Department of Recreation, Park, and Tourism Studies
Indiana University Bloomington

B.S. in Recreation

320-HOURS FIELD EXPERIENCE REQUIREMENT

Developing as a professional requires combining academic preparation and practical field experience. Intellectual foundations, attitude development, and competencies developed in the classroom are tested through practical work beyond the classroom. The purpose of this requirement is to encourage exploration of various leisure service agencies and the development of hands-on knowledge and skills through paid and/or volunteer work.

**Requirement** Three hundred twenty (320) hours practical experience (equivalent to an eight week full-time position):

1. spread across at least 2 different field settings.

2. conducted in a recreation, park, sport, tourism or therapeutic recreation services setting involving leadership, programming, or management experiences. [See list of approved settings below*. NB: Experiences gained from any academic course do **not** count as one of the two field settings.]

3. of which 100 must be in a setting clearly related to your major option.**

4. completed prior to the start date of the Professional Internship (SPH-R 497).

5. volunteer or paid. [Up to 25 hours for required course field projects (i.e., in T410, Y277) may also be credited toward this requirement, but does not count as one of the two field settings.]

6. initiated any time after high school graduation

**Verification and approval of hours** is obtained by submitting a “320 Hours Field Experience Report Form” (below) to your option faculty coordinator. Only hours approved by your program mentor may count toward this requirement.

**Approved Field Settings**

| Federal reservoir, forest, park | Adventure-travel company |
| State park or forest | Commercial recreation facility |
| County recreation and park agency | Hotel / resort |
| Municipal recreation and park agency | Theme park |
| YMCA / YWCA | Conference bureau |
| U.S. Navy / Army / Air Force | Visitor & convention bureau |
| Museum | Acute care facility |
| Zoo | Assisted living facility |
| Nature center / preserve | Developmental learning center |
| Residential / day camp | Psychiatric / medical hospital |
| Playground | Mental health center |
| Youth recreation (i.e. Scouts, after-school) | School special education program |
| University recreational sports / student union | Employee services |

**To verify the appropriateness of your field setting choices, and for more ideas on approved field settings, consult “320 Hours FAQs,” and then your faculty option coordinator.**

05/2013
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320 HOURS FIELD EXPERIENCE REPORT FORM

Student Name ______________________________________________ IU E-Mail ___________________
(name, middle, last)

Major (check one): __Outdoor      __Public Nonprofit Rec     __Rec Sport Mgmt     __RT    __Tourism

1. Agency / Organization Information

Agency Name ___________________________________________________________________

Address _______________________________________________________________________

_______________________________________________

Supervisor Name ________________________________________ E-Mail ____________________

Supervisor Position ______________________________________ Phone: _____________________

2. Type of Position

_____ full-time yearly      _____ full-time seasonal      _____ SPH-R 210/Y277 assignment

_____ full-time seasonal      _____ SPH-T 410 assignment

_____ part-time hourly      _____ SPH-R 395 practicum

_____ part-time volunteer      _____ Other SPH (RPTS) class (please list):___________

3. Date Started ___________________ Date Ended _______________ Total Hours Performed ________

4. Duties (List responsibilities assumed and projects with which you worked):

(RT majors only: check here only if work was supervised by a CTRS ___)

5. Self-Critique (How has this experienced contributed to your professional growth?):

6. Supervisor’s Critique (How has this student contributed to your agency?):

Student’s Signature _________________________________   Date ________________

Supervisor’s Signature _______________________________  Date ________________

PLEASE RETURN THIS FORM TO THE RPTS DEPARTMENT OFFICE, PH 133, FOR REVIEW BY YOUR
OPTION FACULTY COORDINATOR, WHO WILL DETERMINE WHETHER AND HOW THIS EXPERIENCE
WILL COUNT TOWARD THE 320-HOUR REQUIREMENT. Be sure to make a copy for your records before turning
in the original

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Option Faculty Mentor
Verification Signature _________________________________________________  Date ________________

Check all that apply: Counts toward 320 Hours_____ Counts toward 100 hours in this option:_____

05/2013