

**California State University, Northridge  
Recreation and Tourism Management**

**RECREATION MANAGEMENT  
RECREATION THERAPY**

**INTERNSHIP MANUAL  
2011 - 2013**

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**Internship Coordinator**

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**Your professor needs the original copy of the following completed and signed pages:**

**Student Internship Guidelines pp. 11-13;**

**Student Authorization to Operate Privately Owned Vehicle pp.14-15**

**Academic Field Trip Informed Consent pp. 16-17**

**Learning Plan pp. 18–22**

**Mid-semester Evaluation pp. 34-35**

**Final Evaluation pp. 36-39**

**The agency needs a copy of the Learning Plan, the Mid-semester Evaluation, and the Final Evaluation.**

**The student should keep copies of EVERYTHING in an Internship Notebook.**

**CALIFORNIA STATE UNIVERSITY, NORTHRIDGE**  
**Department of Recreation and Tourism Management**  
**RECREATION MANAGEMENT**  
**RECREATION THERAPY**  
**Internship Policies and Procedures**

The Department of Recreation and Tourism Management at California State University Northridge views the Internship experience as an integral aspect of each student major's total education preparation for professional practice. Consequently, an Internship is the culminating field experience provided for the student for refinement of knowledge and skills acquired in the classroom.

**I. Internship Program Objectives**

The Internship Program will provide students with opportunities to:

- A. Apply in practice the knowledge and skills acquired in the academic setting;
- B. Gain knowledge of particular recreation and tourism service delivery systems and their relationships to other service delivery systems;
- C. Test and enhance leadership and basic supervisory skills;
- D. Understand and respect the leisure needs and interests of diverse individuals and groups, including all groups with special needs;
- E. Be able to function as part of a team and build cohesive interrelationships;
- F. Demonstrate ethical and professional competencies as required in recreation and tourism services;
- G. Refine oral and written communication skills;
- H. Enhance critical thinking and analytic skills;
- I. Utilize and refine problem solving skills; and
- J. Apply and enhance technological competence.

**II. Internship Course Overview**

RTM 494 A-B-C (1-2-3 units) is required for all students in their senior year in the Department (completion of at least 90 units toward the degree). Exceptions are appropriate for returning students with sufficient professional experience in their chosen academic program.

These courses are designed to facilitate practical learning and work experience.

**Recreation Management** students may take these six units in the following patterns:

- A. RTM 494 A & B in one agency; C in a different agency
- B. RTM 494 A-B-C; each in the same Agency

**Recreation Therapy** students must complete all coursework successfully (C or better in the Recreation Therapy Option prior to internship; the internship is to be done in one agency which has been approved by the California Board of Recreation and Park Certification.

The key component of RTM 494 is performance; the opportunity to practice and exercise knowledge and skills gained from the classroom in an actual professional employment setting. Every internship shall be for a minimum of 100 hours per unit. The minimum number of hours to complete the internship requirement of six units is 600 hours.

Students must consult with their Advisor regarding the opportunity(s) available to them, and attain approval of their Internship Program during the semester PRECEEDING intended enrollment.

INTERNSHIP ELIGIBILITY (Departmental Minimum): University and Department senior status and completion of ALL 200 and 300 level departmental core and professional emphasis courses. A copy of the student's Degree Progress Reporting System (DPRS) report must be given to the Internship Coordinator PRIOR to Internship enrollment. Students on Academic Probation MAY NOT enroll in the Internship Program (a 2.0 minimum GPA is required both prior to and during enrollment in RTM 494 ABC).

**SPECIAL NOTATION:** THE DEPARTMENT ADVISES ALL STUDENT INTERNS THAT IT IS IMPORTANT TO RECOGNIZE THE SIGNIFICANT NEW DEMANDS THE INTERNSHIP PROGRAM/EXPERIENCE PLACES ON YOU..

### III. Responsibilities of the Department of Recreation and Tourism Management

The Internship Coordinator in consultation with the faculty is the representatives of the Department of Recreation and Tourism Management to the field training sites (e.g., community agencies, hospitals, rehabilitation centers, nursing homes, health related facilities, child care institutions, leisure cooperatives, human service agencies, outdoor and natural resource centers, commercial recreation businesses, corporate/employee recreation institutions, non-profit recreation delivery systems, and other similar facilities). It is through these representatives that students are processed, placed, and evaluated, and that agencies are selected and monitored. The responsibilities of the department are as follows:

- A. The Internship Coordinator shall be responsible for the administration of policies addressing the experiential component of students' learning. The Coordinator shall be responsible for the following:
  1. To complete appropriate administrative tasks.
  2. In consultation with the faculty as a whole, review students' requests for waiver of the Internship, and make determinations regarding such requests.
  3. To work with the faculty as a whole in the study, evaluation and exchange of ideas directed toward the improvement of the Internship Program.
  4. To maintain a master copy of semester interns and their agency supervisors.
  5. To conduct an Internship Orientation Meeting each semester.
  6. To be a resource to students regarding approved internship agencies.
  7. To supervise arrangements for and give final approval of all internship assignments.
  8. To maintain contact with the Agency Supervisor regarding the progress of each student.
  9. To be available to Agency Supervisors and to students for consultation on questions/issues related to Internship assignments.
  10. To evaluate the students' progress reports and to discuss these with the students in individual and/or group meetings held at the University.
  11. To visit and observe students at field training sites when feasible and to conduct evaluation conferences with students and supervisors.
  12. To evaluate the students' Internship experience in terms of reports and assignments, meetings at the University, and the evaluation reports of the Agency Supervisor. It is the responsibility of the Internship Coordinator to assign final course grades to the students.
  13. To approve agencies as field training sites based on established criteria.

IV. Responsibilities of the Student Intern (checklist)

**PLEASE NOTE: INTERNSHIP HOURS CAN NOT BEGIN UNTIL A CONTRACT IS IN PLACE BETWEEN THE AGENCY AND THE UNIVERSITY; UNTIL THE STUDENT SUBMITS TO THE UNIVERSITY SUPERVISOR A HARD COPY OF CURRENT CAR INSURANCE AND HEALTH INSURANCE. RECREATION THERAPY STUDENTS CANNOT BEGIN UNTIL THEY ALSO SUBMIT COPIES OF CURRENT LIABILITY INSURANCE.**

- ( ) A. Attend the Orientation Meeting. Read and complete all forms as directed by the Internship Coordinator.
- ( ) B. Give a copy of their Degree Progress Report (DPR) report to the Internship Coordinator who will then verify Internship eligibility.
- ( ) C. Develop a set of objectives for the Internship experience. Make an appointment with your advisor to discuss the objectives. Discuss possible approved training sites for the Internship experience in which these objectives can be achieved.
- ( ) D. Set up appointments with Agency Supervisors at the recommended training sites to discuss the feasibility of completing Internship assignments. Prior to the selection of the internship agency, the student should make a minimum of three visits to appropriate agencies.
- ( ) E. Once the internship site has been selected, complete *LEARNING PLAN* with the Agency Supervisor. Make sure that the Agency Supervisor signs the form.
- ( ) F. Inform the University Internship Coordinator upon selection of the training site.
- ( ) G. The *LEARNING PLAN*, must be completed prior to BEGINNING HOURS. THE STUDENT MUST ALSO SUBMIT TO THE UNIVERSITY SUPERVISOR A COPY OF THEIR HEALTH INSURANCE AND AUTO INSURANCE.
- ( ) H. The student is expected to follow the policies and duties outlined by the Agency Supervisor, and meet all scheduled commitments and arrangements made in conjunction with the training assignments.
- ( ) I. The student is expected to perform work assignments to the best of their ability while becoming an integral and participating member of the Agency's staff and conducting oneself in a professional manner at all times in contacts with staff and clientele.
- ( ) J. The student is to submit weekly reports each Wednesday of the Internship experience to the Department Internship Coordinator.
- ( ) K. The student is to submit assignments required by the Department of Recreation and Tourism Management and any reports and/or assignments as may be required by the Agency to the Internship Coordinator.
- ( ) L. The student is to attend individual and/or group internship meetings at the University.
- ( ) M. The student is to give the *Mid-Term Evaluation Form* to the Agency Supervisor approximately halfway through the internship.
- ( ) N. The student is to participate in a mid-term progress conference with the Agency Supervisor.
- ( ) O. The student is to visit, observe and participate, whenever possible, in phases of the Agency's operations other than the ones to which they are assigned.
- ( ) P. At the conclusion of the Intern experience, the student is to give the Agency Supervisor the *Final Evaluation Form* to complete.
- ( ) Q. The student is to participate in a final evaluation conference with the Agency Supervisor. The focus of this conference should be the *Final Evaluation Form*. At the conclusion of the conference, the report should be signed by the student and the Agency Supervisor and returned to the Internship Coordinator. The student is encouraged to append their own statement, whether or not there is a disagreement with the evaluation.
- ( ) R. At the conclusion of the Internship experience, the student is to complete the *Student Final Evaluation Report*. A copy of this report should be given to the Agency Supervisor and the Internship Coordinator.
- ( ) S. The student is to complete all appropriate Internship assignments as described in

Section VI.

- ( ) T. If requesting a grade of "Incomplete," complete and return *Request for Incomplete* to the Internship Coordinator. These forms are online. A completely filled out form must be submitted IN HARD COPY to the University Supervisor. AT LEAST 75% OF THE HOURS MUST BE COMPLETED TO REQUEST AN INCOMPLETE.
- ( ) U. ALL completed paperwork and assignments must be turned into the Internship Supervisor prior to the assignment of final grades.
- ( ) V. Maintain an internship notebook.

V. Responsibilities of the Agency as a Field Training Site

**PLEASE NOTE: INTERNSHIP HOURS CAN NOT BEGIN UNTIL A CONTRACT IS IN PLACE BETWEEN THE AGENCY AND THE UNIVERSITY; UNTIL THE STUDENT SUBMITS TO THE UNIVERSITY SUPERVISOR A HARD COPY OF CURRENT CAR INSURANCE AND HEALTH INSURANCE. RECREATION THERAPY STUDENTS CANNOT BEGIN UNTIL THEY ALSO SUBMIT COPIES OF CURRENT LIABILITY INSURANCE.**

- A. Interview and select students in conjunction with the Internship Coordinator.
- B. Assign a qualified staff member(s) to supervise the Student Intern and provide the staff member(s) with sufficient time to undertake this responsibility.
- C. Offer Student Interns assignments in conjunction with the objectives of the Internship Program.
- D. Prepare the staff for the arrival of the Intern(s). Inform personnel as to their role(s) in assisting the educational process of the Intern(s).
- E. **Develop learning objectives for the Intern(s) experience.** It is expected that the student will be given opportunities to strengthen skills and knowledges learned in the classroom. Examples of these skills and knowledges follow: Leadership skills, supervisory skills, needs and interests of diverse individuals and groups, functioning as a team, ethical/professional competence, written and oral skills, critical thinking, analytic skills, problem solving, and use of technology. The agency should develop specific objectives through which the student will demonstrate these skills and knowledges.
- F. Provide the Intern(s) with an in-depth orientation to the agency and all relevant policies and procedures.
- G. Invite Intern(s) to participate in staff and/or treatment meetings and other educational opportunities available in the Agency.
- H. Provide appropriate physical arrangements for Intern(s), such as office and desk space, use of telephone, e-mail etc.
- I. Introduce Intern(s) to career opportunities within the agency and the profession.
- J. Attend any career events for majors during the semester that you are supervising an intern student.
- K. Inform the Internship Coordinator immediately of any changes in the supervision of the intern student.**

VI. Explanation of Internship Minimum Requirements and Assignments

All students, regardless of program area, are required to complete the following assignments:

1. Weekly Reports: Weekly reports are a type of self assessment for the Intern. They are to be a discussion of the week's activities. Each section is to be addressed in-depth since these sections assist the Intern in processing their own problem solving and time management skill development. Each weekly report is due the Wednesday following the week discussed in the report.
2. Attend Internship Meetings at the University: All Interns are required to attend the internship meetings as scheduled by the Internship Coordinator. The

purpose of these meetings is to bring other Interns up-to-date with your Internship and to provide support to one another.

3. **Mid-Semester and Final Evaluations:** The Agency Supervisor completes both of these evaluations and then discusses them with the Intern. The Intern should give the Mid-Semester Evaluation to the Agency Supervisor at approximately the halfway point (completion of half of the required Internship hours) of the Internship. The Final Evaluation is given to the Agency Supervisor at the start of the last week of the Internship. These forms are sent to the Internship Coordinator when completed.
4. **Student's Final Evaluation of the Internship:** Each Intern is required to ancdotally answer the questions on this form. This is the student's feelings about the Internship experience, the agency, and their supervision. A copy of this report should be sent to the Agency Supervisor.

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### **Internship Minimum Requirements - Recreation Management**

1. **Internship Agency Analysis:** Students should have knowledge and experience in program administration. The Internship Agency Analysis will allow the student to development an understanding of the overall management of the internship agency. The student should meet with their supervisor and, if approved by the supervisor, interview other key agency personnel. The analysis shall consist of the following:

- a. Mission Statement and Purpose
- b. Organizational Chart
- c. Policies & Procedures
- d. Description of services
- e. Budget
- f. Risk management
- g. Promotional activities
- h. Program planning
- i. Staff training
- j. Evaluation
- k. Future projections and current trends

This assignment is to be included in the student's internship notebook.

2. **Program/Event Development, Implementation, and Evaluation or Special Project:**

The Recreation Management student shall take responsibility for the planning, supervision, implementation and evaluation of an event/program/activity. A paper describing the process, including all materials (i.e., program proposal, budget, evaluation), is required upon completion of the program or activity. Implementation of this program is an ideal opportunity to invite the Internship Coordinator to visit the Intern at the agency.

Special Projects require approval of Agency Supervisor and University Supervisor. It should reflect skill areas and contribute to the profession.

## **1. Internship Minimum Requirements and Assignments: Recreation Therapy**

- a. Charting: The intern student should receive experience in charting and documentation of clients. Before the end of the internship, the student should have sole responsibility (supervised) for documentation. Charting forms and several sample notes are to be included in the Internship Notebook.
- b. Meetings: Students should attend appropriate team meetings, staff meetings, case conferences, workshops, etc. Evidence of attendance and participation at these meetings should be included in the weekly reports.
- c. Program Implementation: Students should move on a continuum from assisting in TR programs, to co-leading and directing activities, to initiating and directing original activities. After the student has reached the last level, he or she should be expected to continue conducting these activities on a consistent basis throughout the remainder of the internship. The student will be expected to consistently improve upon the activities. Students should participate in a variety of program/activity areas (e.g., arts and crafts, games, group discussions, process groups, leisure education, fitness, movement, cooking, etc.) Students should show improved leadership techniques, observational skills, etc. Students should include a discussion of their leadership of activities within their weekly reports. Students should also include the purpose for using the activities in their Internship Notebook (i.e., program plans/documentations, agency protocols).
- d. Terminology: Students should have a thorough understanding of appropriate terminology to use at their TR Internship agencies. Terminology should consist of medications used in the agency and clinical vocabulary. Students will be evaluated on their effective use of terminology at the agency by the Agency TR Internship Supervisor. Students are recommended to initiate a Terminology List of words and phrases that they do not know and their definitions. This Terminology List should be kept in the Internship Notebook.
- e. Volunteer Coordinator Interview and Orientation: The Intern is required to interview the Volunteer Coordinator at the internship agency, attend the agency's volunteer orientation program, and to write a report of the interview. Included in the interview report are the following: how volunteers are recruited, screened, interviewed, oriented, and evaluated, released. Due the 4th week of the internship
- f. Leisure Education Interview and Observation: The Intern is required to interview the recreation therapist who does the majority of the leisure education program at the internship agency. The written report of the interview and leisure education observations should include the following: leisure education philosophy used at the agency, goals of the program, examples of session topics and materials, and how the program is evaluated. Due the 5th week of the internship
- g. Treatment Plans: The Intern is required to complete two treatment plans (in the format used in LSRC 475) during the internship. The first treatment plan must be completed by the end of the 6th week of the internship and the second treatment plan should be completed by the 10th week of the internship.



- h. Social Event/Party: The Intern is required to plan, publicize, implement, and evaluate a Special Event and/or Party at the internship agency. The planning for this event/party should be done under the supervision of the Agency Internship Coordinator. The plan for this program/event will be submitted to the University Internship Coordinator at least one week prior to the event. A written evaluation of the event will be given to both the Agency and University Internship Supervisors within one week following the party/event. The special event/party should be completed by the 12th week of the internship.
- i. In-Service Presentation: The Intern is required to conduct an In-service Training for the TR staff, volunteers, or some other group at the Internship Agency. An outline of the content of the presentation should be given to the Agency Supervisor prior to the in-service presentation. Once the in-service presentation is completed, the student will send a copy of the presentation outline and the student's evaluation of the presentation to the University Internship Supervisor. An additional copy should be included in the Internship Notebook.
- j. Program Design and Implementation: Once the student is responsible for program leadership, they should assess the populations serviced and develop a proposal for a new program. After approval from the Agency Supervisor, the student will implement the program for a minimum of three to four weeks. At the end of this time period the student will prepare a written evaluation of the program and give copies to their Agency Internship Supervisor and the University Internship Supervisor.
- k. Case Study: At least one Case Study of a client must be prepared during the internship experience. The client chosen for the case study must not be one of the clients that were used for the treatment plan assignment. The case study should be reviewed with Agency Internship Supervisor and necessary changes should be made. If possible, the case study should be presented to the Department Staff or the Treatment Team. Turn in one copy to the University Internship Supervisor and keep one copy in the Internship Notebook.
- l. Team Member: By the end of the internship, the student should be functioning at the level of a professional therapeutic recreation specialist, which includes full participation as an active member.

**\*\*For students doing a Community Therapeutic Recreation Internship, the following assignments will replace the Treatment Plan, Case Study, Charting assignments:**

- 1. Record Keeping: The student should receive experience in record keeping appropriate to the agency and eventually take on sole responsibility (under supervision) before the end of the internship. Record keeping forms and samples should be included in the internship notebook.
- 2. Program Implementation: The student should have some knowledge and experience in program administration. When appropriate, the student should plan for program costs analysis, transportation, insurance coverage, fundraising, and public relations for the agency activities or programs:
  - a. Budget:
    - 1) Develop a budget (cost analysis) for at least one program;

- 2) Discuss the overall special populations program budget with the Agency Internship Supervisor; and
- 3) Interview the agency administrator who is responsible for developing the agency's budget
- b. Transportation:
  - 1) Identify and discuss how transportation is handled for the special populations program coordinator and agency director; and
  - 2) Coordinate transportation for at least one special program/trip/outing
- c. Insurance/Liability:
  - 1) Discuss how insurance coverage is handled for the special populations program with the internship supervisor and any other agency personnel. Is it different from the regular recreation programs? Is it only on special trips and outings?
- d. Americans with Disabilities Act :
  - 1) How has the ADA been implemented at the internship agency? Include criteria for inclusion programs and segregated programs.
- e. Fundraising:
  - 1) Discuss how funds are raised for the special populations program. If possible, try to coordinate at least one fundraising activity during the internship.
- f. Public Relations:
  - 1) Conduct a meeting with at least one community group, support group, or advisory board during the internship;
  - 2) Design publicity for at least one program during the internship; include all publicity materials that were used to promote the program
- g. Agency/Program Employment:
  - 1) Discuss with the internship supervisor the qualification requirements and duties of all jobs within the special populations program;
  - 2) Identify the process through which a position is posted, interviewed, and filled at the agency. If applicable, discuss civil service and affirmative action with your internship supervisor. The Program Administration Assignment must be written in detail with appropriate agency forms, flyers, etc. Turn one copy into the University Internship Supervisor and include one copy in the Internship Notebook.

## STUDENT INTERNSHIP GUIDELINES

The student agrees to abide by the following Guidelines and Limitations:

### **Guidelines:**

**Ask for help when in doubt:** Your site supervisor understands the issues at your site and you are encouraged to approach him/her with problems or questions as they arise. He/she can assist you in determining the best way to respond to difficult or uncomfortable situations. Feel free to contact your professor with questions concerning your placement.

**Be punctual and responsible:** Although you are volunteering your time, you are participating in the organization as a reliable, trustworthy and contributing member of the team. Both the administrators and the person whom you serve rely on your punctuality and commitment to completing your service hours/project throughout your partnership.

**Call if you anticipate lateness or absence:** Call the site supervisor if you are unable to come in or if you anticipate being late. Be mindful of your commitment, people are counting on you.

**Respect the privacy of all clients:** If you are privy to confidential information with regard to the persons with whom you are working (i.e. organizational files, diagnostics, personal stories, etc.), it is vital that you treat it as privileged information. You should use pseudonyms in your course assignments if you are referring to clients or the people you work with at the service site.

**Show respect for the partnership organization you work for:** Placement within community programs is an educational opportunity and a privilege. Keep in mind, not only are you serving the community, duty the community is serving you you by investing valuable resources in your learning.

**Be appropriate:** You are in a work situation and are expected to treat your supervisor and others with courtesy and kindness. Dress comfortably, neatly and appropriately. Use formal names unless instructed otherwise. Set a positive standard for other students to follow as part of CSU's ongoing internship

programs.

**Be flexible:** The level or intensity of activity at a service site is not always predictable. Your flexibility to changing situations can assist the partnership in working smoothly and producing positive outcome for everyone involved.

### **Maximize the Experience:**

- DO** participate in orientation for your internship experience.
- DO** make sure you know whom to contact at the site and at the university in case of an emergency.
- DO** make sure you know how to exit your service site in case of an emergency
- DO** ask for help from your supervisor or another staff member at your service site when in doubt.
- DO** call your site supervisor if you know you will be late or not able to come in at all.
- DO** show respect for your service site, its staff, and its clients.
- DO** be aware that you are representing your university.
- DO** know that if you are having trouble at your service site, you can talk with your faculty member about it.
- DO** sign-in at your service site every time you are there, and record your service hours on your student service log. This will ensure you receive credit for the hours you have served.
- DO** know that you can request an alternative service site if you are not comfortable with your current site.

### **Limitations:**

- DON'T** report to your service site under the influence of drugs or alcohol.
- DON'T** give or loan a client money or other personal belongings.
- DON'T** make promises or commitments you cannot keep to a client.
- DON'T** give a client or agency representative a ride in a personal vehicle.
- DON'T** tolerate verbal exchange or engage in behavior that might be perceived as discriminating against an individual on the basis of his/her age, race, gender, sexual orientation, ability or ethnicity.
- DON'T** tolerate verbal exchange of a sexual nature or engage in behavior that might be perceived as sexual with a client or community organization representative.

**DON'T** engage in any type of business with clients during the term of your service.

**DON'T** enter into personal relationships with a client or community partner representative during the term of your service.

### **Transportation:**

Student understands and agrees that transportation to and from the internship site shall be the sole responsibility of each participating student. Neither the University or the Internship site shall assume responsibility or liability for student transportation.

If you feel that your rights have been or may be violated, or that any of the above-stated limitations have been violated, please contact:

**Dr. Jan Tolan, RTM Department, CSUN; 818-677-3252; [jan.tolan@csun.edu](mailto:jan.tolan@csun.edu)**

Student Name:

Student Initials:

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Insurance & Risk Management  
**Student Authorization to Operate**  
**Privately Owned Vehicle**

ENVIRONMENTAL  
HEALTH & SAFETY  
TEL NO: (818) 677-2079  
FAX NO: (818) 677-5853  
MAIL DROP: 8284  
:

NAME:	STUDENT ID:	DRIVERS LICENSE #:	STATE:	EXP DATE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YY"/>
COURSE/ORGANIZATION:		VEHICLE LICENSE #:		
<input type="text"/>		<input type="text"/>		
PROGRAM / ACTIVITY:		MAKE / MODEL:		
<input type="text"/>		<input type="text"/>		
DESTINATION:		NAME OF VEHICLE'S REGISTERED OWNER:		
<input type="text"/>		<input type="text"/>		
DEPARTURE/DATE/TIME:	RETURN/DATE/TIME:	INSURANCE PROVIDER:	POLICY NO:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
PASSENGERS TRAVELING IN THE VEHICLE:				
1.	<input type="text"/>	2.	<input type="text"/>	
3.	<input type="text"/>	4.	<input type="text"/>	

**1. CERTIFICATION:**

***I hereby certify*** that, whenever I drive a privately owned vehicle to or from a University-affiliated event, I will have a valid driver's license in my possession, all persons in the vehicle will wear safety belts, and the vehicles shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage).
2. Equipped with safety belts in operational condition.
3. To the best of my knowledge, the vehicle is in safe mechanical condition as required by law and adequate for the work to be performed.

***I further certify*** that I have no outstanding traffic warrants.

***I further certify*** that while using a privately owned vehicle on University-affiliated business, I will report all accidents to Office of Environmental Health & Safety (677-2079) and form Std. 270 will be completed and filed

within 48 hours of the accident.

**I understand** that in the case of an accident my personal vehicle insurance will be the **primary coverage**.

**Student Signature:**

**Date:**

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**2. Approval:**

Proof of insurance has been verified and use of a privately owned vehicle on State business is approved:

**Signature & Title:**

**Date:**

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Insurance & Risk Management  
**Academic Field Trip**

ENVIRONMENTAL HEALTH  
& SAFETY  
TEL NO: (818) 677-2079  
FAX NO: (818) 677-5853  
MAIL DROP: 8284

**Informed Consent Form**

**I. THE UNDERSIGNED HEREBY REQUESTS ACCEPTANCE TO PARTICIPATE  
IN THE CSU, NORTHRIDGE:**

(Name of department and college)

**II. DESCRIBE THE ACTIVITY:**

HEREIN AFTER REFERRED TO AS "ACTIVITY" THAT BEGINS ON

AND ENDS ON

In consideration of my voluntary participation in the above captioned activity, I hereby waive all claims of action against the State of California; the Trustees of the California State University; California State University, Northridge; its auxiliary organizations; and the officers, directors, employees, and agents, all of which are collectively hereinafter referred to as the "State", arising out of my voluntary participation in the activity and hereby release, hold harmless, and discharge the State from all liability in connection therewith.

Knowing, understanding, and fully appreciating all possible risk, I hereby expressly, voluntarily, and willingly assume all risk and dangers associated with my participation in this activity. These risks could result in damage to property, personal and/or bodily injury or death.

In addition, I have been advised to obtain personal medical coverage either through the University Health Center or a medical insurance carrier of my choosing. Furthermore, I agree to use my personal medical insurance as the primary medical coverage payment if accident of injury occurs.

I have read this waiver and release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the State is knowingly given up in return for allowing my participation in the activity.

My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

**Participant**

**Date:**

**Signature:** \_\_\_\_\_

\_\_\_\_\_

Print Name:

Phone: \_\_\_\_\_



**Parent's or Guardian's  
Signature:** \_\_\_\_\_

*(IF PARTICIPANT IS A MINOR)*

Print Name:

**Date:** \_\_\_\_\_

Phone:

**Instructor's  
Signature:** \_\_\_\_\_

Print Name:

**Date:** \_\_\_\_\_

Phone:

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE  
Department of Recreation and Tourism Management  
**Learning Plan**

Semester/Year \_\_\_\_\_ Student's Starting Date \_\_\_\_\_ Total Hours Required \_\_\_\_\_

Emergency contact for Student: \_\_\_\_\_

Name Phone number(s)

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Student's Email \_\_\_\_\_

Course Instructor: \_\_\_\_\_ Semester/Quarter: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Course #: \_\_\_\_\_ Ticket #: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Agency/Site: \_\_\_\_\_ Phone #: \_\_\_\_\_

Site Supervisor's Email \_\_\_\_\_

Site Supervisor/Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Approximate # of Hours: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Responsibilities of the Agency as a Field Training Site

**PLEASE NOTE: INTERNSHIP HOURS CAN NOT BEGIN UNTIL A CONTRACT IS IN PLACE BETWEEN THE AGENCY AND THE UNIVERSITY; UNTIL THE STUDENT SUBMITS TO THE UNIVERSITY SUPERVISOR A HARD COPY OF CURRENT CAR INSURANCE AND HEALTH INSURANCE. RECREATION THERAPY STUDENTS CANNOT BEGIN UNTIL THEY ALSO SUBMIT COPIES OF CURRENT LIABILITY INSURANCE.**

- A. Interview and select students in conjunction with the Internship Coordinator.
- B. Assign a qualified staff member(s) to supervise the Student Intern and provide the staff member(s) with sufficient time to undertake this responsibility.
- C. Offer Student Interns assignments in conjunction with the objectives of the Internship Program.
- D. Prepare the staff for the arrival of the Intern(s). Inform personnel as to their role(s) in assisting the educational process of the Intern(s).
- E. **Develop learning objectives for the Intern(s) experience.** It is expected that the student will be given opportunities to strengthen skills and knowledges learned in the classroom. Examples of these skills and knowledges follow: Leadership skills, supervisory skills, needs and interests of diverse individuals and groups, functioning as a team, ethical/professional competence, written and oral skills, critical thinking, analytic skills, problem solving, and use of technology. The agency should develop specific objectives through which the student will demonstrate these skills and knowledges.
- F. Provide the Intern(s) with an in-depth orientation to the agency and all relevant policies and procedures.

- G. Invite Intern(s) to participate in staff and/or treatment meetings and other educational opportunities available in the Agency.
- H. Provide appropriate physical arrangements for Intern(s), such as office and desk space, use of telephone, e-mail etc.
- I. Introduce Intern(s) to career opportunities within the agency and the profession.
- J. Attend any career events for majors during the semester that you are supervising an intern student.
- K. Inform the Internship Coordinator immediately of any changes in the supervision of the intern student.**

Description of the student's major assignments/responsibilities: (Established by the Site Supervisor and Student). Use additional space if needed).

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Specific learning outcomes/objectives for the student's experiential learning opportunity. What is to be learned from this experience – about the agency, about the challenges and assets of the population with whom you will be working, about yourself, about the community, etc. (Use additional paper if necessary.)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

10.

11.

12.

13.

14.

15

16.

**Inherent Risks. Please list all known risks inherent to the internship environment associated with your organization (facility hazard, location concerns, personal issues, etc.): Use additional space as needed.**

This agency, \_\_\_\_\_, hereby accepts the student and agrees to give this student an orientation to the policies and procedures necessary for the practicum and develop and monitor specific learning objectives, beginning on the starting date indicated for the total number of required hours as noted above.

**The Site Supervisor:**

Agrees to guide this student's work and to submit a mid-semester and final evaluation of his/her achievement.

Agrees to discuss any concerns about the learner's performance with him/her directly, and with the course supervisor.

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Faculty/Course Supervisor:**

I have examined and approved \_\_\_\_\_'s *Internship Learning Plan*.

Faculty/Course Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Initials \_\_\_\_\_

**The Student:**

Agrees to act in a responsible manner while representing California State University at the internship placement site, and abide by all rules and regulations that govern the site in which he/she has been placed.

Understands the connection between the course, and the learning objectives to be fulfilled at the internship site.

Understands that while participating in this internship transportation to and from the internship site as well as all transportation needs while participating in the internship shall be the sole responsibility of the student. Neither the University or the Internship site shall assume responsibility or liability for student transportation.

Understands that while enrolled in the Program student is in attendance for educational purposes and is not considered an employee of the University for any purpose, including, but not limited to, compensation for services, welfare and pension benefits, or workers' compensation insurance.

Has participated in orientation and read the guidelines and limitations, and understands his/her role as an internship student in working with the community partner.

Understands the following risks may exist with this internship placement, and enters into this placement fully informed and aware.

Risks

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Agrees to devote \_\_\_\_\_ hours per week for a total of \_\_\_\_\_ hours, effective from \_\_\_\_\_ to \_\_\_\_\_ in order to fulfill the objectives described above.

Agrees to complete any forms, evaluations or other paperwork required by either the course or the site supervisor.

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

Agency Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return Dr. Jan Tolan before beginning experience.

Dr. Jan Tolan    [jan.tolan@csun.edu](mailto:jan.tolan@csun.edu)  
Department of Recreation and Tourism Management  
California State University, Northridge  
18111 Nordhoff, Northridge, CA 91330-8269  
818-677-3252 office; 818-677-2695 fax  
[jan.tolan@csun.edu](mailto:jan.tolan@csun.edu)

California State University Northridge  
Department of Recreation and Tourism Management

**RECREATION WEEKLY REPORT FORM**

Please check: \_\_\_\_\_ **RTM 494A**      \_\_\_\_\_ **RTM 494B**      \_\_\_\_\_ **RTM 494C**

Student's Name \_\_\_\_\_ Week of \_\_\_\_\_ to \_\_\_\_\_.

Agency \_\_\_\_\_ Supervisor \_\_\_\_\_

**I. NARRATIVE ACCOUNT OF ACTIVITIES FOR THE WEEK:**

**II. TASKS DONE TOWARD COMPLETION OF STUDENT'S OBJECTIVES:**

**III. TASKS DONE TOWARD COMPLETION OF AGENCY'S OBJECTIVES FOR THE STUDENT:**

**IV. PROBLEMS ENCOUNTERED DURING THE WEEK:**

**V .SOLUTIONS TO THE PREVIOUS WEEK'S PROBLEMS:**



**VI. PLANS FOR THE FOLLOWING WEEK:**

**VII. DISTRIBUTION OF HOURS FOR THE WEEK:**

Hours involved in:

Administration	_____
Direct Programming, Leadership	_____
Planning	_____
Research	_____
Staff Meetings., Conferences	_____
Supervisor Conference (intern & supervisor)	_____
Supervision of Staff, Volunteers	_____
Training. Orientation	_____
Other: _____	_____

**Total Week's Hours** \_\_\_\_\_

Student Intern's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Agency Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mail this weekly report to: Jan Tolan, PhD, RTC Internship Supervisor

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Department of Recreation and Tourism Management

**Event/Party Plan and Evaluation**

Title/Theme:

Date of Special Event/Party:

Location of Facility:

Program Population: Identify the participant population for the special event/party. Be sure to identify their age range, disabling conditions, overall needs.

Purpose: Identify the purpose(s) of the program. Purpose statements should be numbered and reflect how the therapist will be facilitating/providing/enabling behavior acquisition within the clients/patients during the program's implementation

Program Goals: Identify the overall program goals that should be based on population needs

Objectives: Identify the objectives for each program goal; objectives are measurable and must include a target behavior, condition, and criteria. Objectives are sequential for each program goal.

Program Activities: Identify the program activities in the order that they will be presented. Include a completed activity analysis and target behavior (objective) for each of the activities.

Time Schedule for the Event/Party:

Decorations: Include the materials that will be needed, a description of the decorations, and a plan for the area you are decorating.

Food/Refreshments: Describe any food and/or refreshments that will be served at the event/party. Discuss dietary orders with the agency supervisor. Include a copy of your dietary order (if applicable). Be sure to make a second contact with dietary the week of the special event. Include a table plan for the food/refreshments.

Requirements: Indicate the following components of the program: Number of program sessions, when the program will be given, length of the program, location, maximum number of clients, number of staff, equipment/supplies, budget (if needed), descriptions for each activity to be used

Budget: Include a proposed itemized budget for the event/party.

Attend Staff Meeting(s): Attend staff meetings, appoint specific duties/assignments to staff members, discuss the event/party plan and ask for suggestions and assistance.

Publicity: Identify any publicity that will be used for the event/party. Include examples in the program evaluation.

Prizes: Summarize the use/non-use of prizes for the event/party.

Special Event/Party Evaluation:

Budget Comparison: Compare original budget with actual amount spent (include all expenses even donations)

Goals and Objectives Evaluate the event/party in regard to the program goals and objectives and their attainment or lack of attainment.

Overall Comments: Indicate what was good and what should be changed with the event/party.

Staff Meeting: Attend a staff meeting following the event/party and summarize the discussion.

Thank You Notes: Write thank you notes to staff that assisted in the event/party — dietary, maintenance, entertainment. RT staff, and anyone else who assisted. Include a list and example(s).

## **In-service Plan and Evaluation**

### **In-service Plan**

Purpose: Summarize the purpose of the In-service Presentation

Population: Identify the population for which the in-service Presentation will be planned and presented

Goals: Identify the goals for the In-service Presentation

Content: In outline format, identify the content for the inservice Presentation --- attach any handouts that will be given to the participants

Method: Identify the presentation method(s) that will be used in the In-service

### **In-service Evaluation**

In a narrative format, evaluate the In-service Presentation in terms of the actual presentation, In-service goals, and methods.

**TO BE COMPLETED AT 120 HOURS for Recreation Therapy Students Only**

California State University, Northridge  
Department of Recreation and Tourism Management

**PROBATIONARY EVALUATION FOR INTERNSHIP STUDENTS**

Student Intern's Name \_\_\_\_\_  
Internship Agency \_\_\_\_\_  
Agency Internship Supervisor \_\_\_\_\_  
Semester/Year \_\_\_\_\_

**Purpose of the Probationary Report**

The purpose of this report is to assess the student intern's initial progress during their first 120 hours of internship at the agency. This evaluation is not to be used for grading purposes but allows the agency and the student intern to review the appropriateness of the student's placement at the agency. If the report is unsatisfactory, the agency must decide if the student intern's placement at the agency should be terminated. The student may also decide that the internship agency's program is not currently meeting their internship and educational objectives. If the student intern's placement is terminated, their grade for the internship will not be affected. In either case, the student intern must then initiate their internship at another agency for the full 600 hours.

**Procedures for the Probationary Evaluation Conference**

1. Agency Internship Supervisor completes all sections of this evaluation.
2. Agency Internship Supervisor and the student intern have a meeting to discuss the completed evaluation.
3. Agency Internship Supervisor and the student intern make a decision regarding the agency internship placement.
4. Agency Internship Supervisor and the student intern sign the Probationary Evaluation and then submit it to the University Internship Supervisor at the Department of Leisure Studies and Recreation.
5. The University Internship Supervisor and the Student Intern discuss the evaluation.

**Return this completed evaluation to:**

Jan Tolan, Internship Coordinator  
Department of Recreation & Tourism Management  
CSU, Northridge  
Northridge, CA 91330-8269

**To be Completed at 120 hours of the Internship Experience**  
**Student Intern's Personal Qualities and Professional Attitude:**  
(please check all that are appropriate)

- ☐ Appearance
- ☐ Enthusiasm
- ☐ Dependability
- ☐ Ability to relate in group situations with clients/participants
- ☐ Leadership skills
- ☐ Adaptability
- ☐ Organizational skills
- ☐ Respects attitudes and opinions of clients and staff
- ☐ Works harmoniously with staff and volunteers
- ☐ Student Intern has adequate knowledge of Recreation/Therapeutic Recreation
- ☐ Student Intern has adequate communication skills
- ☐ Student has adequate writing and documentation skills
- ☐ Student intern is able to follow the internship agency's policies and procedures

**Overall Probationary Evaluation Rating (1-5; 5 being high or appropriate for this time as an intern):** \_\_\_\_\_

**Performance Appraisal:**

**Strengths:**

**Weaknesses:**

At the conclusion of the Probationary Period (120 hours), the overall performance is:

**Satisfactory** \_\_\_\_\_ **Unsatisfactory** \_\_\_\_\_

Upon discussion with the Student Intern, the Student Intern will:

- ☐ complete the internship at the agency
- ☐ terminate the internship at the agency

Agency Internship Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Department of Recreation and Tourism Management

Therapeutic Recreation Case Study Outline

IDENTIFYING DATE (Patient/client profile):

Diagnosis\_\_\_\_\_

- |                   |                      |
|-------------------|----------------------|
| A. Age            | E. Education         |
| B. Gender         | F. Occupation        |
| C. Race           | G. Religion          |
| D. Marital Status | H. Date of Admission |

PATIENT/CLIENT HISTORY:

A. Medical History (if applicable for the patient/client):

1. Chronological account of current illness to include:
  - a. Physical difficulties (problem list)
  - b. identifying date of their onset
  - c. Precipitating factors (if any)
  - d. What patient/client and/or others have done about the present physical illness/problems
2. Chronic medical problems and their history (i.e., continued diabetes, arthritis, cardiac problems, past treatment, etc.)

B. Psychiatric/ Psychological History (if applicable for patient/client):

1. Chronological account of current illness to include:
  - a. Behavior difficulty (problem list)
  - b. Identifying date of onset
  - c. Precipitating factors (if any)
  - d. What patient/client and/or others have done about present illness/problems

C. Family History:

1. the parents, siblings, spouse, significant others, situation of family in which patient/client grew up and current family status
2. History of physical and or mental problems in family and their nature

D. Social History

1. Development to include birth, childhood experiences and significant deviations from normal developmental milestones
2. Adjustment patterns to Include:
  - a. Education — how far and attitude
  - b. Employment -- length, attitude, reason and type of discharge
  - c. Economic -- source of income and ability to support self
  - d. Marital -- age of first marriage, attitudes, number of children, why separation if applicable
  - e. Sexual -- age of first sexual experience, attitude, problems, kind of sexual adjustment to illness

E. Leisure History (past and present)

California State University, Northridge  
Department of Recreation and Tourism Management

TX Plan Example

I. CLIENT PROFILE:

Name: Barbara S.  
Date of Birth: 5/15/72  
Medication: None; NKA

Date of Admission: 7/21/04  
Age: CA=32; MA=8.5  
Diagnosis: Developmentally  
Delayed

Diet: 1500 calories

Physical Disabilities/Limitations: Physical capabilities functionally adequate

Communication Skills: Speaks quickly in complete sentences. Exhibits verbal perseveration. Repeats questions to primary staff 3-5 times during each conversation. Understands and responds to three-step instruction. Visual cues increase success when learning new skills.

Behavioral Characteristics: Client dominates conversations involving primary staff. Stands within two feet directly in front of staff member when asking successive repetitive questions. While sitting, client exhibits rocking behavior one to two times during a one hour program. During each program, exhibits behavior inappropriate to the program activity, e.g., cleaning out purse.

Recreation Interests: Leisure interest was invalid. Client continually sought therapist approval for answers. Actively participates in Special Olympics, bowling, needlecrafts, sewing class, library club, and resident service club.

Level of Participation: Independently reads during free time. Independently attends recreation programs and special events. Therapist intervention described in assessment findings below.

ADL Skills: Independent dress, hygiene, eating.

II. ASSESSMENT FINDINGS: (Letchworth Village Annual TR Assessment)

A. Physical Development: Client exhibits all target behaviors independently.

B. Social Development: Functionally adequate in all social awareness domains. Functional limitations observed in client's ability to express unhappiness and anger include high speed talking and increased anxiety related self-stimulating behaviors: rocking, waving hands in front of face, pacing (1X/hour program). She appears to be aware of the inappropriateness of these behaviors and attempts to talk herself into relaxing. Client exhibits an adequate attention span; however she is easily distracted by other clients' conversations or actions. Easily frustrated when not immediately successful at a new task or when she thinks others are talking about her. When frustrated, verbalization and questions increase to a disruptive level (3-4X weekly). Client has few friends. Most of the residents find her behavior annoying. Several times a day, a peer will tell her to shut up. Cottage staff members award her so they will not be



"bothered by her questions." Client is enthusiastic about recreation programs. Inappropriate behaviors are reduced by 90% when in a one-to-one setting. In a structured group setting, however, her behavior is disruptive. There appears to be negative prejudice towards her. Even when she is having a good day, she is told by peers 'o 'sit down 'pay attention.' or 'shut up. Peer criticism increases her anxiety level.

C. Play Development: Self initiates parallel, associative, and unilateral play. Although she has the required skills and cognitive abilities to anticipate independently in cooperative recreation, staff intervention is necessary to maintain a positive milieu in an attempt to limit behavior noted above.

D. Independent Living Skill Development: Exhibits all independent living skills required for a community hostel setting.

### III. NEEDS/ASSETS:

#### Needs

1. Reduction of anxiety related disruptive behavior behaviors
2. Increase positive social interaction
3. Increase social correspondence

#### Assets

1. Attempts self control. 90% reduction in 1:1 setting.
2. Basic independent leisure skills
3. Self-initiates parallel, associative, and unilateral play.

### IV. GOALS/OBJECTIVES:

1. To demonstrate appropriate behavior in group activities
  - 1.1 Client will demonstrate on three out of five attempts, appropriate conversational behaviors as characterized by standing at least three feet from receiver, speaking at acceptable tempo, and asking the same question no more than once.
  - 1.2 Client will complete 15 minutes of group discussion without interrupting the flow of conversation with inappropriate questions during three successive, weekly resident service club meetings.
2. To develop progressive relaxation techniques in an attempt to assist the client in self-control of anxiety related behaviors,
  - 2.1 Client will demonstrate 30 seconds each of muscle tension and relaxation with each extremity and facial muscles during three successive relaxation programs.
  - 2.2 Client will demonstrate rhythmic, abdominal breathing at a rate of 10/minute for three consecutive minutes on two out of three attempts.

### V. METHOD:

Goal 1: The RT will involve the client in weekly resident service club meetings. Individual counseling will be provided prior to each meeting. During the meeting 15 minutes of counseling will be given 1 X/month in an attempt to increase group acceptance and provide positive support system and role models for the client. The client will receive positive verbal reinforcement for reduction of inappropriate behavior.

Goal 2: The RT will give client instruction in progressive relaxation during weekly 1 hour program. A 30 minute practice period will be provided weekly.

Recreation Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

California State University, Northridge  
Department of Recreation and Tourism Management

**MID-SEMESTER EVALUATION FOR INTERNSHIP STUDENTS**

Student's Name \_\_\_\_\_  
Agency Address \_\_\_\_\_  
Agency Supervisor \_\_\_\_\_  
Semester/Year \_\_\_\_\_ Total Hours Completed to Date \_\_\_\_\_

Purpose of the Mid-Semester Evaluation

The purpose of this report is to assess the student's progress in achieving the established objectives for the Internship and to identify the student's learning patterns and learning needs. It is not intended to be a final evaluation. This progress evaluation provides a formal vehicle for the student to be informed of the agency supervisor's initial and tentative impressions of the student's strengths and weaknesses. This will provide the student with an opportunity to make a more concerted effort in the areas of deficiency.

Procedures for the Mid-Semester Evaluation Conference

1. Supervisor completes all sections of this evaluation form.
2. Supervisor and student intern have a conference to discuss the content of the evaluation.
3. Supervisor and student intern sign the evaluation prior to submitting it to the Department of Leisure Studies and Recreation Internship Coordinator.
4. The Internship Coordinator and/or Program Coordinator and student intern discuss the report.

Student Intern's Progress in Achieving the Established Internship Objectives

Agency & Student's Objectives	Initiated	Partially Met	Achieved	Not Met

If you need more room, please use the other side of this paper.

Performance Appraisal

A. Strengths: Describe the student intern's outstanding abilities.

1.

2.

3.

B. Suggestions for Improvement: Describe the areas in which the student needs the greatest improvement.

1.

2.

3.

C. Agency Supervisor's Overall Assessment of the Student Intern: As an employee, this student's performance is:

\_\_\_\_\_ Satisfactory

\_\_\_\_\_ Unsatisfactory

D. General Comments:

1. Agency Supervisor's Comments:

2. Student's Comments:

\_\_\_\_\_  
Agency Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Intern's Signature

\_\_\_\_\_  
Date

Please return to

Dr. Jan Tolan  
Internship Coordinator  
Department of Recreation and Tourism Management  
California State University Northridge  
Northridge, CA 91330-8269

California State University Northridge  
Department of Recreation and Tourism Management

**FINAL EVALUATION REPORT FOR INTERNSHIP STUDENTS**

(To be completed by the Agency Supervisor)

Student's Name \_\_\_\_\_

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

Agency Supervisor \_\_\_\_\_

Semester/Year \_\_\_\_\_ Total Hours Completed to Date \_\_\_\_\_

Purpose of the Student Intern Evaluation Process

The purpose of this evaluation process is to assess the student intern's professional strengths and weaknesses, to help the student intern become aware of his/her "assets and liabilities", and to aid the student intern in the development of a program for growth and development in the recreation profession. Also, this evaluation facilitates communication among the student intern, the agency, and the university faculty.

Procedures for the Student Intern Evaluation Process

1. Supervisor completes all sections of this evaluation report.
2. Supervisor and the student intern have an evaluation conference to discuss the content of the evaluation.
3. Supervisor and student intern sign the evaluation report prior to submitting it to the Department of Leisure Studies and Recreation Internship Coordinator.
4. The Internship Coordinator and/or Program Coordinator and student intern discuss this report.

Statement of Internship Objectives

The achievement of internship objectives, established by the student intern and his/her advisor in cooperation with the agency supervisor for the internship experience is an important factor in determining the success of the experience. Please list the goals/objectives and rate them appropriately.

Agency & Student's  
Objectives

Initiated

Partially Met

Achieved

Not Met



If you need more room, please use the reverse side.

### Instructions for Completing Parts II to IV

Listed below are categories in which are contained a number of traits, abilities and characteristics that are important in terms of measuring a successful practicum experience in a professional setting. Carefully evaluate each of the qualities separately. Check the rating you feel best describes the level at which the student intern is currently functioning.

- |  |   |
|--|---|
| 1 = not applicable                     | Does not apply at this time or in this situation  |
| 2 = rarely displays characteristic     | Indicates an area for improvement; an area in which the intern should focus more effort   |
| 3 = usually displays characteristic    | Indicates an area in which the intern has demonstrated ability or knowledge but not as consistently as would be expected from an entry level professional |
| 4 = Frequently displays characteristic | Indicates an area in which the intern demonstrates ability or knowledge on a regular basis  |
| 5 = Far exceeds characteristics        | Indicates an area in which the intern has achieved and consistently demonstrates the skills/knowledge of an entry level professional                      |

### II. Professional Performance (circle appropriate number)

Organizes work well	1	2	3	4	5
Has concern for quality of work	1	2	3	4	5
Displays ability to solve problems	1	2	3	4	5
Utilizes all available resources	1	2	3	4	5
Displays capacity for motivating others	1	2	3	4	5
Displays ability to lead and direct	1	2	3	4	5
Has ability to work independently	1	2	3	4	5
Is willing to delegate responsibilities	1	2	3	4	5
Possesses strong communication skills	1	2	3	4	5
Is critical of own performance and quality of work	1	2	3	4	5
Keeps complete and accurate records	1	2	3	4	5
Completes assignments on time	1	2	3	4	5
Shows concern for safety of others	1	2	3	4	5
Recognizes others for their performance	1	2	3	4	5
<b>Overall Evaluation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Strong Points:**

**Suggestions for Improvement:**

III. Professional Knowledge

- 1 = not applicable
- 2 = rarely displays characteristic
- 3 = usually displays characteristic
- 4 = frequently displays characteristic
- 5 = far exceeds characteristics

Displays knowledge and understanding of human behavior associated with various ages, groups, etc.	1	2	3	4	5
Displays ability to integrate conceptual knowledge and activity skills	1	2	3	4	5
Displays knowledge and understanding of program principles and methods	1	2	3	4	5
Ability to apply knowledge in a practical way	1	2	3	4	5
Possesses a wide variety of interests	1	2	3	4	5
Displays an expanding scope of interests	1	2	3	4	5
<b>Overall Evaluation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Strong Points:**

**Suggestions for Improvement:**

IV. Professional Personal and Attitude

Shows enthusiasm for work	1	2	3	4	5
Displays good judgment	1	2	3	4	5
Demonstrates initiative	1	2	3	4	5
Displays creativity and imagination	1	2	3	4	5
Displays maturity for age	1	2	3	4	5
Displays flexibility	1	2	3	4	5
Displays a sense of humor	1	2	3	4	5
Dresses appropriately for occasion	1	2	3	4	5
Gains respect of others	1	2	3	4	5
Is tactful in relations with others	1	2	3	4	5
Accepts suggestions, feedback, evaluation well	1	2	3	4	5
Upholds and follows agency policies	1	2	3	4	5
Has a high tolerance for conflict	1	2	3	4	5
<b>Overall Evaluation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Strong Points:**

**Suggestions for Improvement:**

VI. Performance Appraisal

A. Strengths: Describe the student intern's outstanding activities

1.

2.

3.

B. Suggestions for Improvement: Describe the areas in which the student intern needs greatest improvement

1.

2.

3.

C. Agency Supervisor's Overall Assessment: As an employee this student's performance is

\_\_\_\_ Satisfactory                      \_\_\_\_ Unsatisfactory

D. General Comments:

1. Agency Supervisor's Comments:

2. Student's Comments:

Agency Supervisor's Signature\_\_\_\_\_

Date

Student Intern's Signature\_\_\_\_\_

Date

California State University Northridge  
Department of Recreation and Tourism Management

**Intern's Final Report**

Instructions: To be completed by the student intern and returned to the Internship Coordinator in the Department of Leisure Studies and Recreation at the completion of the internship experience. Use this following outline as a guide, answer each of the following questions in narrative form and by section. Attach this form to your report.

Student's Name \_\_\_\_\_

Agency \_\_\_\_\_

Agency Supervisor \_\_\_\_\_

Semester/Year \_\_\_\_\_ Total Hours of Internship \_\_\_\_\_  
Internship Dates \_\_\_\_\_ to \_\_\_\_\_

A. Student Internship Objectives

1. What objectives were met during the internship experience?
2. What objectives were not realized? Why?
3. Were the goals and objectives of the agency met?

B. Training Program

1. Was the training program provided by the agency meaningful for your goals?
2. Was there adequate time spent in the training program?
3. Were you given assistance when you needed it?

C. Agency Program

1. What type of response did you generate from participants?
2. What satisfactions did you receive from your programs?
3. Were the original objectives of the total program met?
4. Were you given the opportunity to be creative and express your ideas?

D. Communications

1. Were there any communication barriers between you and the agency supervisor, the university supervisor, or the program participants?
2. Were the internship course objectives and requirements clearly stated?
3. Do you feel you had adequate supervision during the internship experience?

E. General Information

1. What was the most important thing you learned during this internship experience?
2. Have your future goals changed as a result of your internship experience?

F. Recommendations to the University and/or Agency?

1. What suggestions do you have for the University to improve the internship program?
2. What suggestions do you have for the Agency to improve the internship program?

Student Intern's Signature \_\_\_\_\_

Date \_\_\_\_\_



**PURCHASING DEPT.**  
**TEL NO: (818) 677-2301**  
**FAX NO: (818) 677-6544**  
**MAIL DROP: 8231**

FORWARD THIS COMPLETED FORM TO PURCHASING & CONTRACT  
ADMINISTRATION, MAIL CODE 8231, OR FAX TO ELLEN STEINBERG AT (818)  
677-6544, TO INITIATE AN INTERNSHIP AGREEMENT.

**I. Type of Organization:** ☐ NON-PROFIT ☐ GOVERNMENT ☐ SCHOOL ☐ OTHER

**II. Community Partner (CP):** STREET ADDRESS: WEBSITE URL:

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EXECUTIVE DIRECTOR:

CITY:

STATE:

ZIP + 4:

--	--	--	--

TELEPHONE:

FAX NUMBER:

ALT. PHONE:

EMAIL ADDRESS:

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### III. Community Partner Mission Statement: (optional)

[illegible]

***Faculty Member Requesting Internship Agreement:***

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**Date:**

\_\_\_\_\_

**Name of Student :**

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