

INTERNSHIP MANUAL

LEI 4940 and 4941



REHABILITATION AND RECREATIONAL THERAPY CURRICULUM

**FLORIDA INTERNATIONAL UNIVERSITY
Revised August 2023**

PREFACE

Fieldwork experience is one of the most important steps a student takes in preparing for a professional career in Rehabilitation or Recreational Therapy (RT). It is the competent professional practitioners in cooperating agencies that make this aspect of the curriculum possible. At Florida International University (FIU), we are fortunate to have a number of cooperating fieldwork/internship agencies who are able to provide qualified agency internship supervisors. These supervisors have a thorough knowledge of the field, an interest in internship instruction, and are dedicated to high standards in recreational therapy.

We - the faculty of FIU, Department of Counseling, Recreation and School Psychology - deeply appreciate the opportunities afforded our students in carrying out their fieldwork assignments. We want to express to all those involved our collective and sincere thanks and gratitude.

INTRODUCTION

Rehabilitation & Recreational Therapy Degree Tracks:

The Rehabilitation & Recreational Therapy Program at Florida International University consists of two different tracks:

- 1) Rehabilitation Track
- 2) Recreational Therapy Track

Rehabilitation Track: The Rehabilitation Track prepares students for entry-level healthcare positions and is also an ideal bachelor's degree for student's pursuing graduate programs in other allied health professions (i.e. PT, OT, SLP, AT, etc.) Graduates of this track meet the National Council for Therapeutic Recreation Certification (NCTRC) requirements to become a Certified Therapeutic Recreation Specialist (CTRS) via the [Equivalency Path](#). Rehab Track students are not required to complete fieldwork, but they can complete a fieldwork rotation as an elective in their degree plan. Students who plan on pursuing other therapy disciplines are encouraged to complete a fieldwork rotation in the therapeutic discipline they are most interested in.

Recreational Therapy (RT) Track: The RT track prepares students to work as a recreational therapist in a wide variety of clinical and community-based settings. Graduates from this track will meet NCTRC's academic requirements for the CTRS credential via the [Academic Path](#). All RT students are required to complete 320 hours of fieldwork and a 560-hour internship that follows NCTRC guidelines and is under the supervision of a CTRS.

RRT Fieldwork & Internship Placements

The Rehabilitation and Recreational Therapy Program at Florida International University consists of two different types of fieldwork placements: LEI 4940 (Fieldwork in Rehabilitation and Recreational Therapy) and LEI 4941 (Recreational Therapy Internship).

Rehab Track Students:

- LEI 4940 & LEI 4941 are NOT required
- LEI 4940 can be taken as an elective (3 or 6 credits)

Recreational Therapy Track Students:

- LEI 4940 – 6 credits – REQUIRED
- LEI 4941 – 12 credits – REQUIRED

LEI 4940: Fieldwork in Rehabilitation & Recreational Therapy (RRT) – 3-6 credits

Fieldwork in Rehabilitation and Recreational Therapy provides students with the opportunity to gain introductory hands-on experience at an approved healthcare agency. Students have a couple of options of how to complete their fieldwork placement(s). As indicated previously, RT tracks students are required to complete 6 credits of LEI 4940 (= 320 contact hours) and Rehab track students are not required to complete fieldwork, but can elect to complete either 3 credits (160 contact hours) or 6 credits (320 contact hours) of fieldwork.

Fieldwork can either be completed at two different agencies, or at one single agency. If the student elects to complete two different rotations, then s/he would complete a total of 160 hours at each site. Each 160-hour rotation is completed during a 4-7 week period during the semester; either during the first half ("Term A") of the semester, or the second half, ("Term B") of the semester. Students have the option to complete both rotations in a single semester OR they can complete the rotations in different semesters. For each 160-hour rotation, the student will enroll in 3 credits of LEI 4940.

Alternatively, students have the option to complete their full 320-hour rotation at a single agency. In this situation, the student would complete the 320 hours over the course of one regular semester, and would subsequently be enrolled in 6 credits of LEI 4940.

Rehab Track students can choose to complete either 160 hours or 320 hours of LEI 4940 as an elective. These students have the option to complete fieldwork at any type of allied health facility which can be especially beneficial for students pursuing graduate degrees in other therapeutic disciplines.

Fieldwork in RRT serves several important functions: (a) offer students a diverse experience to assist with career decisions, (b) provide an orientation to the practice of rehabilitation or RT

services in diverse settings, and (c) provide agencies with opportunities to screen students for future placement.

LEI 4941: Recreational Therapy Internship – 12 credits

The RT Internship involves a minimum of **14 consecutive weeks** (560 hours) of field experience at one setting in which RT services are provided by Certified Therapeutic Recreation Specialists (CTRS).

Only students enrolled in the RT track complete LEI 4941. This internship is completed in the final semester of the program. Students must be accepted to an approved internship agency under the supervision of a full-time CTRS who has been working at the agency for a minimum of one year.

The Recreational Therapy Internship should include three distinct aspects: (1) direct service delivery; (2) routine RT services including assessment treatment planning, patient services, and evaluation and administrative responsibilities--acquisitions, planning, long range development, treatment meetings, staff meetings, etc.; (3) extra-mural activities, such as hearings, board, committee and allied health meetings, conferences, workshops and state meetings. At first, the student is expected to observe and assist until s/he is somewhat familiar with the staff, the clientele, general policies, procedures, organizational pattern, facilities, and equipment, rules, and regulations. Later, the student should assume increasing responsibilities and, eventually, under supervision, be in charge of his/her own program or programs. Keeping individual differences in mind, each student should be led into greater and greater responsibility as the semester progresses.

*****It is important to note that students are responsible for finding and securing fieldwork and internship placements. Students are not guaranteed to complete rotations in their preferred location, city, or setting.*****

Affiliation Agreements for Fieldwork & Internship Sites:

FIU requires an affiliation agreement with every agency that accepts student interns. The affiliation agreement is a legal contract that has to be approved by the both the agency's and FIU's legal counsel. In some situations, an affiliation agreement with an agency is unable to be signed due to legal issues, differences in state laws, or agency policy. In these circumstances, even if a student was accepted as an intern not currently on the [RRT Internship Site List](#), it is not guaranteed that the agreement can be signed. If this happens, it is still the student's responsibility to find another internship site.

Purpose of Manual

This manual is intended to enable effective communication among fieldwork/internship students, cooperating agency internship supervisors, and the University. Policies and procedures are suggested as guidelines to assist with placing, supervising, and evaluating internship students.

Definition of Terms:

The term "Fieldwork" is used to stand for introductory field-based training that provides upper-level undergraduate students the opportunity to shadow healthcare professionals and get exposure to therapeutic programs, client interactions, and general therapy practices.

The term, "Internship", is used to stand for an upper-level undergraduate instructional program that includes supervised pre-professional practice in approved a healthcare agency that provides recreational therapy services. This practical experience aspect of the program involves observation and participation in planning, conducting and evaluating at the face-to-face, supervisory and executive levels of professional responsibility.

In the RRT program, both fieldwork and Internship experiences are associated with academic credits that are required for the student to graduate with a bachelor's degree. These experiences take a considerable amount of planning and analysis on the part of the student, and supervision from the fieldwork/internship agency and the University.

Purpose of Fieldwork & Internship:

The overall purpose of the fieldwork and internship experiences is to help students grow personally and professionally. Although specific objectives are expected to vary for each student and each agency, the experience should provide:

- (a) Students with opportunities for practical experience in the organization and administration of healthcare and therapy-based services in various program areas and to increase his/her knowledge and skill at the face-to-face, supervisory, and executive levels of leadership;
- (b) Students with an understanding and appreciation for the professional duties and responsibilities of personnel in the field;
- (c) Students with opportunities to determine his/her professional strengths and weaknesses;
- (d) The University with (a) an evaluation of student performance, and (b) opportunities for the faculty to interact with field professionals and confront practical problems in the field, and
- (e) Permit agencies and interns to exchange new and updated concept of leisure programming and service delivery

RESPONSIBILITIES

I. The University will:

- a) Determine eligibility of students for fieldwork and/or internship;
- b) Approve cooperating fieldwork/internship agencies;
- c) Approve placements in consultation with the student and the agency;
- d) Provide the agency recommendations upon request;
- e) Assist the agency, upon request, in developing study programs and materials, and selecting appropriate experiences to meet the needs of particular students, and;
- f) Assign a University internship supervisor to:
 - 1. Help students prepare for the fieldwork/internship experience;
 - 2. Visit the agency, observe the student, and confer with the student and the agency supervisor at least once (only during the Recreational Therapy Internship - subject to the availability of funding);
 - 3. Evaluate the field work reports and discuss the reports with the students and the agency supervisor in person and via the phone;
 - 4. Evaluate the student's performance and professional potential and assist the student in self-evaluation and in consultation with the agency supervisor, assign the student's final grade for the associated course (LEI 4940 or LEI 4941).

II. The agency will:

- a) Obtain official agency approval (Appendix A) and complete a formal contract of agreement as a cooperating internship agency and affiliation agreement (provided by Rehab and RT faculty);
- b) Interpret the aims and outcomes of the internship program to the agency's managing authorities and it's community;
- c) Interview and select students in consultation with the University;
- d) Interpret the internship program to the agency staff and help the student gain acceptance as a member of the staff;
- e) Orient, introduce and identify the student as a staff member and thus place in a position in which s/he may expect courtesy, consideration, and respect from colleagues and the clientele of the agency;
- f) In consultation with the University, assign a qualified work supervisor for each student
- g) Help each student develop a sound plan of study and experiences to meet his/her individual needs as well as contribute to the agency;
- h) Evaluate and assist in grading the student, and
- i) Participate in periodic evaluation conferences with university personnel to improve the internship program.

All LEI 4941 RT internship supervisors must possess current professional Certification as a Certified Therapeutic Recreation Specialist (CTRS) by the National Council for Therapeutic Recreation Certification (NCTRC);

III. The Student will:

- a) Attend pre-internship meetings the semester preceding internship;
- b) Attend at least one on campus or online meeting during internship (LEI 4941 only);
- c) In consultation with the University internship supervisor, secure placement in an approved cooperating internship agency after a thorough search including interviews at two or more agencies;
- d) Secure a copy of the internship manual for the agency and one for their personal use;
- e) Discharge his/her work responsibilities in a professional manner, participate in all training and study sessions, attend scheduled conferences and submit all reports as required by the agency;
- f) Visit, observe, and participate in all phases of the agency operation other than those to which he/she is assigned;
- g) Prepare a notebook that includes information, such as field work meeting and supervisory conference notes, agency policy statements, forms, brochures, worksheets, records, reports, outlines;
- h) Develop with the help of her or his supervisor a plan of study and experience, and
- i) Prepare and submit required reports and assignments to a University supervisor (See Appendix for Forms and/or assignment descriptions). Assignments include:

LEI 4940 (Fieldwork in Rehabilitation and Recreational Therapy):

1. Behavioral Contract (Appendix O)
2. Weekly Field Work Logs (Appendix D, E)
3. Final Field Work Evaluations (1 per agency) (Appendix K)
4. Mid-Semester Internship Evaluations (Appendix L) (***only for out of area students***)

LEI 4941 (Recreational Therapy Internship & Graduate Internship):

1. Behavioral Contract (Appendix O)
2. Field Work Bi-Weekly Reports (Appendix D, F)
3. Case Study Report (Appendix G)
4. Major Project Guidelines (Appendix H)
5. In-Service Project (Appendix I)
6. Mid-Semester Internship Evaluations (Appendix L)
7. Final Internship Evaluations (Appendix K)

******NOTE: All reports should be typed, double spaced and follow American Psychological Association (APA) guidelines.***

POLICIES AND PROCEDURES

I. Approved Cooperating Fieldwork/Internship Agencies:

Although it is a distinct honor to be selected as an approved cooperating internship agency, it is not something that should be entered into without serious deliberation on the part of agency personnel and policy makers. Considerable professional sacrifice, expense and time are necessary to make this contribution to the professional preparation of future health service providers. The following criteria and procedures are used in selecting agencies and placing students.

Criteria for Selection

1. A sincere desire to participate in an educational program to improve the preparation of quality personnel for the profession.
2. Professionally prepared staff to supervise students - staff with competence, a thorough knowledge of the field, supervisory experience, an interest in field instruction, ability to analyze and evaluate practice, an understanding of professional preparation curriculum, and an interest in improving and maintaining the specialization areas.
3. Evidence of a sound professional philosophy of human service delivery.
4. Adequate resources to afford broad and varied programs and services.
5. Sound administrative procedures such as personnel policies including in-service training.
6. Evidence of adequate facility and community acceptance and support.

Procedures for Selection

1. Agencies desiring approved status will indicate that there is policy and administrative approval for participating in the internship program by means of completing the Agency Approval Application (Appendix A) and Agency Affiliation Agreement (Appendix B).
2. An Affiliation Agreement (Appendix B) should be received at the University at the earliest possible date prior to the placement of interns.
3. The University will inform agencies of their status as soon as possible after application following consideration.
4. Selection as an "approved cooperating internship agency" does not insure that a student will be assigned to the agency, but only that the agency will be on the list from which the assignments are to be made.

***Agencies are held to ethical principles that operate in the best interest of their consumer and the student when entering a commitment to engage in internship responsibilities.**

II. Fieldwork/Internship Students:

Students must complete specific academic requirements and preliminary field experiences prior to Internship.

a. LEI 4940 Eligibility - Students must:

1. Completed LEI 4705 (Program Planning in Recreational Therapy)
2. Possess a 2.5 cumulative grade point average
3. Have secured student professional liability insurance through www.hpsso.com
4. Complete any facility requirements prior to beginning (e.g., physical, CPR, first aid)

b. LEI 4941 Eligibility - Students must:

1. Completed six credits of LEI 4940 (Fieldwork in RRT)
2. Make an appointment with a CASE Academic Advisor and complete the *Advising Approval Form* (Appendix N) and submit to internship coordinator.
3. Possess a 2.5 cumulative grade point average
4. Have secured student professional liability insurance through www.hpsso.com
5. Complete any facility requirements prior to beginning (e.g., physical, CPR, first aid)

c. Placement – Both LEI 4940 and 4941 students must:

1. Attend a Pre-internship orientation meeting prior to registering for either course.
2. **Students will keep the University internship coordinator informed of all contact with potential fieldwork/internship agencies.**
3. A current list of approved cooperating internship agencies will be maintained online: [FIU Affiliated Internship Sites](#).
4. In consultation with the University internship coordinator, the student will contact and interview with at least two agencies. The student's first contact with an agency should be a formal email including a resume indicating an interest in interviewing for an internship placement with the agency. This written communication should be followed up by a telephone call to set a time for an appointment.
5. Students shall keep the University internship coordinator informed of their progress with obtaining a placement. The student should not give a definite commitment to any agency without consulting the University internship supervisor to ensure an affiliation agreement is either already in place or can be secured by the placement start date.
6. Agencies will interview students for internship positions and decide what students they are willing to accept based upon their own criteria.
7. The agency will notify the University and the student of the student's acceptance by means of written communication. An 'Agency Internship Placement Confirmation Letter' (Appendix C).
8. When the student learns of his/her acceptance for internship placement, s/he is expected to contact the agency fieldwork supervisor to make further arrangements.

III. Registration and Evaluation:

- a. The University internship coordinator will clear students to pre-register for LEI 4940 Fieldwork in Rehabilitation and Recreational Therapy (3 credits per rotation for a total of 6 credits), LEI 4941 Recreational Therapy Internship (12 credits), once all paperwork has been received. Students must pay all regular tuition and fees.
- b. Internships are graded on a Pass/Fail basis. **Failure is considered a grade of C- or less, and is determined by the University supervisor. Grading should not be confused with the Rating Sheet that the agency supervisor completes and discusses with the student.** A grade of "P" or "F" will be given to students based on the quality and timeliness of written reports, field observation and conferences with the student, agency and University supervisors.
- c. The agency supervisor's grade is based on fulfillment of position responsibilities and potential as a future professional. The Rating Sheet, which the agency supervisor completes and discusses with the student, is used primarily to help the student discover strengths and weaknesses and should not be confused with final grades (See Appendix K).
- d. It is the responsibility of the student to turn in all required reports and assignments to the University supervisor in a timely manner. **Reports and assignments are to be turned in throughout the internship (due dates are posted on Canvas), rather than at one time toward the end of the internship. Failure to turn-in reports and assignments in a timely manner will result in a grade of "F" for the fieldwork/internship. Students will not pass the associated course (LEI 4940/4941) if they are missing reports or assignments.** All reports and assignments (including the Final Evaluation form) requiring the agency supervisor's consultation and signature must be completed and signed prior to returning the report or assignment to the University supervisor.
- e. The University supervisor is under no obligation to allow any work to be redone or resubmitted. If the University supervisor allows for the resubmission of work, it will be allowed only **one time** during the course of the internship. The student is responsible for seeking consultation with the University supervisor if she or he has concerns about the quality of her or his work. Work found to be of marginal or poor quality will be returned to the student. The student will be permitted to resubmit the work no later than five (5) days (weekends included) after the University supervisor returns it to the student.
- f. **LEI 4940:** Weekly Field-Logs must be received by the University supervisor each week for the duration of the internship rotation. The weekly reports are typically due the Tuesday following the week being reported on. **Each section of the Weekly Field-Log must be completed.** Questions should be taken seriously, thus, answered thoughtfully and thoroughly. Evaluations by the agency supervisor must be received no later than seven days (including weekends and holidays) after completion of the rotation. Students will not pass rotation sites without the Final Evaluation completed and signed by the agency

supervisor. **A grade of “F” for any rotation will result in a failing grade for the entire internship, or other disciplinary action.**

- g. LEI 4941:** Bi-weekly Reports are to be completed and submitted to the University supervisor no later than one day after the beginning of the next bi-weekly time period. **It is not permissible to skip any of the sections of the Bi-Weekly Reports.** Each section should be taken seriously, and answered thoughtfully and thoroughly. The University supervisor must receive all assignments and work no later than the last day of the internship. Evaluations by the agency supervisor must be received no later than seven days (including weekends and holidays) after completion of the internship. Students will not pass the internship without the Final Evaluation completed and signed by the agency supervisor.
-

IV. Unsatisfactory Performance During internships or Removal from Internships

- a. Policy:** Students performing unsatisfactory work (C minus or less) during internship, and/or who have been removed from an internship placement for behavioral or reasonable cause will be placed on full probation from the program until a full review of the circumstances can be completed. Professional behavior includes issues related to dress code determined by agency policy, as well as personal conduct and interpersonal interactions with staff and clients. Students are expected to be polite, respectful, self-motivated and willing to assume tasks. Students performing at an unsatisfactory level and/or removed for a second time will be discontinued from the RRT program.
- b. Rationale:** It is the responsibility of the University to educate students for professional careers while at the same time protecting the health and well-being of the consumers served by the preprofessional in training.
- c. Procedures:**
1. In the event of an unsatisfactory performance report from an agency during an internship the University supervisor will discuss the issues and problems with the agency supervisor and develop an appropriate plan of corrective action.
 2. In the event a student’s behavior or actions create concerns for the well-being of the agency’s consumers or personnel, the University internship supervisor, program coordinator or departmental chair, and agency fieldwork supervisor will meet to determine an appropriate course of action. Behavior or conduct demonstrated by the student that places consumers at-risk is grounds for immediate dismissal.
 3. Students receiving an unsatisfactory grade or removed for conduct reasons:
 - Will not be permitted to resume another placement until the next internship cycle,
 - Will not be allowed to re-enroll without the permission of an internship supervisor and the Rehabilitation and Recreational Therapy program coordinator.

V. Student Resources

- a. **Disability Resource Center (DRC):** Students with disabilities who need accommodations should make an appointment with the Disability Resource Center (DRC), to discuss specific needs **prior** to the start of the internship. The DRC is located in GC 190 (Modesto Maidique Campus) and WUC 131 (Biscayne Bay Campus). The DRC can be contacted via email or telephone at drc@fiu.edu; 305-348-3532 (for MMC Campus) and drcbbc@fiu.edu; 305-919-5211 (for BBC campus). For more information regarding the DRC services please visit: <https://studentaffairs.fiu.edu/get-support/disability-resource-center/>.
 - b. **Office of Inclusion, Diversity, Equity & Access (IDEA):** Students needing assistance with any issues of inclusion, diversity, equity or access should contact the Office of Inclusion, Diversity, Equity & Access (IDEA). The office is located in PC 321 (Modesto Maidique Campus). IDEA can be contacted via email or telephone at idea@fiu.edu; 305-348-2785. For more information regarding the services provided by IDEA please visit: <https://diversity.fiu.edu/>
-

CONCLUSION

The purpose of this manual has been to facilitate three-way understanding among INTERNSHIP STUDENTS, COOPERATING INTERNSHIP AGENCIES, and the UNIVERSITY so that each student majoring in recreation may become all that s/he is personally and professionally capable of being.

The discussions, forms, suggested policies and procedures are intended to serve students and supervisors. Criticism and recommendations concerning this manual and the internship program are solicited and welcomed.

APPENDICES

APPENDIX A	Agency Approval Application
APPENDIX B	Affiliation Agreement
APPENDIX C	Agency Field Work Confirmation Letter
APPENDIX D	Field Work Cover Sheet
APPENDIX E (LEI 4940)	Weekly Field Work Report
APPENDIX F (LEI 4941)	Bi-Weekly Field Work Reports 1-7
APPENDIX G	Case Study Guidelines
APPENDIX H	Major Project Guidelines
APPENDIX I	Guidelines for In-Service Project
APPENDIX K	Internship Evaluation Form
APPENDIX L	Mid-Semester Internship Evaluation Form
APPENDIX M	Insurance Information
APPENDIX N	LEI 4941 Advising Approval Form
APPENDIX O	Behavioral Contract
APPENDIX P	NCTRC Certification Guide



APPENDIX A:
 REQUEST FOR AGENCY APPROVAL
 RRT FIELDWORK/INTERNSHIP PLACEMENT

Instructions: This document provides insights into the ability and willingness of an agency to serve as an internship site for the placement of Rehabilitation & Recreational Therapy students. Please briefly answer each question and provide documentation when possible. Participation as a field placement agency is a significant professional commitment that is appreciated.

AGENCY INFORMATION:

Agency Name:	
Agency Address:	
Agency Contact Person:	
Agency Phone #:	
Agency Email:	
Agency Website:	

What is the primary mission of the agency?

Which best describes your agency? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Physical Rehabilitation | <input type="checkbox"/> Psychiatric Rehabilitation |
| <input type="checkbox"/> Extended Care Services | <input type="checkbox"/> Substance Abuse Rehabilitation |
| <input type="checkbox"/> Educational Setting | <input type="checkbox"/> Developmental Disability Services |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Other (please specify) _____ |

Who is/are the *primary* population(s) served by the agency? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Senior Adult (65 yrs+) | <input type="checkbox"/> Mid Adult (30-64 yrs) |
| <input type="checkbox"/> Young Adult (18-29 yrs) | <input type="checkbox"/> Adolescent (13-18 yrs) |
| <input type="checkbox"/> Youth (5-12 yrs) | <input type="checkbox"/> Pre-School (less than yrs) |
| <input type="checkbox"/> Pre-School (less than 5 yrs) | <input type="checkbox"/> Other (Please Specify): _____ |



APPENDIX A:
REQUEST FOR AGENCY APPROVAL
RRT FIELDWORK/INTERNSHIP PLACEMENT

Please provide a brief overview of the therapy services offered at the agency:

How long has the agency provided these services? _____ Years.

PLEASE PROVIDE INFORMATION REGARDING EACH COMPONENT OF THE LISTED THERAPEUTIC PROCESSES:

CLIENT ASSESSMENT: *(Please attach pertinent assessment instruments and documentation.)*

CLIENT TREATMENT/PROGRAMS: *(Please provide information regarding the specific therapeutic modalities offered)*



APPENDIX A:
REQUEST FOR AGENCY APPROVAL
RRT FIELDWORK/INTERNSHIP PLACEMENT

DOCUMENTATION AND PROGRESS CHARTING: *(Please briefly describe how therapists chart client progress)*

PROGRAM/OUTCOME EVALUATION: *(Please provide a description of how program effectiveness is evaluated)*

Please list specific opportunities and experiences that will be provided to enhance the professional development of the intern.



APPENDIX A:
REQUEST FOR AGENCY APPROVAL
RRT FIELDWORK/INTERNSHIP PLACEMENT

PLEASE IDENTIFY WHICH TYPES OF INTERNSHIP EXPERIENCES YOUR AGENCY IS WILLING TO PARTICIPATE IN:

FIELDWORK IN REHABILITATION & RECREATIONAL THERAPY: (160 - 320 Hours)

RRT Fieldwork occurs following the student's completion of FIU Introduction to Recreation Therapy Course and is designed to orient students to therapeutic practices in diverse settings. Students have the option of either completing two separate 160 hour rotations at different agencies or one 320 hour rotation at one agency.

Please check one:

- YES (160-hour rotation) Students
- YES (320-hour rotation) Students
- NO Fieldwork Students

Please identify number of students that can be accepted per semester:

_____ 160-hour rotation

_____ 320-hour rotation

RECREATIONAL THERAPY INTERNSHIP: (560 Hours Total):

The RT Internship occurs at the end of the student's senior year of education and involves a full-time (40 hours/week) highly structured field experience of at least fourteen weeks in duration, and meets NCTRC guidelines. Students are expected to complete a minimum of 560 hours during the internship and must be supervised by a Certified Therapeutic Recreation Specialist (CTRS). The experiential experience should serve to refine the knowledge areas and provide hands-on training and practice skills. (There should be no more than 1:2 ratio of agency internship supervisor to full-time intern students).

Please check one:

- YES
- NO

Please identify number of students that can be accepted per semester:

_____ Students



APPENDIX A:
 REQUEST FOR AGENCY APPROVAL
 RRT FIELDWORK/INTERNSHIP PLACEMENT

LIST THE NAMES OF AGENCY PERSONNEL AND ASSOCIATED CREDENTIALS WHO WILL SERVE AS FIELDWORK/INTERNSHIP SUPERVISORS: *Agencies who accept RT interns must have a staff member who is a Certified Therapeutic Recreation Specialist through NCTRC.*

NAME	Therapy Credential	License/ Certification #	Date Received	Exp. Date

Agency Contact Person: _____ Title: _____

Agency Signature: _____ Date: _____

FOR RECREATIONAL THERAPY AGENCIES ONLY:

Has the main supervisor(s) of RT interns been certified as a CTRS and worked in RT/TR at the facility at least one year?

- Yes
 No *(Please also complete the table below)*

Identify the number of staff allocated to provide recreational therapy services at the agency:

CTRS:		Non-certified Personnel:		Other:	
-------	--	--------------------------	--	--------	--

FOR UNIVERSITY USE ONLY

- Approved
 Not Approved

University Signature _____ Date: _____

AFFILIATION AGREEMENT BETWEEN
THE FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES

AND

THIS AFFILIATION AGREEMENT, entered into and effective _____, 20 (the “Effective Date”), is between the Florida International University Board of Trustees (hereinafter “FIU”), and _____ (hereinafter the “Facility”), hereinafter collectively referred to as the “Parties”;

WHEREAS, FIU desires that individuals (“Students”) enrolled in its _____ program(s) (“Program”) obtain required clinical and/or other experiences at the Facility (to the extent there is more than one location at which Students will attend, the locations shall be listed in Exhibit A hereto);

WHEREAS, the Facility is willing to offer such experiences in recognition of the need to train Students;

WHEREAS, it is to the benefit of both FIU and the Facility to cooperate in the educational preparation of Students so as to promote excellence in patient care, to ensure professional competence, to assure the availability of future health care providers and services to the community, and to provide maximum utilization of community resources;

NOW, THEREFORE, in consideration of mutual promises set forth herein and other good and valuable consideration, FIU and Facility agree as follows:

1. **PURPOSE.** The purpose of this Agreement is to establish procedures and guidelines pursuant to which Facility shall provide access to clinical and/or other experiences for Students (“Experience”) who are in good standing with FIU and who are accepted for such training by the Facility.
2. **TERM AND TERMINATION.** The term of this Agreement shall be _____ () year(s) commencing _____ and ending _____. This Affiliation Agreement may be amended, terminated, extended or renewed upon mutual written agreement of the Parties. This Affiliation Agreement may be terminated by either Party upon Ninety (90) days prior written notice by the other Party. Notwithstanding the foregoing, however, all Students currently participating or scheduled to participate in an Experience at the time of termination shall be given the opportunity to finish the Experience at Facility.

3. **RESPONSIBILITIES OF FACILITY.** In accordance with the terms and conditions of this Agreement and any Program-specific curriculum provided to Facility by FIU, Facility agrees to provide clinical and/or other experiences for Students in connection with the Program, and Facility shall:

- a) Accept Students into Experiences, the number of which shall be determined at the reasonable discretion of Facility, based upon Facility's space, patient population, and upon any other considerations as solely and absolutely determined by Facility.
- b) Designate a person(s) to serve for Facility as liaison(s) (hereinafter the "Facility Liaison"), and provide FIU, in writing, the name of the Facility Liaison prior to the start of the educational experience(s), who will:
 - (1) Provide Students with an orientation of the Facility's facilities, or orientation packets about the Facility, which will include information about policies and procedures, including without limitation the Health Insurance Portability and Accountability Act of 1996 (HIPAA), especially as it relates to the Facility's confidentiality requirements, and on regulations regarding blood-borne pathogens, infectious disease plans, and hazardous chemical plan, and how, when and why to report incidents.
 - (2) Plan, administer and retain total responsibility for all aspects of patient care and assure qualified supervision of all patient activities.
 - (3) In its sole and absolute discretion at any time, summarily relieve a Student from a specific assignment, or request that a Student leave a patient care area or withdraw any Student from its facilities whose conduct or work with patients, personnel, or medical staff is not in accordance with the policies and procedures of Facility or is detrimental to patients or others. Facility shall use reasonable efforts to notify FIU of any Student whose work or conduct with clients, patients or personnel is not, in the opinion of Facility, in accordance with acceptable procedures or standards of performance or otherwise could disrupt patient care or Facility's operation. FIU agrees to immediately communicate and implement as appropriate the Facility's determination to withdraw such Student from Facility's facilities.
- c) The parties acknowledge that many student education records are protected by the Family Educational Rights and Privacy Act ("FERPA") and by applicable state law, and that generally, written student consent must be obtained before releasing personally identifiable student education records to anyone other than FIU. FIU agrees to provide guidance to Facility with respect to complying with the provisions of FERPA and similar state law. Facility agrees to treat all Student education records that are specifically identified as such by the parties confidentially and not to disclose such Student education records except to FIU and Facility officials who need the information to fulfill their professional responsibilities pursuant to this

Affiliation Agreement, or as otherwise required or permitted by law.

- d) Provide access to cafeteria facilities, if available, for the Students. The cost of meals at same is to be paid by Students.
- e) Provide access to Facility library facilities, if available.
- f) Provide or arrange for the provision of appropriate treatment and follow-up when Students are exposed to infectious or environmental hazards or other occupational injuries occurring at the Facility. Facility is responsible for making available (at the Student's expense) initial and precautionary medical care if students are exposed to infectious or environmental hazards or if Students receive other occupational injuries at the Facility during the Experience. Facility shall notify the Program Director of any situation where a Student requires emergency medical care while at the Facility. Facility shall not be responsible for the payment of any fees or costs related to any medical care provided to Students.
- g) Provide FIU Faculty with access to the Facility as needed to allow such Faculty to evaluate the Students and the experiences provided. If FIU Faculty are not typically on-site at Facility, Facility will allow such Faculty access to the Facility and Students upon reasonable notice to Facility, and only those Faculty who otherwise practice within the Facility shall be required to be credentialed by Facility.
- h) Facility shall be, at all times, responsible for the clinical actions in its facilities, and shall have ultimate responsibility for all clinical decisions made on its patients.
- i) The parties acknowledge that each is subject to regulatory and accreditation compliance with various external agencies, and each agrees to cooperate with the other party to facilitate compliance with all regulatory and accreditation requirements of the Facility and FIU, including but not limited to, permission for regulatory or accreditation reviewers to observe students and faculty engaged in educational and clinical experiences at the Facility or University.

4. **RESPONSIBILITIES OF FIU.** FIU shall:

- a) Be solely responsible for any and all appointments to its faculty.
- b) Provide a contact person at FIU with authority over the program for which Student(s) is training.
- c) Present Students who (i) have completed Facility's application and been approved by Facility, (ii) have adequate preclinical instruction and (iii), in the discretion of the Facility have adequately fulfilled the preclinical requirements for the Experience (including, but not limited to any background check, drug screening, immunizations and/or immunity, etc). The foregoing notwithstanding, Students are

responsible for meeting Facility's application requirements and Facility is responsible for assessing whether Students have met preclinical screening requirements unless the parties specifically agree otherwise.

- d) Establish and maintain curriculum standards and educational policies that meet FIU standards and applicable licensing and accreditation requirements.
- e) Retain overall responsibility for Students and administer, organize and operate the overall educational program and retain responsibility for the education of Students in and for FIU's program curriculum, its design, delivery, and quality including Student grading, progression, termination, or graduation from the program of study.
- f) Educate Students to maintain the confidentiality of all records or information exchanged in the course of the Experience in accordance with Facility policies and all applicable federal and state laws, rules and regulation, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); and.
- g) Ensure each Student provides for his or her own housing, transportation, parking, meals and all other expenses not specifically provided for herein.

5. INDEPENDENT CONTRACTOR/ STUDENTS STATUS.

- a) The relationship of the Parties hereunder shall be an independent contractor relationship, and not an agency, employment, joint venture or partnership relationship. Neither Party shall have the power to bind the other party or contract in the name of the other party. All persons employed by a party in connection with this Agreement shall be considered employees of that party and shall in no way, either directly or indirectly, be considered employees or agents of the other party.
- b) No Student will be deemed to be an employee, agent or volunteer of the Facility by virtue of participation in the Program, nor will the Facility be liable for the payment of any wage, salary, or compensation of any kind for service provided by the Students while participating in the Experience. Further, no Student will be covered under the Facility's Worker's Compensation, social security, or unemployment compensation programs while participating in the Experience.

6. INSURANCE AND INDEMNIFICATION.

- a) Insurance of School. FIU shall, at all times during the term of this Agreement, maintain occurrence-based, self-insurance policy as applicable. Notwithstanding the foregoing, FIU is a political subdivision of the State of Florida and is therefore, entitled to sovereign immunity as detailed in Section 768.28, Florida Statute. Self-Insurance shall be provided pursuant to the authority of Section 1004.24, Florida

Statutes and BOG Regulation 10.001. To the extent that the State of Florida, on behalf of the Board of Governors and the University Board of Trustees ("FIUBOT"), has partially waived its immunity to tort claims and is vicariously responsible for the negligent acts and omissions of its employees and agents as prescribed by Section 768.28, Florida Statutes, FIUBOT is protected for a claim or judgment by any one person in a sum not exceeding Two Hundred Thousand Dollars (\$200,000) and for total claims or judgments arising out of the same incident or occurrence in a total not exceeding Three Hundred Thousand Dollars (\$300,000).

- b) Insurance of Facility. Facility agrees that it shall maintain general and professional liability insurance for itself and its employees, with a single limit of no less than \$1,000,000 per claim and \$3,000,000 in the annual aggregate. Facility further warrants that it will keep such professional liability insurance in full force and effect to respond to any claims arising out of the actions of the Facility and its employees during the Term of this Agreement and for the two (2) year period immediately following the termination or expiration of this Agreement. A copy of this certificate of insurance will be provided to FIU upon request.
- c) Each Party's Responsibility. The parties agree to indemnify and protect each other subject to the provisions of this section and, as to FIU, within the limitations of, Florida Statutes, Section 768.28, as amended from time to time. To the extent allowed by Section 768.28 of the Florida Statutes, all employees and agents of FIU acting within the scope of this Agreement shall be entitled to sovereign immunity. Each party agrees to be liable for the activities of its respective trustees, officers, employees, and agents (collectively referred to as "personnel"). Facility agrees to indemnify and hold harmless FIU and its personnel from all claims, suits, judgments or damages, arising out of the acts or omissions of Facility, or Facility's employees or agents. FIU agrees to indemnify and hold harmless Facility and its personnel from all claims, suits, judgments or damages, arising out of the acts or omissions of FIU, or FIU's employees or agents.

7. MISCELLANEOUS.

- a) Assignments. This Agreement may not be assigned, either in whole or in part, to a third party without the prior written consent of the non-assigning party.
- b) Third Party Obligations. This Agreement is made solely for the benefit of the Parties named in this Agreement, and is not intended to create rights or any cause of action in any third parties, including without limitation, the Students.
- c) Performance. A delay in or failure of performance of either Party that is caused by occurrences beyond the control of either party shall not constitute a default hereunder, or give rise to any claim for damages.

- d) Applicable Law. The validity, interpretation and enforcement of this Agreement shall be governed by the laws of the State of Florida.
- e) Entirety of Agreement. This Agreement contains the entire Agreement between the Parties and supersedes all prior agreements and understandings, oral or written, with respect to the subject matter contained herein.
- f) Cooperation. A Party will reasonably cooperate with the other Party and its counsel in the defense of any claims against a Party in any way arising out of or connected with this Agreement. Such cooperation, including attendance at depositions, trials, conferences, and the rendering of written reports, will be at no expense to the Party not subject to the claim.
- g) Amendments and Modifications to Agreement. All amendments and modifications to this Agreement shall be made by written mutual consent of both Parties.
- h) Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.
- i) Notices. All notices under this Agreement shall be in writing and delivered by personal delivery; United States mail, certified, return receipt requested; or a nationally recognized overnight courier service with tracking requested. Such notices shall be delivered to the following:

Facility Representative:

Attn: _____

FIU Representative:

The Florida International University
 11200 SW 8th Street, _____
 Miami, Florida 33199
 Attn: _____

- j) Authority. Each signatory to this Agreement personally represents that, to the best of his/her knowledge, he/she has authority to legally bind his/her respective party to this Agreement. The signatories are not otherwise parties to this Agreement, except as elsewhere set forth in this Agreement.
- k) The parties agree not to discriminate on the basis of race, color, religion, age, gender, national origin, marital status, disability, sexual orientation, or any factor protected by law.

- 1) Invalidity. The invalidity or unenforceability of a particular provision of this Agreement shall not affect the other provisions hereof, and the Agreement shall be construed in all respects as if such valid or unenforceable provisions were omitted.

IN WITNESS WHEREOF, the Parties, through their respective authorized representatives, have executed this Agreement as of the Effective Date.

THE FLORIDA INTERNATIONAL
UNIVERSITY BOARD OF TRUSTEES

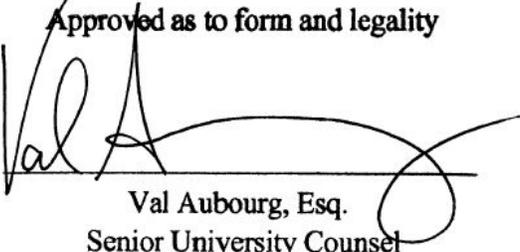
By: _____

Date of Signature: _____

By: _____
Elizabeth M. Bejar, Ph.D.
Provost, Executive Vice President & COO

Date of Signature: _____

Approved as to form and legality



Val Aubourg, Esq.
Senior University Counsel
& Chief Legal Officer for Health Affairs



**APPENDIX C:
REHABILITATION & RECREATIONAL THERAPY
AGENCY FIELD WORK CONFIRMATION LETTER**

Instructions: The top portion of this form should be completed by the agency fieldwork representative who is responsible for coordinating the student's placement and/or will be the student's supervisor for the duration of the fieldwork/internship placement.

PLACEMENT CONFIRMATION:

This is to certify that (student name): _____

has been accepted as a fieldwork student with (agency name) _____

The student has been accepted for the following placement (*check one*):

- 160 Hour Fieldwork Rotation
- 320 Hour Fieldwork Rotation
- 560 Hour Recreational Therapy Internship

Placement Start Date:	_____	Placement End Date:	_____
-----------------------	-------	---------------------	-------

SUPERVISOR INFORMATION:

Agency Supervisor Name:	_____
Placement Location:	_____
Supervisor Email:	_____
Supervisor Phone #:	_____

Supervisor's Signature: _____ Date: _____

STUDENT INFORMATION:

Student PID:	_____	Student Email:	_____
--------------	-------	----------------	-------

Select the specific rotation and dates you will be completing:

Rotation	Semester	Year	LEI 4940 Only
<input type="checkbox"/> LEI 4940 – 160 Hour <input type="checkbox"/> LEI 4940 – 320 Hour <input type="checkbox"/> LEI 4941 – 560 Hour	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	20_____	<i>This is my:</i> <input type="checkbox"/> First Rotation <input type="checkbox"/> Second Rotation

The student's signature indicates their commitment to being an intern at the listed agency, and agreement to abide by the policies and procedures set by both FIU and the agency.

Student Signature: _____ Date: _____

Return completed Appendix C to:
Tonia Porter: tporter@fiu.edu



APPENDIX D
 LEI 4941: RECREATIONAL THERAPY INTERNSHIP
 BI-WEEKLY HOURS LOG

DATE: <i>(List start & end date of days worked for this reporting period)</i>	____ / ____ / ____ to ____ / ____ / ____
TOTAL HOURS <i>(for 2 Week Period)</i>	
CUMULATIVE HOURS TO DATE:	

Student Name:	
Panthersoft ID (PID):	
Student Email:	
Student Phone#:	

Name of Agency	
Name of Supervisor:	
Supervisor Email:	
Supervisor Phone#:	

Student's Signature: _____ Date: _____

Agency Signature: _____ Date: _____

University's Signature: _____ Date: _____

***Upon getting the appropriate signatures, scan this form and save as a PDF and submit to Canvas with your other required documentation.*



APPENDIX E:
FIELD- WORK WEEKLY REPORT
LEI 4940: INTERNSHIP 1

Date/Week of Report:	Week # ____ Dates: ____ / ____ / ____ to ____ / ____ / ____	
Name of Student:		
Panthersoft ID (PID):		
Name of Agency:		
Name of Supervisor:		

To complete your weekly report, type directly into this word document. You must then print it out, have your supervisor read and sign each page, and then scan the entire document in ONE PDF attachment (NO PHOTOS!) and submit on Blackboard. If you can only scan and save your report one page at a time, you can merge your files using the website: www.pdfmerge.com

Make sure to attach Appendix D (signed cover sheet with correctly weekly/cumulative hours) with the same corresponding dates to accompany each of your written reports. You will not get credit if the two are not together. Therefore, make sure you complete it in a timely manner for your agency supervisor to review before the submission due date in your folder.

***PLEASE NOTE EVERY PAGE OF YOUR REPORT MUST BE SIGNED BY YOUR SUPERVISOR!!!**

This written report must be typed (double spaced) and should cover at least 2 full pages. Please answer the following with thoughtful, thorough and insightful answers.

-
1. List professional practice activities in which you participated this week.
 2. Consider the APIED process – which components of the process did you gain experience in, and through which activities?
 3. What problems did you face this week? How did you handle the problems?
 4. Among the various activities in which you participated, which activity do you consider the most valuable and why?
 5. Identify at least one new professional insight you experienced this week?
 6. Generally, what were the most important things you learned this week?

Signature of Supervisor:		
Printed Name of Supervisor:		Date:



APPENDIX F:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
BI-WEEKLY REPORT #1

Date/Week of Report:	
Name of Student:	
Name of Agency:	
Name of Supervisor:	

To complete your bi-weekly report, type directly into this word document. You must then print it out, have your supervisor read it and sign or initial each page, and then scan the entire document into ONE PDF attachment and submit on Canvas. If you can only scan and save your report one page at a time, you can merge your files using the website: www.pdfmerge.com

Instructions: To ensure consistency with the standards set by NCTRC, all RT interns must engage in a specific set of activities (APIED Process) and in this report you will consider the processes in place at your internship agency. Please address all of the following areas.

I. CLIENT ASSESSMENT:

- a. Population assessed:
- b. What type(s) of assessment instrument are used at the agency? (Provide example if possible):
- c. Personal observation or experience gained participating in the assessment process:
- d. Personal evaluation of the instrument and process (i.e. is it thorough, effective, etc.):
- e. Personal insights:

II. CLIENT TREATMENT/CARE PLANNING:

- a. Description of the Recreational Therapist's role in the client's treatment process:
- b. Description of RT treatment/care plan that is created based on client assessment:
- c. How are client treatment outcomes evaluated:
- d. Personal insights:

Signature of Supervisor:		Date:
--------------------------	--	-------



APPENDIX F:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
BI-WEEKLY REPORT #1

III. PROGRAM IMPLEMENTATION:

- a. What types of RT programs are offered at the agency?
- b. What types of outcomes are achieved during these programs:
- c. Personal evaluation of RT program offerings (comprehensive enough, good resources, etc.):
- d. Personal insights:

IV. DOCUMENTATION

- a. What is the documentation process used at the agency?
- b. Experiences gained in the documentation of client participation in RT:
- c. Other forms of documentation experiences gained:
- d. Personal insights:

V. SERVICE/PROGRAM EVALUATION

- a. Are there methods in place to evaluate the RT program and services provided at the agency? (i.e. client feedback, surveys, quality improvement measures?)
- b. Personal insights:

VI. PARTICIPATION IN OTHER ACTIVITIES

- a. What experiences existed for participation in other types of activities sponsored by the agency?
- b. Describe interactions with other disciplines:
- c. Does the agency provide any experiences for additional training (such as in-services, formal or informal training etc.).

Signature of Supervisor:		Date:
--------------------------	--	-------



APPENDIX F:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
BI-WEEKLY REPORT #1

Signature of Supervisor:		Date:
--------------------------	--	-------



APPENDIX F:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
BI-WEEKLY REPORT #2

Date/Week of Report:	
Name of Student:	
Name of Agency:	
Name of Supervisor:	

To complete your bi-weekly report, type directly into this word document. You must then print it out, have your supervisor read it and sign or initial each page, and then scan the entire document into ONE PDF attachment and submit on Canvas. If you can only scan and save your report one page at a time, you can merge your files using the website: www.pdfmerge.com

Instructions: To ensure consistency with the standards set by NCTRC, all RT interns must engage in a specific set of activities (APIED Process) and in this report you will consider the processes in place at your internship agency. Please address all of the following areas.

I. CLIENT ASSESSMENT:

- a. How many client assessments did you complete during the two week reporting period?
- b. Are there any barriers you experienced while completing assessments? (i.e. communication difficulties, disinterest, mood/behavioral problems?)
- c. Describe one of the clients that you assessed this week: (i.e. what is their diagnosis, what are their interests, what was your experience like interacting with the patient, what goals did you set?)
- d. Personal insights – what has been the biggest challenge you have had to overcome to complete client assessments?

II. CLIENT TREATMENT/CARE PLANNING:

- a. What are some of the factors you had to consider when planning patient programs during the two week reporting period?
- b. Have you had to adapt or change any of your plans in the middle of a program?

Signature of Supervisor:		Date:
--------------------------	--	-------



APPENDIX F:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
BI-WEEKLY REPORT #2

- c. Personal Insights - What are some of the biggest challenges that you experience when planning activities/programs/events?

III. PROGRAM IMPLEMENTATION:

- a. List all of the programs/activities that you participated in, facilitated or observed during this two week reporting period:
- b. Did any problems arise during your programs? If there were no problems, what are some of the factors that led to a successful program?
- c. Describe one client's specific experience during a program you facilitated. What outcomes did that client experience from the program? Why do you think this client enjoyed (or did not enjoy!) the program?
- d. Personal insights – what was the most valuable thing you learned these past weeks while working with your clients?

IV. DOCUMENTATION

- a. Write an example of a treatment note/documentation that you made during the past two weeks:

V. SERVICE/PROGRAM EVALUATION

- a. Give an example of feedback or a comment from at least one client who participated in a program you facilitated/participated in.
- b. What indicators do you use to judge the success/outcomes of a program/group/outing? (i.e. comments, body language, etc.)

VI. PARTICIPATION IN OTHER ACTIVITIES

- a. What experiences existed for participation in other types of activities sponsored by the agency?
- b. Describe interactions with other disciplines:
- c. What experiences existed for in-service or additional training?

Signature of Supervisor:		Date:
--------------------------	--	-------



APPENDIX F:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
BI-WEEKLY REPORT #3

Date/Week of Report:	
Name of Student:	
Name of Agency:	
Name of Supervisor:	

This report includes use of images/photos – if you find it difficult to insert the photos directly into this document, students can upload the image (as a JPG or PNG) directly into the Canvas Assignment folder.

The RRT Program would like to highlight our student interns on our social media pages. Please indicate if we have your permission to use the photos you provide:

- YES – FIU can share my photos on social media
- NO – Please do not use my photos

Instructions: For this report, students are going to take a series of photos and write captions that describe their agency and internship experience. There are a couple of things that need to be considered:

- Most agencies have rules about sharing images of patients or specific areas of the agency – be sure to learn about any photo release forms that may be necessary.
- If you want to take a picture of a client, be sure to get their permission (and your supervisor’s permission to take a photo during a session).
- If no photos are permitted at your internship agency, please let your instructor know, and an alternative assignment will be given.
- Students are not limited to sharing only four photos – the more the better 😊

Students also have the option to create a short video reel (think of something like a TikTok video or Instagram story, etc.) instead of the photos. If you choose this option, just upload the one video rather than the series of images!

APPENDIX F:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
BI-WEEKLY REPORT #3

PHOTO #1: Image that represents the agency

CAPTION: *Provide a brief description of the agency, the services provided and location*

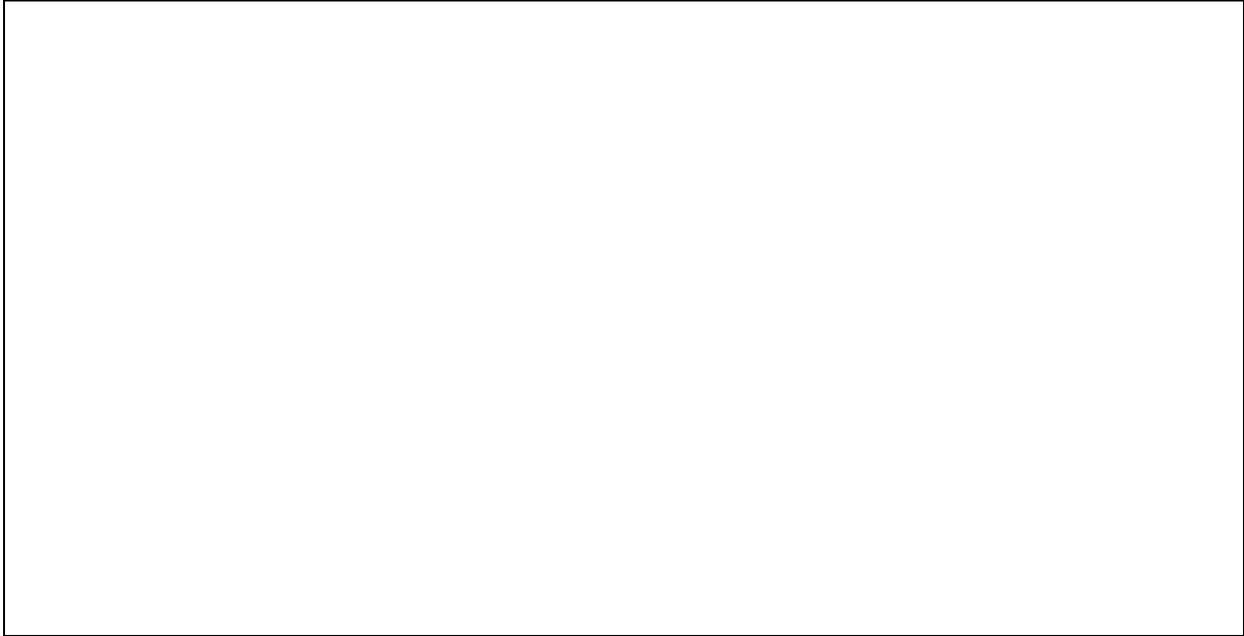
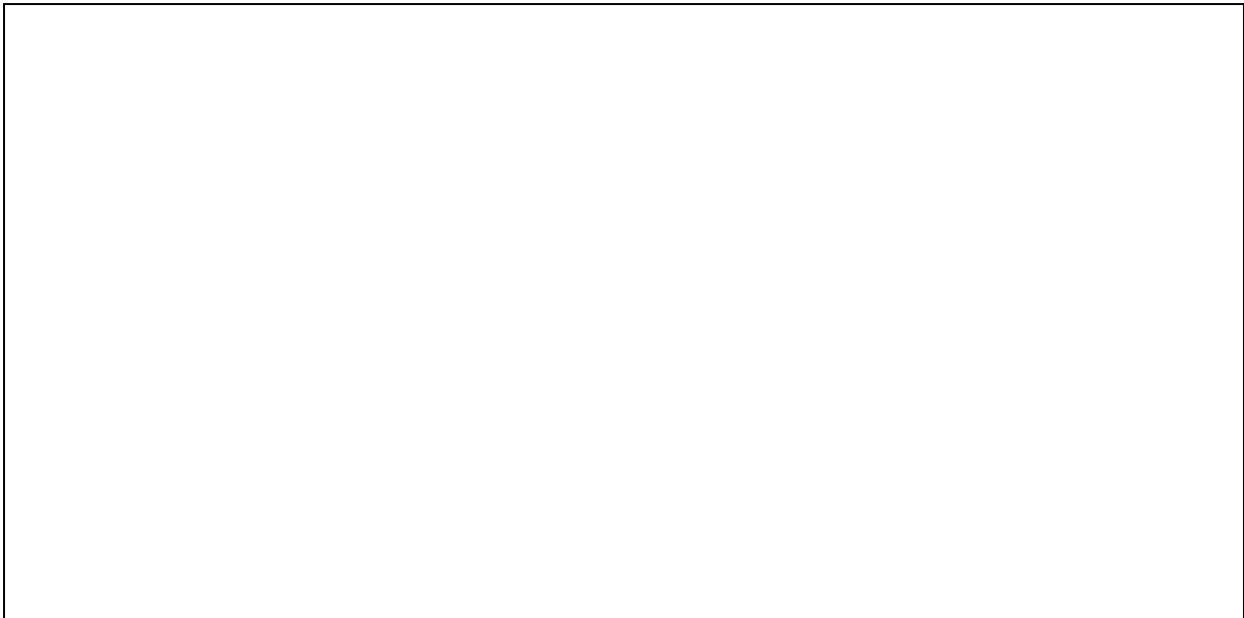


PHOTO #2: Image that captures the recreational therapy services at the agency

CAPTION: *Provide a brief description of the overall RT services provided*



Signature of Supervisor:		Date:
--------------------------	--	-------

APPENDIX F:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
BI-WEEKLY REPORT #3

PHOTO #3: Image that represents YOU and your internship experience!

CAPTION: *Provide an introduction to who you are, your favorite part about the internship and your career goals.*



PHOTO #4: Image that shows one RT Modality/Intervention Photo

CAPTION: *Highlight one of the RT interventions offered and share a little bit about the activity and how it benefits clients.*



Signature of Supervisor:		Date:
--------------------------	--	-------



APPENDIX F:
 LEI 4941: RECREATIONAL THERAPY INTERNSHIP
 BI-WEEKLY REPORT #4

Date/Week of Report:	
Name of Student:	
Name of Agency:	
Name of Supervisor:	

To complete your bi-weekly report, type directly into this word document. You must then print it out, have your supervisor read it and sign or initial each page, and then scan the entire document into ONE PDF attachment and submit on Canvas. If you can only scan and save your report one page at a time, you can merge your files using the website: www.pdfmerge.com

Instructions: This report is more focused on your overall experience so far rather than specifically breaking down the APIED process. Please write at least one full paragraph per question.

1. What has been your favorite moment of your internship so far?
2. What has been the most challenging moment/experience during your internship so far?
3. Describe one of your favorite or most memorable patients/clients that you have worked with during your internship.
4. What have you been most surprised about (i.e. was the internship what you expected? Is it different? Etc.)
5. Did you feel your previous coursework and practicum experience(s) adequately prepared you for your final internship? If not, what would have helped you feel more prepared?
6. How did this internship compare to your first fieldwork (LEI 4940) experience(s)?
7. What do you think is your best quality as a future recreational therapist? (i.e. what are your strengths?)

Signature of Supervisor:		Date:
--------------------------	--	-------



APPENDIX F:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
BI-WEEKLY REPORT #5

Date/Week of Report:	
Name of Student:	
Name of Agency:	
Name of Supervisor:	

To complete your bi-weekly report, type directly into this word document. You must then print it out, have your supervisor read it and sign or initial each page, and then scan the entire document into ONE PDF attachment and submit on Canvas. If you can only scan and save your report one page at a time, you can merge your files using the website: www.pdfmerge.com

Instructions: To ensure consistency with the standards set by NCTRC, all RT interns must engage in a specific set of activities (APIED Process) and in this report you will consider the processes in place at your internship agency. Please address all of the following areas.

I. CLIENT ASSESSMENT:

- a. How many client assessments did you complete during the two week reporting period?
- b. Are there any barriers you experienced while completing assessments? (i.e. communication difficulties, disinterest, mood/behavioral problems?)
- c. Describe one of the clients that you assessed this week: (i.e. what is their diagnosis, what are their interests, what was your experience like interacting with the patient, what goals did you set?)
- d. Personal insights – what has been the biggest challenge you have had to overcome to complete client assessments?

II. CLIENT TREATMENT/CARE PLANNING:

- a. What are some of the factors you had to consider when planning patient programs during the two week reporting period?
- b. Have you had to adapt or change any of your plans in the middle of a program?

Signature of Supervisor:		Date:
--------------------------	--	-------



APPENDIX F:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
BI-WEEKLY REPORT #5

- c. Personal Insights - What are some of the biggest challenges that you experience when planning activities/programs/events?

III. PROGRAM IMPLEMENTATION:

- a. List all of the programs/activities that you participated in, facilitated or observed during this two week reporting period:
- b. Did any problems arise during your programs? If there were no problems, what are some of the factors that led to a successful program?
- c. Describe one client's specific experience during a program you facilitated. What outcomes did that client experience from the program? Why do you think this client enjoyed (or did not enjoy!) the program?
- d. Personal insights – what was the most valuable thing you learned these past weeks while working with your clients?

IV. DOCUMENTATION

- a. Write an example of a treatment note/documentation that you made during the past two weeks:

V. SERVICE/PROGRAM EVALUATION

- a. Give an example of feedback or a comment from at least one client who participated in a program you facilitated/participated in.
- b. What indicators do you use to judge the success/outcomes of a program/group/outing? (i.e. comments, body language, etc.)

VI. PARTICIPATION IN OTHER ACTIVITIES

- a. What experiences existed for participation in other types of activities sponsored by the agency?
- b. Describe interactions with other disciplines:
- c. What experiences existed for in-service or additional training?

Signature of Supervisor:		Date:
--------------------------	--	-------



APPENDIX F:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
BI-WEEKLY REPORT #6

Date/Week of Report:	
Name of Student:	
Name of Agency:	
Name of Supervisor:	

To complete your bi-weekly report, type directly into this word document. You must then print it out, have your supervisor read it and sign or initial each page, and then scan the entire document into ONE PDF attachment and submit on Canvas. If you can only scan and save your report one page at a time, you can merge your files using the website: www.pdfmerge.com

Instructions: This report is more focused on your overall experience so far rather than specifically breaking down the APIED process. Your supervisor does NOT have to read and sign this report, so please be open and candid about what you share! Please write at least one full paragraph per question.

1. What is your favorite program/activity to facilitate?
2. What do you think you need to work on to become a more effective recreational therapist? (i.e. what are your weaknesses?)
3. What are your supervisor’s best quality as a CTRS?
4. Do you feel you received adequate instruction and supervision from your agency supervisor? Is there any other type of mentorship you would find helpful?
5. Do you plan on sitting for the NCTRC exam soon? If so, when do you plan on taking it? If not, what is your rationale for choosing not to take it?
6. Describe your ‘dream’ job.
7. What’s next for your? (i.e. Finding a job, grad school, vacation, etc.)

Signature of Supervisor:		Date:
--------------------------	--	-------



APPENDIX F:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
BI-WEEKLY REPORT #7

Date/Week of Report:	
Name of Student:	
Name of Agency:	
Name of Supervisor:	

To complete your bi-weekly report, type directly into this word document. You must then print it out, have your supervisor read it and sign or initial each page, and then scan the entire document into ONE PDF attachment and submit on Canvas. If you can only scan and save your report one page at a time, you can merge your files using the website: www.pdfmerge.com

Instructions: To ensure consistency with the standards set by NCTRC, all RT interns must engage in a specific set of activities (APIED Process) and in this report you will consider the processes in place at your internship agency. Please address all of the following areas.

I. CLIENT ASSESSMENT:

- a. How many client assessments did you complete during the two week reporting period?
- b. Are there any barriers you experienced while completing assessments? (i.e. communication difficulties, disinterest, mood/behavioral problems?)
- c. Describe one of the clients that you assessed this week: (i.e. what is their diagnosis, what are their interests, what was your experience like interacting with the patient, what goals did you set?)
- d. Personal insights – what has been the biggest challenge you have had to overcome to complete client assessments?

II. CLIENT TREATMENT/CARE PLANNING:

- a. What are some of the factors you had to consider when planning patient programs during the two week reporting period?
- b. Have you had to adapt or change any of your plans in the middle of a program?

Signature of Supervisor:		Date:
--------------------------	--	-------



APPENDIX F:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
BI-WEEKLY REPORT #7

- c. Personal Insights - What are some of the biggest challenges that you experience when planning activities/programs/events?

III. PROGRAM IMPLEMENTATION:

- a. List all of the programs/activities that you participated in, facilitated or observed during this two week reporting period:
- b. Did any problems arise during your programs? If there were no problems, what are some of the factors that led to a successful program?
- c. Describe one client's specific experience during a program you facilitated. What outcomes did that client experience from the program? Why do you think this client enjoyed (or did not enjoy!) the program?
- d. Personal insights – what was the most valuable thing you learned these past weeks while working with your clients?

IV. DOCUMENTATION

- a. Write an example of a treatment note/documentation that you made during the past two weeks:

V. SERVICE/PROGRAM EVALUATION

- a. Give an example of feedback or a comment from at least one client who participated in a program you facilitated/participated in.
- b. What indicators do you use to judge the success/outcomes of a program/group/outing? (i.e. comments, body language, etc.)

VI. PARTICIPATION IN OTHER ACTIVITIES

- a. What experiences existed for participation in other types of activities sponsored by the agency?
- b. Describe interactions with other disciplines:
- c. What experiences existed for in-service or additional training?

Signature of Supervisor:		Date:
--------------------------	--	-------



APPENDIX G:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
CASE STUDY

Instructions: *Choose one patient/client to complete an in-depth case study report. You may need to work with your agency supervisor to identify an appropriate individual. You should spend several sessions and a significant amount of time with the patient/client you choose – the goal is to get to know this person’s specific situation/case in-depth (typically on a deeper level than other patients). You may use the below template to complete your report, however each section must be answered in complete sentences IN YOUR OWN WORDS. (Do not copy information directly from the patient’s chart). You can gather information from medical charts, other healthcare providers and family members. Each section needs to be addressed.*

Objectives:

- To demonstrate mastery of the APIE process as it relates to your assigned client.
 - To demonstrate documentation skills and ability to gain information from other service providers.
 - To create a professional relationship with assigned client
 - To understand the role of a CTRS for a client with a specific diagnosis
-

Content:

1. Identifying information: patient's initials, age, gender, and racial/ethnic background.
2. Diagnosis:
 - a. Patient's diagnosis as stated in the medical chart/agency records
 - b. Brief description of case, including:
 1. Signs and symptoms the patient presents with
 2. Clinical course and prognosis
 3. Medical and/or surgical management
 - c. Date of onset and date of admission.
 - d. Patient’s chief complaints, signs, and symptoms on admission.
3. Personal history: Discuss pertinent information in the following areas: social, medical, educational, and vocational.

4. Treatment plan other than recreational therapy: medical, nursing, social service; physical, occupational and speech therapies, dietary, psychological, home health care. (Obtain this information from appropriate personnel as well as the chart.)
5. Recreational Therapy Program
 - a. Referral: Note date of onset and special information precautions and/or restrictions.
 - b. Initial RT Evaluation: include evaluation procedures and results in the following areas based on an evaluation YOU complete:
 1. Physical status
 2. Cognitive status
 3. Social interaction skills
 4. Psychosocial, mental status, mood, cooperation, motivation, social problems
 5. Past social, leisure, and recreational involvement
 6. Barriers to progress including: physical, attitudinal, financial and social
 7. Patient's goals with regard to community living.
 - c. Summary of patient's assets and deficits.
 - d. RT treatment objectives and goals.
 - e. Implementation: Give a detailed description of entire treatment process including:
 1. Program/activities/sessions completed with the patient
 2. Methods/techniques and equipment used with patient
 3. Therapist's role in treatment process
 4. Patient's response and progress made
 5. Modification of goals and/or methods
 - f. Discharge Plans
 - a. Discharge summary

1. Patient's prognosis
2. Plans for the patient
3. Specific role of RT specialist in discharge planning
4. Family involvement and training



APPENDIX H:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
MAJOR PROJECT

Instructions: *Each student will complete a major project that will be of benefit to yourself as an intern/student AND to the agency. The project is to be discussed with the agency supervisor. There is no one correct format for completing the major project. Some students may choose to implement a new program, put on a special event, create a relevant display, etc. Regardless of the format of the major project, it must be relevant to your agency.*

All students must turn the following items:

- Completed (typed) Appendix H (see sections below)
 - A copy/documentation of the Major Project (photos, PowerPoint, brochures, etc.)
-

Please complete the following sections:

Rationale for the Major Project: *Provide a written rationale for why you choose your specific project. This should include background information, benefits to the agency and supporting research.*

Objectives: *List at least 3 objectives of your Major Project:*

- 1.
- 2.
- 3.

Description of Major Project: *Provide a verbal description of your project in addition to documentation of the finished product.*

Outcomes: *How successful was your major project at your agency? In what capacity have clients/patients benefitted or participated as a result? Is this something that will continue to be utilized after you complete your internship?*



APPENDIX I:
LEI 4941: RECREATIONAL THERAPY INTERNSHIP
IN-SERVICE PROJECT

Instructions: *Each student will complete an in-service presentation to a designated group at your internship agency. An 'in-service' project/workshop means that you are presenting and educating other colleagues/disciplines at the agency on a topic related to your area in Recreational Therapy (i.e. RT services, programs, techniques, policies, etc.) You should first discuss your ideas with your agency supervisor and together decide upon a topic, date, and the audience for your presentation.*

All students must turn the following items:

- Completed (typed) Appendix I (see sections below)
- A copy/documentation of the In-Service presentation (whether this is a PowerPoint, handout, display, etc.)
- Evaluation of your in-service from attendees (This may be written feedback from participants or your supervisor, a short survey at the end, etc.). It is a good idea for students to create a feedback form to hand out to their participants.

Please complete the following sections:

In-Service Topic:	
Date of In-Service:	
# of Attendees:	
Length of Presentation:	

Rationale for the In-Service Project: *Provide a written rationale for why you choose to present on the identified topic. This should include background information, benefits to the agency and supporting research.*

Objectives: *List at least 3 objectives of your presentation:*

- 1.
- 2.
- 3.

Description of the In-Service: *Discuss the format you presented in, the location, etc.*

Evaluation: *How was your in-service evaluated by others? Provide a self-evaluation of your performance – would you have changed anything? Were you comfortable presenting to a group? Be sure to include any forms/feedback you received.*



APPENDIX K:
FINAL INTERNSHIP EVALUATION FORM

Student Name:	
Supervisor Name:	
Agency:	
Evaluation Period:	_____ / _____ / _____ to _____ / _____ / _____

The FIU RT Program asks agency supervisors to grade the student’s overall performance as an intern. In order for a student to receive a passing grade for the associated internship course, he/she must have completed the required number of internship hours AND receive a grade of a C or better from both their internship supervisor and their university supervisor.

Students should be graded in all the categories outlined below. Please reflect carefully upon the student’s work and make an honest judgement of the qualities of the student intern. Judgment should be based on the entire internship, rather than upon an isolated incident. Please evaluate the student using the following grading scale.

A	OUTSTANDING	<i>Student does extremely high quality and comprehensive work. No room for improvement.</i>
B	GOOD	<i>Student does good work, but could demonstrate some improvement in identified area. No outstanding issues.</i>
C	AVERAGE	<i>Student does the minimal amount of work possible to meet requirements. Room for improvement.</i>
D	POOR	<i>Student does low quality work and does not meet expectations.</i>
F	UNSATISFACTORY	<i>Student fails to meet any expectations and requirements.</i>
N/A	NOT APPLICABLE	<i>Grading category not applicable to internship.</i>
DNO	DID NOT OBSERVE	<i>Grading category was not observed at any time during internship.</i>

When the entire evaluation is completed (with the agency supervisor’s comments and signature and the student’s comments and signature), the student will keep the original, scan it, and submit it in the appropriate folder in his/her Canvas course. It is recommended that the agency supervisor keep a copy of this completed form for his/her records as well.

APPENDIX K:

FINAL INTERNSHIP EVALUATION FORM

Please provide a letter grade for each identified area:

PROFESSIONAL PERFORMANCE

Grade

Established work goals:	
Succeeded in achieving goals:	
Planned work to be accomplished:	
Completed assignments by due date:	
Was critical of own performance and quality of work:	
Conducted self well before groups:	
Strove for quality in written expression:	

PROFESSIONAL KNOWLEDGE:

Grade

Displayed ability to integrate conceptual knowledge and activity skills:	
Displayed knowledge and understanding of program principles and methods:	
Showed an ability to apply knowledge in a practical manner:	
Showed grasp of total field:	
Possessed a wide variety of interests:	

PROFESSIONAL PERSONALITY:

Grade

Was enthusiastic:	
Was courteous and tactful:	
Voice quality, speech presentation, tone and inflection:	
Displayed sense of humor:	
Displayed mature judgement:	
Displayed concern for others:	

APPENDIX K:
FINAL INTERNSHIP EVALUATION FORM

PROFESSIONAL ATTITUDE:	<i>Grade</i>
Displayed initiative and imagination:	
Displayed enthusiasm for the profession:	
Accepted assignments willingly:	
Attended professional meetings:	
Upheld department policies:	
Accepted suggestions, direction and critical evaluation:	

Space is provided below for additional comments regarding the student's overall performance, identified strengths and areas of growth. If more space is needed, please attach a sheet or use the back of this form.

AGENCY SUPERVISOR COMMENTS:

STUDENT COMMENTS:

Supervisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____



Florida International University

**APPENDIX L:
MID-SEMESTER INTERNSHIP EVALUATION FORM**

Student Name:	
Supervisor Name:	
Agency:	
Evaluation Period:	_____ / _____ / _____ to _____ / _____ / _____

The FIU RT Program asks agency supervisors to grade the student’s overall performance as an intern. In order for a student to receive a passing grade for the associated internship course, he/she must have completed the required number of internship hours AND receive a grade of a C or better from both their internship supervisor and their university supervisor. If the intern is not performing at a C or better in any of the below categories, the supervisor and student should make an action plan to increase performance and meet goals.

Students should be graded in all the categories outlined below. Please reflect carefully upon the student’s work and make an honest judgment of the qualities of the student intern. Judgment should be based on the entire internship, rather than upon an isolated incident. Please evaluate the student using the following grading scale:

A	OUTSTANDING	<i>Student does extremely high quality and comprehensive work. No room for improvement.</i>
B	GOOD	<i>Student does good work, but could demonstrate some improvement in identified areas. No outstanding issues.</i>
C	AVERAGE	<i>Student does the minimal amount of work possible to meet requirements. Room for improvement.</i>
D	POOR	<i>Student does low quality work and does not meet expectations.</i>
F	UNSATISFACTORY	<i>Student fails to meet any expectations and requirements.</i>
N/A	NOT APPLICABLE	<i>Grading category not applicable to internship.</i>
DNO	DID NOT OBSERVE	<i>Grading category was not observed at any time during internship.</i>

When the entire evaluation is completed (with the agency supervisor’s comments and signature and the student’s comments and signature), the student will keep the original, scan it, and submit it in the appropriate folder in his/her Canvas course. It is recommended that the agency supervisor keep a copy of this completed form for his/her records as well.

APPENDIX L:
MID-SEMESTER INTERNSHIP EVALUATION FORM

Please provide a letter grade for each identified area:

PROFESSIONAL PERFORMANCE: *Grade*

<i>e.g. The student establishes work goals, completes assignments by due date, shows an ability to communicate ideas, and strives for quality in written expression.</i>	
COMMENTS:	

PROFESSIONAL KNOWLEDGE: *Grade:*

<i>e.g. The student shows an ability to apply knowledge in a practical manner and possesses a wide variety of interests and skills.</i>	
COMMENTS:	

PROFESSIONAL PERSONALITY: *Grade:*

<i>e.g. The student is enthusiastic, courteous and tactful; demonstrates appropriate voice quality and speech presentation with tone and inflection; displays a sense of humor, mature judgment, and concern for others.</i>	
COMMENTS:	

PROFESSIONAL ATTITUDE: *Grade:*

<i>e.g. The student displays initiative, imagination, and enthusiasm for the profession; accepts assignments willingly and upholds departmental policy.</i>	
COMMENTS:	

Supervisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____



APPENDIX M: LIABILITY INSURANCE INFORMATION

As a student intern, your professional responsibilities increase; therefore, your chances of being named in a lawsuit increase as well. Professional liability insurance is an important safeguard for you as a recreational therapy intern.

All interns must purchase individual student professional liability insurance through Healthcare Providers Service Organization website: <http://www.hpso.com>

Students may not begin any internship without proof of insurance submitted to the RTT Internship Supervisor at FIU.

APPENDIX N
LEI 4941 Advising Approval Form

I, _____ (name of student), met with my academic advisor,
_____ (name of advisor), on _____ (date).

Advisors please check one:

Cleared

Missing Courses (if so list below)

Courses Needed:

Signature of Student

Date

Signature of Advisor

Date



APPENDIX O: Behavioral Contract

The Florida International University Recreational Therapy (FIU RT) Program values our reputation of quality and excellence among our students, faculty, RT agencies, and other internal and community stakeholders. In order to maintain this reputation, it is important that students recognize their roles as representatives of the FIU RT program when engaged in the community during field experiences (such as Internship I and Internship II). In accordance with the ATRA Code of Ethics, all members of the FIU RT program will honor the principles of beneficence, non-maleficence, autonomy, justice, fidelity, veracity, informed consent, confidentiality and privacy, competence, and compliance with laws and regulations when performing duties with external agencies and clients.

All students agree to uphold these principles, and continue our legacy of excellence by adhering to the following behavioral guidelines:

- Report on time and ready to begin work on all assigned dates, and stay for duration of assigned time
- Accept responsibility for transportation to and from internship sites
- Contact your agency supervisor immediately if you experience an emergency that will cause you to miss a site visit
- Contribute to the creation of a safe therapeutic environment
- Maintain open and honest communication with your academic and agency supervisors
- Work cooperatively with your supervisors, site staff, clients, and other students assigned to your site
- Utilize textbooks and other resources outside of your internship times to bring ideas and make ties between academic learning and professional practice
- Complete all required planning duties as assigned by your agency supervisor prior to the start of the new work day
- Adhere to the agency's dress code, presenting a neat, clean, and professional appearance at all times.
- Understand and adhere to all site rules and regulations
- Create and maintain professional boundaries with clients, client family members, and staff at sites
- Practice person-first language and philosophy at all times
- Demonstrate courtesy and utilize professional communication at all times
- Display tolerance, sensitivity, and impartiality toward others' beliefs, cultures, backgrounds, and behaviors
- Never use phones or other electronic devices during your internship hours, unless given permission to do so
- Try to resolve any problems directly with your agency supervisor, and contact your academic supervisor if you still need assistance, or to schedule a group meeting
- Adhere to all rules, regulations, and policies specific to your internship site
- Read the FIU RT Program's Internship Manual prior to starting your internship
- Comply with the Florida International University code of conduct, and all local and federal laws

Student Name (Printed)

Student Signature

Date



IMPORTANT INFORMATION

This Student Internship Guide is designed to assist applicants with the NCTRC professional eligibility process. When applying for CTRS® certification using the Academic Path option, completion of an academic internship is required. Although completing this guide is not a requirement of the professional eligibility process, it helps document important information about the internship necessary for completing the NCTRC application.

Visit nctrc.org to obtain a copy of the Certification Standards which contains important information regarding certification, exam information, and application forms.

RECORD OF INTERNSHIP

Student Name:

Agency Name:

Phone:

Mailing Address:

City:

State/Province:

Postal Code:

CTRS Agency Supervisor Name:

Certification Number:

Expiration Date:

CTRS Academic Supervisor Name:

Certification Number:

Expiration Date:

Service Setting (check only one):

Hospital

Community

Partial or Outpatient

School

Residential/Transitional

Skilled Nursing Facility

Correctional

Adult Day Care

Other:

Service Sector (check only one):

Psychiatric/Mental Health

Physical Rehabilitation

Other:

Developmental Disability

Geriatrics

Level of Care (check only one):

Acute

Sub-Acute

Long Term Care

Home Health

Rehabilitation

Other:

Age Group (check only one):

Pediatric

Adolescent

Other:

Older Adult

Adult

First Date of Placement:

Final Date of Placement:

Total Hours (total weeks x hours per week):

NCTRC JOB ANALYSIS TASK STUDY: PROFESSIONAL KNOWLEDGE AND JOB TASKS FOR THE CTRS

Knowledge Domain 1: Professionalism

Job Task Area 1.01. Develop professional relationships

Including, but not limited to:

- Communicate with interdisciplinary teams (e.g., team meetings, care/treatment planning, client reviews, etc.)
- Educate internal/external stakeholders about the scope of RT/TR practice (e.g., administration, board of directors, third party payers, funders, interdisciplinary team, service providers, families, etc.)
- Advocate for client's rights with interdisciplinary team, clients, and families

Job Task Area 1.02. Maintain professional competency

Including, but not limited to:

- Understand trends in RT/TR practice (e.g., evidence-based practice, etc.)
- Apply concepts of cultural competence/intelligence (e.g., implicit bias, cultural differences, diversity and inclusion, etc.)
- Maintain professional qualifications (e.g., continuing education, staff development, credentials, licensure, additional credentials, etc.)
- Participate in internal/external committees (e.g., quality improvement teams, professional organizations, etc.)
- Comply with professional Code of Ethics
- Comply with professional Standards of Practice

Knowledge Domain 2: Assessment

Job Task Area 2.01. Conduct the assessment process

Including, but not limited to:

- Establish a therapeutic relationship with clients (e.g., explain characteristics, professional vs personal boundaries, etc.)
- Apply knowledge of diagnostic and developmental characteristics (e.g., cognitive/developmental impairments, physical disabilities, psychiatric impairments, etc.)
- Determine assessment tools to establish outcomes (e.g., standardized, interprofessional, FIM, MDS, etc.)
- Gather primary data across functional domains (e.g., sensory, cognitive, social, physical, affective, leisure, etc.)
- Gather secondary data (e.g., support system, charts, medical records, etc.)
- Use findings from data gathered to determine strengths and limitations, including barriers to leisure participation (e.g., social, environmental, physical, etc.)

Job Task Area 2.02. Apply assessment data to plan care

Including, but not limited to:

- Prioritize client needs and strengths
- Create goals and objectives (e.g., outcomes) based on assessment data
- Communicate assessment data to interdisciplinary team/other service providers and client

Knowledge Domain 3: Planning

Job Task Area 3.01. Develop individualized plan of care

Including, but not limited to:

- Utilize RT/TR service delivery models (e.g., Leisure Ability, Health Protection/Health Promotion, Health and Well-Being Model, etc.)
- Utilize theories of practice (e.g., person-centered, medical model, social model, positive psychology, etc.)
- Align goals and/or objectives to support service delivery (e.g., one-to-one, group interventions, types of modalities, facilitation techniques, etc.)

Job Task Area 3.02. Design program services

Including, but not limited to:

- Design programs based on client needs, interests, and abilities
- Engage in logistical program planning (e.g., transportation, space, supplies, accessibility, etc.)
- Select intervention techniques, approaches, and modalities (e.g., social skill training, community reintegration, palliative care, behavior management, etc.)
- Determine activity modifications (e.g., assistive technology, adaptive devices, and adaptive techniques, etc.)
- Use Activity/Task analysis to provide quality services
- Identify formative evaluation techniques to determine effectiveness of specific programs (e.g., client survey, debriefing, etc.)

Knowledge Domain 4: Implementation

Job Task Area 4.01. Deliver program services

Including, but not limited to:

- Explain purpose of intervention/program
- Determine the steps needed to implement program services (e.g., room arrangements conducive to respective intervention, staffing ratios, environmental and programming accessibility, barriers to participation, etc.)
- Establish facilitation structure and leadership approach
- Implement program plan (e.g., using adaptive recreational equipment, strategic partnering, group dynamics, adapt in the moment, conduct co-treatments with team members, etc.)
- Monitor effectiveness of intervention/program

Job Task Area 4.02. Adhere to risk management protocols

Including, but not limited to:

- Utilize components of safety protocols (e.g., client consent, process for gathering consent, right to live at risk, falls prevention, MSDS logs, etc.)
- Identify relevant precautions to provide a safe environment (e.g., isolation, environmental concerns, or contraindications, etc.)

Knowledge Domain 5: Evaluation and Documentation

Job Task Area 5.01. Document client progress

Including, but not limited to:

- Complete progress notes (e.g., electronic, narrative, SOAP, DARP, etc.)
- Develop discharge/transition plans
- Communicate with interdisciplinary team/service providers on client progress
- Conduct summative evaluation of program effectiveness (e.g., revision of goals and objectives, revision of modalities, interventions, and facilitation techniques, etc.)

Job Task Area 5.02. Document program and client incident

Including, but not limited to:

- Identify policies and procedures for reporting specific incidents
- Document specific details of incidents

Knowledge Domain 6: Administration

Job Task Area 6.01. Maintain department documentation

Including, but not limited to:

- Follow service plan of operation (e.g., program schedules, support services, RT/TR interventions, policy, and procedure development, etc.)
- Adhere to agency policies regarding program and client documentation (e.g., timeliness, incident reports, formative and summative evaluations, quality improvement plans, etc.)
- Adhere to agency fiscal management (e.g., budgeting requirements, external/internal funding sources, etc.)
- Identify state/provincial, regional, Federal regulations pertaining to RT/TR services

Job Task Area 6.02. Assign and monitor personnel

Including, but not limited to:

- Contribute to staff performance appraisals
- Assist with education and supervision of staff, students, and volunteers (e.g., provide training opportunities, etc.)
- Maintain internship program

DOCUMENTATION OF INTERNSHIP

NCTRC Certification Standards require that applicants gain exposure to the components of the NCTRC Job Analysis Study listed on the previous page.

Instructions: In the table below, list the weekly dates and daily hours under each day of each week. List total weekly hours in the second to last column. You must submit a copy of your internship time logs if a range of hours per week is provided.

TIME LOG OF HOURS

Wk	Dates	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Hours
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
Total Hours									

CTRS Agency Supervisor's Signature Date

CTRS Academic Supervisor's Signature Date

WHAT YOU SHOULD KNOW BEFORE YOU COMPLETE YOUR INTERNSHIP

Checklist for NCTRC Internships: Provided below is a list of important criteria necessary to be compliant with NCTRC Internship Standards. Please use this checklist as a method of pre-screening potential internship agencies and supervisors. Please consult NCTRC Certification Standards for further explanation.

Internship Certification Standard: A minimum 560-hour, 14-week internship experience in therapeutic recreation services that uses the therapeutic recreation process as defined by the current NCTRC Job Analysis Study under the supervision of both academic and agency internship supervisors who are NCTRC CTRS certified. The agency supervisor must also possess the CTRS credential for one year prior to supervising an internship student. The CTRS cannot serve in the capacity of both the academic supervisor and agency supervisor during a given internship experience. An acceptable internship experience is one which is completed after the majority of required therapeutic recreation coursework is completed as verified on the official transcript.

Criteria	Yes	No
1. Is the internship taking place after the majority of required therapeutic recreation coursework is completed?		
2. Does the Agency Supervisor possess active CTRS certification status on the first day of the student's internship?		
3. Has the Agency Supervisor been certified for at least one year prior to supervising interns?		
4. Does the Academic Supervisor possess active CTRS certification status on the first day of the student's internship?		
5. Is the Academic Supervisor employed at the college/university?		
6. Will there be two different CTRS supervisors during the internship experience? The CTRS cannot serve in the capacity of both the academic supervisor and agency supervisor during a given internship experience		
7. Will there be shared responsibility between the academic unit and the selected field agency? The shared responsibility is between the faculty member and the agency internship supervisor(s) to assure that students receive a quality internship experience which prepares them for practice in the field of therapeutic recreation.		
8. Will the internship be a minimum of 560 hours and 14 weeks?		
9. Will the internship experience earn academic credit?		
10. Will the student be exposed to opportunities to develop skills related to the therapeutic recreation process as defined by the current NCTRC National Job Analysis Study?		

PLEASE NOTE: The above criteria reflect the NCTRC Standards as of 1/1/23. Please review the NCTRC website for notice of future standard changes.

National Council for Therapeutic
Recreation Certification®
Protecting and Promoting Since 1981

845 639 1439
nctrc.org

NCTRC is a member of the Institute for Credentialing Excellence (I.C.E.) and the CTRS Credentialing Program is accredited by National Commission for Certifying Agencies (NCCA). "NCTRC®", "National Council for Therapeutic Recreation Certification®", "CTRS®", and "Certified Therapeutic Recreation Specialist™" are the registered trademarks of the National Council for Therapeutic Recreation Certification. Unauthorized use of any NCTRC trademark or confusingly similar mark is strictly prohibited. NCTRC does not warrant or guarantee the provision of competent services by certificants; NCTRC certification helps to demonstrate the certificant has met the requirements for the profession.

©2023 National Council for Therapeutic Recreation Certification® All rights reserved. Copying and distribution in any medium is strictly prohibited without prior NCTRC® written consent.

