a situation. Decisions are based on logical assumptions.</td>
<td>Outstanding 5 4 3 2 1</td>
</tr>
<tr>
<td><strong>Adaptability:</strong> Remains effective while dealing with different people, situations, tasks and responsibilities.</td>
<td>Outstanding 5 4 3 2 1</td>
</tr>
<tr>
<td><strong>Attention to detail:</strong> Is thorough in accomplishing tasks and demonstrates appropriate concern for all details no matter how small.</td>
<td>Outstanding 5 4 3 2 1</td>
</tr>
<tr>
<td><strong>Initiative:</strong> Actively attempts to influence events to achieve goals; originates action instead of passively waiting for others to initiate.</td>
<td>Outstanding 5 4 3 2 1</td>
</tr>
<tr>
<td><strong>Teamwork:</strong> Actively participates in and enhances team effectiveness; demonstrates concern and consideration for needs and feelings of team members.</td>
<td>Outstanding 5 4 3 2 1</td>
</tr>
<tr>
<td><strong>Professional and technical knowledge:</strong> Demonstrates knowledge of technical and professional information and trends in recreational therapy practice.</td>
<td>Outstanding 5 4 3 2 1</td>
</tr>
</tbody>
</table>

**DEVELOPMENT PLAN:**

Identify practice competence to be accomplished by the intern in the next six months.

Plan:
- Community Based Assessment
- Community Based Planning
- Community Based Implementation
- Community Based Evaluation
- Community Based Documentation
- Fundraising
- Marketing
- Special Events
- Program Development
- Diagnostic Groupings
- NCTRC Exam Prep
CLINICAL PERFORMANCE APPRAISAL
SUMMARY & REFERENCE

PERFORMANCE

Intern Information
Ms. /Mr. Jordan Haverly
Address _____________________________________________________________
City __________________________ State __________ Zip ____________
Phone __________________________

College/University
Supervisor of internship Jared Allsop _____________________________ Certification No. ______
College/University Indiana University _____________________________ Phone _____________________________
Address _____________________________________________________________
City __________________________ State __________ Zip ____________
Internship course title __________________________ Course Prefix _____ Course # _____ Credits ___

Internship Agency
Internship Supervisor Kristen Caldwell _____________________________ Title Sports and Recreation Manager
Certification No. 48180 _____________________________ Expiration date 6/30/2015
Agency National Ability Center _____________________________ Phone 435-649-3991
Address 1000 Ability Way __________________________________________
City Park City __________________________ State UT Zip 84060 _____________________________
Setting/type of agency Community Primary Population All Ages All Abilities

Dates of internship: From: 5/23/14 to 9/5/14
No. of weeks: 15 _______ x 40 _______ hours/ week = TOTAL HOURS 600

OVERALL PERFORMANCE RATING

Exceeds Expectations (5) □
Above Expectations (4) □
Achieve Expectations (3) □
Below Expectations (2) □
Does Not Meet Expectations (1) □
## INDIVIDUAL PERFORMANCE RATING

<table>
<thead>
<tr>
<th>Rating</th>
<th>Item Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Individual Patient Assessments</td>
</tr>
<tr>
<td>2.</td>
<td>Plans Treatment Intervention</td>
</tr>
<tr>
<td>3.</td>
<td>Implementation of Treatment</td>
</tr>
<tr>
<td>4.</td>
<td>Evaluates Patient’s Progress</td>
</tr>
<tr>
<td>5.</td>
<td>Develops Discharge Plan</td>
</tr>
<tr>
<td>6.</td>
<td>Recreational/Play Opportunities made to patients</td>
</tr>
<tr>
<td>7.</td>
<td>Practice Professional Ethics</td>
</tr>
<tr>
<td>8.</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>9.</td>
<td>Safety and Risk Management - OSHA</td>
</tr>
<tr>
<td>10.</td>
<td>Research</td>
</tr>
</tbody>
</table>

## BEHAVIORAL EXPECTATIONS

<table>
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<tr>
<th>Rating</th>
<th>Item Description</th>
</tr>
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<tbody>
<tr>
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In your opinion what is the potential for this student to succeed at supervisory or higher levels in this profession?  

4 - High potential to succeed

Would you consider this person for a vacant position?  

☑ Yes or ☐ No

The signing of this form indicates the intern has reviewed and discussed the evaluation and DOES NOT indicate that the intern necessarily agrees with the judgments in the evaluation.

Date __7__/__14__/__14__  

Kristen Caldwell
Supervisor’s Signature

__________________________  
Intern’s Signature

I authorize the (agency name) National Ability Center Department of Recreational Therapy to use my information provided on this form as an identifier and to provide the information included in this form to potential employers, educational institutions, and/or credentialing boards that may contact them for a reference.

__________________________  
Signature of Student Intern  
Date

Click here to print form for your records.
CLINICAL PERFORMANCE APPRAISAL
INTERN

INTERN PERFORMANCE

Intern Information
Ms. /Mr. Jordan Haverly
Address
City_________________________ State___________ Zip__________
Phone__________________________________

College/University
Supervisor of internship ________________________ Certification No._______
College/University ________________________ Phone_________________________________
Address _______________________________________________________________________
City____________________________________ State___________________ Zip_____________
Internship course title _____________________ Course Prefix_____ Course # ______ Credits___

Internship Agency
Internship Supervisor Amanda Smith ________________________ Title TRS/CTRS
Certification No. 58550 ________________________ Expiration date 6/15
Agency National Ability Cetner ________________________ Phone 435-649-3991
Address 1000 Ability Way
City Park City __________________________ State UT Zip 84060
Setting/type of agency Community Primary PopulationAll

Dates of internship: From: 05/23/2014 to 09/05/2014
No. of weeks: 15 x 40 hours/ week = TOTAL HOURS 600

OVERALL PERFORMANCE RATING:
Exceeds Expectations (5) [ ]
Above Expectations (4) [✓]
Achieve Expectations (3) [ ]
Below Expectations (2) [ ]
Does Not Meet Expectations (1) [ ]
**INTERVENTION SKILLS:**
List the treatment interventions and the proficiency level (introductory – intermediate – advanced) demonstrated by the intern by the completion of the internship.

Adaptive Recreation Interventions:
- Aquatics - Introductory
- Archery - Intermediate
- Cycling - Intermediate
- Climbing Wall - Intermediate
- Challenge Course - Intermediate
- Equestrian - Intermediate
- Sled Hockey - Introductory
- Water Sports - Intermediate

**DEVELOPMENT PLAN:**
Identify practice competencies to be accomplished by the intern in the next six months.

- Community Based Assessment
- Community Based Planning
- Community Based Implementation
- Community Based Evaluation
- Community Based Documentation
- Fundraising
- Marketing
- Special Events
- Program Development
- Diagnostic Groupings
- NCTRC exam
# CLINICAL PERFORMANCE APPRAISAL

## INTERN

### PERFORMANCE

**Name:** Jordan Haverly  
**Title:** Intern

---

### KEY RESPONSIBILITY: Individualized Patient Assessments

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Receives physician’s orders for recreational therapy evaluation and treatment.</td>
<td>• Assessment summaries of behavioral observations, standardized developmental, psychomotor and psychosocial assessment instruments and/or batteries.</td>
</tr>
<tr>
<td>2. Selects appropriate instruments/batteries to generate age and diagnostically appropriate baseline data that identifies the patient’s/client’s strengths and limitations in the functional areas: physical, cognitive, social, behavioral, emotional, and leisure/play.</td>
<td>• Observation of assessments.</td>
</tr>
<tr>
<td>3. Conducts the assessment in a timely manner, in accordance with standards of regulatory agencies and/or treatment protocols and policies.</td>
<td></td>
</tr>
<tr>
<td>4. Informs the patient/client of his/her responsibilities in the assessment and seeks collaboration in the process. If the patient’s/client’s condition or ability prevents his/her involvement in the assessment, the therapeutic recreation specialist seeks involvement of family and/or significant others to obtain complete and accurate assessment data.</td>
<td></td>
</tr>
<tr>
<td>5. Uses standardized assessment procedures including, as appropriate: structured interview, direct observation, performance testing, information from others, and/or record review.</td>
<td></td>
</tr>
</tbody>
</table>
7. Based upon the analysis of assessment data, formulates clinical impressions and recommendation for treatment, referral for other services, or no service at all.

8. Reports assessment findings to appropriate individuals to include the treatment team, patient/client or family and/or significant other.

9. Documents all relevant information regarding the assessment process within the patient/client record.

10. Conducts re-assessments of patients as necessary and appropriate.

**RESULTS/COMMENTS**
<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interprets assessment data accurately and develops the therapeutic recreation treatment plan based upon summary findings of the assessment process congruent with the overall treatment plan.</td>
<td>• Review of treatment plan meetings.</td>
</tr>
<tr>
<td>2. The treatment plan includes the formulation of relevant and attainable short term, long term, and/or discharge goals.</td>
<td></td>
</tr>
<tr>
<td>3. The individualized treatment plan includes measurable, functional goals described in the behavioral terms that provide a time frame for achievement.</td>
<td></td>
</tr>
<tr>
<td>4. Consider all factors (e.g. diagnosis), precautions, contradictions) in the development of the treatment plan that may influence treatment strategies.</td>
<td></td>
</tr>
<tr>
<td>5. Collaborates with the patient/client, family, significant others, team members and consultants, as appropriate, in establishing the individualized treatment plan.</td>
<td></td>
</tr>
<tr>
<td>6. Formulates an individualized treatment plan that is comprehensive and incorporates treatment strategies and/or protocols.</td>
<td></td>
</tr>
</tbody>
</table>

**RESULTS/COMMENTS**
KEY RESPONSIBILITY:
3. Implementation of treatment

Rating 4 - Above Expectations

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepares the patient for treatment and implements the individualized treatment plan using appropriate intervention strategies to restore, remediate or rehabilitate in order to improve functioning and independence as well as reduce or eliminate the effects of illness or disability.</td>
<td>• Observation of treatment interventions</td>
</tr>
<tr>
<td>2. The intervention strategies based upon the assessment and treatment plan includes type, frequency, duration and intensity of the interventions needed to achieve the expected outcomes and appropriateness of diagnostic and individual characteristics to age, cultural, and socioeconomic factors.</td>
<td>• Progress notes</td>
</tr>
<tr>
<td>3. Establishes and maintains an effective therapeutic relationship with the patient, family, and/or significant others.</td>
<td>• Patient satisfaction reports</td>
</tr>
<tr>
<td>4. Reviews, modifies, or discontinues therapeutic recreation interventions based upon patient/client progress or change in condition.</td>
<td></td>
</tr>
<tr>
<td>5. Evaluates and documents the implementation and effects of the interventions according to procedure.</td>
<td></td>
</tr>
<tr>
<td>6. Collaborates with members of the treatment team, patient/client, family, significant others during the implementation of the treatment plan.</td>
<td></td>
</tr>
<tr>
<td>7. Adheres to treatment precautions and contraindications to maximize treatment and minimize patient risk.</td>
<td></td>
</tr>
<tr>
<td>8. Reports any adverse reactions and incidents to appropriate sources.</td>
<td></td>
</tr>
</tbody>
</table>

RESULTS//COMMENTS
**KEY RESPONSIBILITY:**

4. Evaluate Patient’s Progress

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
</table>
| 1. Evaluates and compares the client’s progress relative to the individualized treatment plan.  
The treatment plan is revised based upon changes in the interventions, diagnosis, and patient/client responses. |
| 2. Conducts a formative evaluation of the patient’s/client’s progress that is based upon established treatment goals; reviews of intervention strategies; and considers patient/client satisfaction and functional outcomes. |
| 3. Conducts a summative evaluation of patient/client progress that determines the effectiveness of the plan based upon anticipated functional outcomes, and the patient’s/client’s satisfaction and adherence to the treatment plan. |
| 4. Conducts the treatment program evaluation on a timely basis and according to procedure. |
| 5. Collaborates with appropriate individuals to complete the evaluation, to communicate the results to members of the treatment team, patient/client, family, and/or significant others and to document results in the record. |
| 6. Revises or discontinues the treatment plan based upon the evaluation results as necessary. |

**RESULTS/COMMENTS**
KEY RESPONSIBILITY:
5. Develops Discharge Plan

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develops a discharge plan in collaboration with the patient/client, family, significant others and treatment members in order to continue treatment as appropriate.</td>
<td>• Written discharge plan</td>
</tr>
<tr>
<td>2. The Therapeutic Recreation discharge plan is a part of the comprehensive discharge planning process that documents the following components in the record:</td>
<td>• Observance of discharge team conference</td>
</tr>
<tr>
<td>a.) Summary of patient’s/client’s response to treatment including a current functional level and treatment goals and outcomes.</td>
<td>• Evaluation of follow up case</td>
</tr>
<tr>
<td>b.) Need and recommendations for continued service or aftercare in consideration of patient’s/client’s specific needs (e.g. level of acculturation, living arrangements, support systems, leisure needs, financial considerations, adaptive skills, community resources, agency referrals).</td>
<td></td>
</tr>
<tr>
<td>3. Documents the discharge plan in a timely manner according to procedure.</td>
<td></td>
</tr>
<tr>
<td>4. Actively participates in the comprehensive discharge planning process.</td>
<td></td>
</tr>
<tr>
<td>5. Collaborates in the discharge planning process, with the patient/client, family, significant others and members of the treatment team.</td>
<td></td>
</tr>
<tr>
<td>6. When applicable, makes referral to appropriate agency and/or maintains follow-up contact with patient/client/significant others with respect to the discharge plan.</td>
<td></td>
</tr>
</tbody>
</table>

RESULTS/COMMENTS
### KEY RESPONSIBILITY:

#### 6. Recreation Play Opportunities are Available to Patients

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assures that recreation facilities, equipment, and activities are available, accessible, and appropriate to patient’s/client’s needs and abilities/disabilities.</td>
<td>• Observations of play/recreation opportunities/facilities</td>
</tr>
<tr>
<td>2. Assures that recreation facilities and equipment are clean, safe, and maintained in accordance with health, fire and safety codes.</td>
<td>• Patient satisfaction reports</td>
</tr>
<tr>
<td>3. Assures that recreation opportunities are provided in accordance with department procedures that are designed to improve the general health and well-being of patient’s and adjustment to the health care environment treatment procedures.</td>
<td></td>
</tr>
<tr>
<td>4. Involves the patient/client, family, and/or significant others in planning recreational opportunities to the extent possible.</td>
<td></td>
</tr>
</tbody>
</table>

**RESULTS/COMMENTS**
### KEY RESPONSIBILITY:
7. Practices Professional Ethics

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adheres to the Professional Code of Ethics.</td>
<td></td>
</tr>
<tr>
<td>2. Complies with all related agency standards of conduct and professional ethical standards.</td>
<td></td>
</tr>
<tr>
<td>3. Reports all suspected instances of ethical misconduct to appropriate parties.</td>
<td></td>
</tr>
<tr>
<td>• Observation by supervisor</td>
<td></td>
</tr>
<tr>
<td>• Patient of staff reports</td>
<td></td>
</tr>
</tbody>
</table>

### RESULTS/COMMENTS

### KEY RESPONSIBILITY:
8. Quality Improvement

<table>
<thead>
<tr>
<th>Performance Expectations</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Effectively participates in the quality improvement program through the identification of care and the identification of clinical indicators used to monitor and evaluate the quality and appropriateness of care.</td>
<td></td>
</tr>
<tr>
<td>2. Effectively participates in routine collection of data and systematic review and evaluation of therapeutic recreation practices.</td>
<td></td>
</tr>
<tr>
<td>• Quarterly evaluation of CQI reports</td>
<td></td>
</tr>
</tbody>
</table>

### RESULTS/COMMENTS

### KEY RESPONSIBILITY:
**9. Safety and Risk Management (OSHA)**

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Follows policies and procedures regarding infection control and safety.</td>
<td>• Direct observation</td>
</tr>
</tbody>
</table>

### RESULTS/COMMENTS

Jordan took on an above average case load for her internship and was effective and thorough in her risk management practices.

### KEY RESPONSIBILITY:
**10. Research**

<table>
<thead>
<tr>
<th>Performance Expectations</th>
<th>Tracking Source &amp; Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effectively participates in literature reviews, and case study presentations, and research projects.</td>
<td>• Case presentations, research reports</td>
</tr>
</tbody>
</table>

### RESULTS/COMMENTS

Jordans took on an above average case load for her internship and was effective and thorough in her risk management practices.
<table>
<thead>
<tr>
<th>Behavioral Expectations</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Judgment:</strong> Weighs alternative actions and makes decisions that reflect the facts of a situation. Decisions are based on logical assumptions.</td>
<td>Outstanding 5</td>
</tr>
<tr>
<td><strong>Adaptability:</strong> Remains effective while dealing with different people, situations, tasks and responsibilities.</td>
<td>Outstanding 5</td>
</tr>
<tr>
<td><strong>Attention to detail:</strong> Is thorough in accomplishing tasks and demonstrates appropriate concern for all details no matter how small.</td>
<td>Outstanding 5</td>
</tr>
<tr>
<td><strong>Initiative:</strong> Actively attempts to influence events to achieve goals; originates action instead of passively waiting for others to initiate.</td>
<td>Outstanding 5</td>
</tr>
<tr>
<td><strong>Teamwork:</strong> Actively participates in and enhances team effectiveness; demonstrates concern and consideration for needs and feelings of team members.</td>
<td>Outstanding 5</td>
</tr>
<tr>
<td><strong>Professional and technical knowledge:</strong> Demonstrates knowledge of technical and professional information and trends in recreational therapy practice.</td>
<td>Outstanding 5</td>
</tr>
</tbody>
</table>

**DEVELOPMENT PLAN:**

Identify practice competence to be accomplished by the intern in the next six months.

Plan:
CLINICAL PERFORMANCE APPRAISAL
SUMMARY & REFERENCE

PERFORMANCE

Intern Information
Ms. /Mr. ______________________________________________________________________
Address_______________________________________________________________________
City____________________________________ State___________________Zip_____________
Phone__________________________________

College/University
Supervisor of internship___________________________________Certification No._______
College/University ________________________Phone_________________________________
Address _______________________________________________________________________
City____________________________________State___________________Zip_____________
Internship course title _____________________Course Prefix_____ Course #______Credits___

Internship Agency
Internship Supervisor Amanda Smith
Certification No. 58550
Agency National Ability Cetner
Address 1000 Ability Way
City Park City State UT Zip 84060
Setting/type of agency Community Primary Population All

Dates of internship: From: 05 / 23 / 2014 to 09 / 05 / 2014

No. of weeks: ___________ x ____________ hours/ week = TOTAL HOURS _______________

OVERALL PERFORMANCE RATING

Exceeds Expectations (5)☐
Above Expectations (4)☑
Achieve Expectations (3)☐
Below Expectations (2)☐
Does Not Meet Expectations (1)☐
## INDIVIDUAL PERFORMANCE RATING

<table>
<thead>
<tr>
<th>Rating</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Individual Patient Assessments</td>
<td>4</td>
</tr>
<tr>
<td>2. Plans Treatment Intervention</td>
<td>4</td>
</tr>
<tr>
<td>3. Implementation of Treatment</td>
<td>4</td>
</tr>
<tr>
<td>4. Evaluates Patient’s Progress</td>
<td>4</td>
</tr>
<tr>
<td>5. Develops Discharge Plan</td>
<td>3</td>
</tr>
<tr>
<td>6. Recreational/Play Opportunities made to patients</td>
<td>4</td>
</tr>
<tr>
<td>7. Practice Professional Ethics</td>
<td>3</td>
</tr>
<tr>
<td>8. Quality Improvement</td>
<td>3</td>
</tr>
<tr>
<td>9. Safety and Risk Management -OSHA</td>
<td>4</td>
</tr>
<tr>
<td>10. Research</td>
<td>4</td>
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## BEHAVIORIAL EXPECTATIONS

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In your opinion what is the potential for this student to succeed at supervisory or higher levels in this profession?  
4 - High potential to succeed

Would you consider this person for a vacant position?  
☑ Yes  or  ☐ No

The signing of this form indicates the intern has reviewed and discussed the evaluation and DOES NOT indicate that the intern necessarily agrees with the judgments in the evaluation.

Date **09/05/2014**  
Amanda Smith  
Supervisor’s Signature

Intern’s Signature

---

I authorize the (agency name)  
Department of Recreational Therapy to use my information provided on this form as an identifier and to provide the information included in this form to potential employers, educational institutions, and/or credentialing boards that may contact them for a reference.

Signature of Student Intern  
Date

Click here to print form for your records.