

## RTM 204: Introduction to Recreation Therapy and Special Populations

Ticket Number: 16769

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<b>BEST FORM OF COMMUNICATION</b> <b>Email:</b> paulette.schuster@csun.edu	<b>Class:</b> Jacaranda Hall 3502 <b>Time:</b> 1600-1845

### COURSE DESCRIPTION:

This course is the study of the nature and function of recreation therapy in a variety of agencies and settings. Overview of the physical, cognitive, affective and social characteristics of a variety of individuals with special needs with emphasis on planning and adapting recreation programs both in clinical and community/inclusive settings.

### COURSE OBJECTIVES:

At the successful completion of the course, the student will:

- Have an understanding of human anatomy and physiology as applied to therapeutic recreation. (7D.01)
- Understand the significance of multiculturalism in therapeutic recreation. (9D.03)
- Understand the characteristics of illness and disabilities and their effects on functioning, including leisure behavior. (7D.04)
- Understand holistic health and wellness including disease prevention and health promotion. (7D.05)
- Understand the use of self as an instrument in therapeutic relationships and the ability to establish such relationships. (7D.06)
- Have an understanding of the roles, responsibilities, ethical, and professional behavior of therapeutic recreation personnel. (8.09, 7D.03)
- Have completed a 30-hour practicum experience in a therapeutic recreation setting. (8.41)
- Have an understanding of the psychological, sociological, physiological and historical significance of therapeutic recreation. (9D.02, 7D.03)
- Understand the impact of social attitudes toward illness and disability and of the attitudes and self-concepts held by individuals with illness and/or disabilities for all leisure participation opportunities. (6.15, 9D.05)
- Understanding the role of the therapeutic recreation profession as an advocate for leisure, human rights and services for individuals with illness and disabilities. (9D.10)
- Understand how programming concepts, including conceptualization, planning, implementation, and evaluation are applied to therapeutic recreation services. (9D.13, 8.13, 8.14)
- Understand basic individual and group techniques related to therapeutic recreation programming. (8.14, 9D.15)
- Understand a variety of assistive techniques, adaptive devices, equipment, and facility design related to specific illness and disabilities in therapeutic recreation services. (8.24, 9D.12, 9D.15)
- Successfully plan, implement and evaluate of one-hour inclusive recreation program for both able-bodied individuals and individuals with disabilities. (8.21, 8.22)
- Understand the roles and contributions of the client, family and significant others in the therapeutic recreation process. (9D.11)
- Select their best work in the course and a reflection paper for inclusion in the TR Student Portfolio Notebook.

### COURSE CONTENT:

#### I. Introduction to Therapeutic Recreation

##### A. History of Therapeutic Recreation

1. Social attitudes towards disabilities and self-concepts held by individuals with disabilities.
2. Psychological, sociological, physiological and historical significance of therapeutic recreation.

#### II. Programming and Leadership Skills

##### A. Observational techniques and demonstration

##### B. Therapeutic Recreation Program Planning Process

1. Client assessment
  2. Developing goals and objectives
  3. program implementation
  4. Program evaluation
- C. Leadership techniques

III. Disabilities

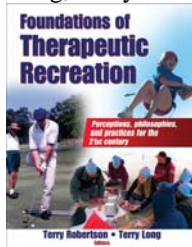
- A. Physical disabilities
- B. Developmental disabilities
- C. Psychological disabilities
- D. Aging

IV. Practical Applications

- A. Class group presentations
- B. Practicum field experiences (30 hour minimum) and related assignments

**COURSE TEXTS:**

Long, Terry & Robertson, Terry (2008) **Foundations of Therapeutic Recreation**, Human Kinetics



**GRADING:**

Plus and minus may be used by instructor for the final course grade.

Unless requested differently, all written assignments will be types APA style. APA format can be found on the Department website. Be clear, organized, and reflect revision of material. Avoid vagueness and unsupported generalizations. Failure to cite a person’s work, ideas, phrases, sentences, or terms is considered plagiarism, and **falsification (of any forms, papers, volunteer work and related forms & papers etc) is subject to an “F” grade in the course.** Each assignment will be evaluated by the following scale:

Adherence of assignment Guidelines	20%
Grammar, spelling, Punctuation	15%
Writing in APA format	15%
Clarity of Thought, Logical Presentation	20%
Ability to Apply Learned Concepts	30%
<b>Total</b>	<b>100%</b>

**The CSUN criteria for grading are stringently adhered to and are interpreted as follows:**

A= Outstanding	Includes criteria for “B” plus innovative analysis /application of subject matter.
B= Very Good	Includes criteria for “C” plus in depth investigation/analysis of subject matter.
C= Average	Adequately meets the criteria of accurate recall and use of the subject matter
D= Barely Passing	Inadequately meets the criteria of accurate recall and use of subject matter.
F= Failure	Inadequately meets criteria most of the time.

Grade	Points
<b>A</b>	445-500
<b>B</b>	399-444
<b>C</b>	353-398
<b>D</b>	307-352
<b>F</b>	306 & below

### **COURSE ASSIGNMENTS:**

-All papers are to follow APA guidelines and include a title page, page numbers, 12" font, 1" margins, 1.5 spacing between sentences and double between paragraphs, footnotes/reference page when appropriate.

-All papers are to be turned in via email ([paulette.schuster@csun.edu](mailto:paulette.schuster@csun.edu)) as an attachment in Microsoft word document by midnight of the due date. DO NOT turn any hard copies into the professor.

-Volunteer hand written diary and group project is the only documents to be handed into the professor- all other via email.

**1. FACE TO FACE INTERVIEW** with a State or Nationally Certified Recreation Therapist (**RTC/CTRS**) (4-5 pages not including title page).

A list of RTC's in the area is provided from the approved practicum agencies.

Appointments, professional appearance and conduct are required.

The interview is to include the following information:

- Name of the RTC/CTRS
- Agency/organization name, address and phone number.
- A complete description of the agency, including:
  - Agency's purpose
  - Agency's mission statement
  - If applicable: Therapeutic recreation department's mission statement
  - Types disabilities being served in the facility/agency
  - Types of therapeutic recreation services/activities
  - Purpose for the each individual activity/services/activities being utilized
  - Number and ages of clients/consumers/residents being served
  - Therapeutic Recreator staff to client/consumer/resident ratio
  - If you are interviewing an RTC/CTRS in a community setting- what is their role with inclusion?
  - What do they enjoy most about their job and why?
  - What is the RTC/CTRS's most difficult aspect of their job and why?
  - Detailed descriptions of the role assumed/ job description of the RTC/CTRS and describe how each of these roles is different from other professionals in the agency/organization.
  - RTC/CTRS's personal philosophy of therapeutic recreation.
  - If students are accepted as volunteers at their site, what is the procedure in becoming a volunteer, what is the role/job of the student volunteer, and how much supervision is provided by the Therapeutic Recreator?
  - What specifically is the RTC/CTRS major time spent on in his/her agency/ facility?
  - What is their involvement in the field of Therapeutic Recreation? Have they spoken at conferences, workshops etc. Are they involved in professional organizations, committees/boards outside of work? If yes, what are they and what is their involvement?
  - Why did they become a Therapeutic Recreator/Recreation Therapist?

## 2. 1 hr. DISABILITY EXPERIENCE Portfolio Assignment (3-4 pages, not including title page)

You will select either: 1) CVA/ Stroke, or 2) Totally Blind. You will be the chosen disability for one hour. This must be accomplished at one time. It may not be broken into segments.

If you choose CVA (stroke), it must affect your dominant side and you will put cotton balls inside your mouth on your dominant side to impair your ability to speak. CVA- you will drag your dominant side- if right handed, drag your right leg and let your right arm limp on your side- do not use it.

If you choose to be totally blind, you must cover your eyes in such a way that no light is able to get in. Shutting/closing your eyes or wearing dark sunglasses is not acceptable. You can put cotton squares over your eyes, and then a piece of material over with eyes with tape to secure them closed and sun glasses over that. Be sure you have a trusted friend with you at all times. When guided by your friend, you will hold your friends elbow and walk just behind them.

Assigned activities in this 1-hour period will be accomplished as if you had that disability. Your activities must include the following:

- Go to the bookstore (or mall) and purchase an item (pencil, drink, etc) securing a dated receipt that says where you shopped) which will be turned in with the paper.
- Go on a tour of CSUN's botanical garden and learn the names of three plants which grow there (or museum or art store and learn the name of three things you didn't know).
- Go to Associated Students and obtain written information (pamphlet or flyer) about the activities offered for CSUN students this semester.

### WRITE UP

- Date, time, location and an anecdotal (short narrative) account of your 1 hour disability experience.
- What were your feelings during each of the activities (fine or good is not an appropriate answer).
- Last paragraph to include an overall summary and discussion of how being disabled for an hour has helped you to understand and work with a person with a disability.

## 3. DISABILITY OBSERVATIONS

You are required to make 2 typed written observation reports (2-3 pages in length not including the title page) . These observations are to take place at your volunteer practicum agency/facility. The format for the observation reports is as follows:

**First level observation** (1<sup>st</sup> Report- completely objective, no subjective thoughts or comments):

- Look and observe the group as a whole. How do they enter the room and get started? How do they interact with one another and the RTC? Finally, begin to observe the various individual behaviors and record this information as objectively as you can. Being objective (not affected by personal feelings, or prejudice- just the facts) is critical to observations.
- Observe the room setting
  - space available
  - materials and equipment
  - setting of room with regard to furniture arrangements
  - approach of the RT to the clients
- Observe the group
  - numbers of clients and staff
  - number of male and female clients
  - general appearance of clients
- Observe the clients approach to the activity
  - Independently, seek out help etc.

- amount of time spent in the activity
  - attitudes and affect of the clients
- Observe the social interactions
  - types of statement directed at the RT, peers
  - frequency of contacts made between the RT and clients and clients to clients

**2nd level observation** (2-3 pages, not including title page- completely objective, the only subjective permitted is under the Impressions of the client):

- Select one client to observe in the activity. Same as with the second level observations do not use the client's given name and remain objective.
- Briefly describe the client's appearance and affect.
- Summarize observed learning behavior
  - Client's method of learning, trial and error, seek out help etc.
- Summarize the client's ability to problem solve
  - Ability to recognize a problem, independently problem solve, seek out help etc.
- Impressions of the client
  - In one or two lines for each of the above areas, summarize your impressions of the client. This is the time for creative conclusions about the observed behaviors. **This is the only time that you can be subjective** (relying upon one's personal feelings or opinions) and formulates your own thoughts by the information you observed and summarized above.

#### 4. EXPERIENCIAL LEARNING:

Each student is required to volunteer a **minimum of 30 hours** (no exceptions that includes our athletes). This must be completed by the end of the semester. Incompletes will not be awarded for inability to get the volunteer work done in a timely manner)

This experience can be either paid or volunteer but must be in an agency/ facility with a certified Recreation Therapist who is providing services to persons with disabilities.

- The agency/ facility must complete the **AGENCY AGREEMENT FORM**, which is to be returned to the professor by the **5th week of class**.
- The agency Recreation Therapist or pre-approved alternative professional is to complete and review with you an evaluation of your work which is to be turned in the last meeting of the class, and will be placed in your file.
- You are to keep a **written diary** of your volunteer experiences, which included your feelings and a summation paragraph at the conclusion of your 30 hours to indicate how the experience has helped you to understand the field of Therapeutic Recreation and people with disabilities. This is to be completed for each day of your volunteer work; include in your diary the date, time, location and disability observed. This is to be sent into the professor via email as a Microsoft word document and follow APA Guidelines.

#### 5. 35 MINUTE GROUP PROGRAM WITH WRITTEN PROGRAM PLAN AND EVALUATION (8.13) (Portfolio Assignment)

You will be put into groups of 3 people.

Each group will be given a disability and your group will research and plan a 35 minute program for that disability group.

The program will be presented in class and your classmates will become the disability.

Each person in the group will plan and lead an activity that will be a maximum of 8 minutes. The group will present the professor with the complete d written program plan a week before the actual presentation.

The following week after the presentation, each person in the group will write up a critical evaluation of the groups planning process, team work, implementation and individual presentations. This is done individually and not as a team process.

**The group's written paper to include:**

1. Pretend Agency Name, address, history, mission statement and purpose.
2. Student description and duties for the presentation.
3. Types of disabilities served and age.
4. Risk Management for each presentation- use the form provided by the professor.
5. Detailed minutes of each team meeting (for program design and implementation).
6. Detailed program budget/donations/ equipment and supplies (for actual presentation).
7. Day of event program title and overall goal/outcome.
8. Day of Event Site Design/Set up/ Decorations.
9. Day of Event Schedule to include each activity and who is responsible for each. Each activity is a solo leadership assignment- remaining students can assist but not co-lead.
10. Write ups for each of the activities to be presented. Each person is responsible for their own activity write- up which is to include:
  - Your Name
  - Title of activity
  - Outcome of the activity
  - List of equipment and supplies,
  - Detailed** step by step description of how to actually do the activity
  - Room /area design/set up for the activity (tables, chairs, field etc)
  - Time needed to set up and clean up,
  - Decorations, cost breakdown (include any donations).
11. Day of Event Closing. (One student assigned to an opening and one for the closing).
12. **Individual Critical Evaluation paper: write up from beginning of group planning to the actual presentation.** This is not to be shared with your peers; it is your own work that must be supported with concrete examples to support any subjective and objective thoughts and is due the following week of your presentation. It includes a critical evaluation of the people you teamed with, what they did well and what they need to improve upon. (4-6 pages not including title page sent to Professor via email as a Microsoft word document the week following the actual presentation)

**COURSE EVALUATION**

The term evaluation means, "With judgment," therefore, the instructor assesses the quality of the work.

Class assignments are indicated in the syllabus and the due dates are in the course calendar.

- **Any assignments received one minutes past due date, no matter what the reason, will be marked down 10%**

Late assignments will be completed and returned when the professor has the time to do so.

Be clear, organized and reflect revision of material.

Written assignments will be judged on content, organization, neatness, timeliness, syntax and spelling. Avoid vagueness and unsupported generalizations.

Be sure to give proper credit to ideas, phrases and sentences of others. Failure to do so is plagiarism. Plagiarism, falsification of documents, having someone else do your work, and/or cheating will be cause for immediate failure in the class and possible expulsion from the program.

**All RTM students** must have a C. A grade of C- or below will mean repeating the course.

**MID-TERM EXAMINATION**

This will be multiple choices. **There is no make up of this examination, no matter what the reason.**

## FINAL EXAMINATION

This exam will be multiple choices and cover the guest lecturers & chapters on disabilities. **There is no make up of this examination, no matter what the reason.**


## COURSE POINT/ASSIGNMENT BREAKDOWN

	Point	Earned
Class attendance and participation	35	
RTC Interview Report Paper	30	
Hour Disability Experience Paper & Summary	30	
<b>Group Disability Presentations</b>		
-Group program written plans	40	
-Actual presentation individual presentation/leadership skills	40	
-Individual Critical Evaluation of process & program	40	
Observations (2 reports- each worth 10 points)	20	
Practicum Experience Verification (30 hours) and Diary	40	
Mid-Term Examination	100	
Final Examination	125	
<b>TOTAL POSSIBLE POINTS</b>	<b>500</b>	

Students are responsible for maintaining their course progress by the points they receive- as indicated above. If a student has concerns or questions about their progress in the course, it is the student's responsibility to make an individual appointment to discuss this with the instructor.

## COURSE CALENDAR, READING ASSIGNMENTS & ASSIGNMENT DUE DATES

Date	Topic	Reading Assignments & Due Dates for Assignments
1 <sup>st</sup> Wk 8/25	Introduction/Course Overview/TR- The Benefits are Endless/ Understanding disability, handicap	
2 <sup>nd</sup> Wk 9/1	<b>LEGAL HOLIDAY NO CLASS</b>	
3 <sup>rd</sup> Wk 9/8	Lecture- History & Announcement about a volunteer opportunity from LA City Rec. & Parks Valley Therapeutic Recreation Center- Jaime Eichenbaum, MS,RTC, CTRS, CPRP (Last week to add or drop a class)	Foundations for TR: Chapters 1 & 2
4 <sup>th</sup> Wk 9/15	Lecture- History/Disabilities	Foundations for TR: Chapters 3 & 4
5 <sup>th</sup> Wk 9/22	Lecture Disabilities	<b>Agency Agreement for Volunteer Work – Hard Copy DUE</b> Foundations for TR: Chapters 5 & 6
6 <sup>th</sup> Wk 9/29	<b>Guest Lecturer</b>	Foundations for TR: Chapters 7 & 8
7 <sup>th</sup> Wk 10/6	<b>Guest Lecturer</b>	Foundations for TR: Chapters 9 & 10
8 <sup>th</sup> Wk 10/13	<b>Guest Lecturer</b>	Foundations for TR: Chapters 11 & 12
9 <sup>th</sup> Wk 10/20	<b>Guest Lecturer</b>	<b>Observation Level 1 DUE</b> Foundations for TR: Chapters 13 & 14
10 <sup>th</sup> Wk 10/27	<b>Mid-Term Examination Multiple Choices</b> Group 1 & 2 Presentation (last half of class)	<b>RTC/CTRS Interview Paper DUE before midnight October 27<sup>th</sup></b>
11 <sup>th</sup> Wk 11/3	Group3, 4, & 5 Presentation	Foundations for TR: Chapter 15 & 16
12 <sup>th</sup> Wk 11/10	Groups 6, 7, 8 Presentation	<b>Observation Level 2- DUE before</b>

		<b>midnight November 10th</b>
<b>SUNDAY</b> Nov. 16 8am-4pm (8 hours)	<b>L.A. City Recreation &amp; Parks All City Adaptive Bowling Tournament in Chatsworth at Rocket Bowl- Practical Volunteer</b>  <b>Experience with Disabled.</b> <b>You don't need to know how to bowl to volunteer for this experience, and you will NOT be bowling with the participants.</b> Must be pre-registered with LA City Rec. & Pks. Valley 818 756-9757 Therapeutic Recreation Center. Day of drop ins will not be given hours. Your instructor will be present and volunteering with you. Ask to speak with Sharron, Jaime or Chris	
13 <sup>th</sup> Wk 11/17	Group 9, 10, 11 Presentation	Foundations of TR: Chapters 17
14 <sup>th</sup> Wk 11/24	Group 12, 13, 14 Presentation	<b>One Hour Experiential Disability Paper DUE before midnight Nov. 24th</b>
15 <sup>th</sup> Wk 12/1	Group 15, 16 & 17 Presentation	
16 <sup>th</sup> Wk 12/8	Group 18, 19 & 20 Presentation	<b>Volunteer hours &amp; diary DUE before midnight Dec. 8th Hard copy of verification of completed hours and evaluation DUE</b>
17 <sup>th</sup> Wk 12/15	<b>FINAL EXAMINATION- MULTIPLE CHOICES</b> NO MAKE UPS Disabilities plus Guest Lectures Information 5:30-7:30pm	

**REFERENCES/SUPPLEMENTAL READING:**

- Austin, D. (1997). Therapeutic Recreation: Processes and Techniques (3<sup>rd</sup> Ed.) Sagamore Publishing Champaign, IL.
- Austin, D.R. & Crawford, M.E., (Eds.) (1996). Therapeutic Recreation: An Introduction 2<sup>nd</sup> Edition.
- Burlingame. J. & Blascchko, T.M. (1997). Assessment Tools for Recreation Therapy: Red Book #1 (2<sup>nd</sup> Ed.) Ravensdale, WA: Idyll Arbor, Inc.
- Carter, M.J., Van Andel, G., & Robb, G.M. (1995) 2<sup>nd</sup> Ed. Therapeutic Recreation: A Practical Approach. Champaign, IL: Sagamore Publishing.
- Malkin, M. & Howe, C. (1993) Research in Therapeutic Recreation. State College, PA: Venture Publishing, Inc.
- Mundy, J. (1998) 2<sup>nd</sup> Ed. Leisure Education: Theory and Practice. Champaign, IL: Sagamore Publishing.
- O'Morrow, Gerald, S. & Carter, Marcia, Jean (1997). Effective Management in Therapeutic Recreation Service. Venture Publishing, Inc. PA
- Peterson, Carol Ann & Stumbo, Norma J. (2000). TR Program Design: Principals & Procedures Third Edition. Allyn & Bacon Boston Massachusetts.
- Zuckerman, Edward L. (1993). The Clinician's Thesaurus 3. The Clinicians Toolbox, Pittsburgh, PA.
- Hockenberry, John (1995) Moving Violations Levavi & Levai, Inc. Hyperion

California State University, Northridge  
Department and Recreation and Tourism Management

RTM 204 Introductions to Therapeutic Recreation and Special Populations  
Fall 2008

**STUDENT INFORMATION AND AGREEMENT OF UNDERSTANDING**  
TO BE COMPLETED BY ALL STUDENTS

Print all information clearly and sign at bottom of page

<b>Name:</b>	<b>Date of birth:</b> / /
<b>Address:</b>	<b>City:</b>
<b>State:</b> CA <b>Zip Code:</b>	<b>Home Phone:</b> (    ) <b>Cell:</b> (    )
<b>Email:</b>	
<b>I am a</b> <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Other- describe:	
<b>What is your declared major:</b>	<b>Minor:</b>
<b>Are you working in the field of recreation or recreation therapy?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes- where/position?	
<b>How long have you been working in the field?</b> <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
<b>What experience and or exposure have you had with people with disabilities?</b>	
<b>DECLARATION/ AGREEMENT OF UNDERSTANDING</b>	
<i>I have been provided with an extensive and explanatory course syllabus, which was reviewed in class.</i>	
<i>I understand what is expected of me and if I have any questions or concerns I will bring them to the attention of my instructor; in class, by phone, fax or email or by appointment prior to class meeting. I understand the best form of communication with the instructor outside of class is via email or by appointment.</i>	
<i>I understand the course evaluation process, grading policy, mid term and evaluation, course assignments which include but not limited to papers, volunteer hours and class participation and presentation. While I am completing my volunteer hours, I will dress and present myself as a professional at all times and follow the agency/organization policies and protocols.</i>	
<i>I understand there is no make ups for the mid-term and final examinations and the content of the examinations will cover assigned reading, lectures and guest speaker's information.</i>	
<i>I understand it is my responsibility to get my work in on the date indicated in the course calendar. Late assignments will be deducted an additional 10% as indicated in the syllabus and graded when the instructor has the time to do so. Papers emailed as an attachment, must be in by the due date. All papers must in APA format following title page, margins, page numbers, etc. They also be judged on content, organization, neatness, timeliness, syntax and spelling. Avoid vagueness and unsupported generalizations. Incompletes will not be given for this course.</i>	
<i>Be sure to give proper credit to ideas, phrases and sentences of others. Failure to do so is plagiarism. <b>Plagiarism, falsification of documents (including volunteer hours), having someone else do my work, and/or cheating will be cause for failure in the class and possible suspension, expulsion from the program and or University</b></i>	
<i>I understand that I am to keep all electronic devices, including cell phones off or on vibrate during the class. I must maintain a C average in the course- and C- or lower will mean I have to re-take the course.</i>	
<i>Student's Signature:</i>	<i>Date:</i>

California State University, Northridge  
Department of Recreation and Tourism Management  
RTM 204 Foundation of Therapeutic Recreation and Special Populations

## AGENCY AGREEMENT

for

### RTM Required Student Volunteer/Experiential Learning 30 Hours with Disabilities

The agency indicated in this form has agreed to accept: \_\_\_\_\_  
(CSUN RTM 204 Student's Full Name)

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

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

Zip Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

This agency is considered: Clinical Community Other: \_\_\_\_\_

Disability group served by the agency (Check all that apply):

Aged Blind/VI Deaf/HI Developmentally Disabled Eating Disorders Forensic Mental Health Condition Physically

Handicapped Substance Abuse Youth at Risk Other: \_\_\_\_\_

Certified Recreation Therapist who will be responsible for the student's supervision, verification of hours and completion of the evaluation of the above named student: Mr. Mrs. Ms.  
\_\_\_\_\_

(Check all that apply) RTC # \_\_\_\_\_-T expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ CTRS # \_\_\_\_\_ expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

The student will officially begin volunteering: \_\_\_\_/\_\_\_\_/2008 and have agreed to the following schedule (please fill in the times):

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_.

The student has agreed to complete: \_\_\_\_ hours with this agency, unless otherwise indicated.

The student is expected to be professional at all times. This includes, but not limited to: 1) arriving on time, 2) professional conduct, appearance and groomed, 3) respecting the agencies protocols, policies and procedures, 4) rights and confidentiality of the consumer/patient/resident, and 5) providing an evaluation form at least 2-3 weeks prior to the due date of the university.

This form and the verification of hours are to be completed by the Certified Recreation Therapist indicated on this form and the evaluation is to be orally reviewed with the student.

It is important to be completely honest our students, as they need to know their strengths as well as areas that need more attention, if they are to be effective in the field of their choice. If you experience any problems or have concerns with this student, you are to contact me (Polly Schuster, MS, RTC, and CTRS) immediately. The best way to reach me is either by email: [paulette.schuster@csun.edu](mailto:paulette.schuster@csun.edu) or fax (661) 274-8600 – emergency 661 733-9043

Please keep a copy of this form for your files. The student is to make a copy for their records and give me (the instructor) the original.

These students are our future and your willingness to give your valuable time, energy, experience and attention is extremely appreciated.

\_\_\_\_\_  
Supervising Recreation Therapists Signature

\_\_\_\_\_  
Date



California State University, Northridge Department of Recreation and Tourism Management  
 RTM 204 Introductions to Therapeutic Recreation and Special Populations  
**EVALUATION OF STUDENT'S VOLUNTEER/EXPERIENTIAL  
 LEARNING HOURS**

This form is to be completed by the agency RTC/CTRS supervising student volunteer or pre-approved agency staff person.  
 It is to be completed at conclusion of volunteer hours and to be gone over with the student.

**Please print clearly**

Student's Name:
Agency's Name:
Address:
City: <span style="float: right;">Zip Code:</span>
Phone: <span style="float: right;">Email:</span>
Disability population served:
Type of setting:
Certified Recreation Therapist/ Supervising Staff:
Hours of operation:
Certification: check all that apply: <input type="checkbox"/> RTC <input type="checkbox"/> CTRS <input type="checkbox"/> CPRP <input type="checkbox"/> RC <input type="checkbox"/> NA
Evaluation orally reviewed with student? <input type="checkbox"/> Yes <input type="checkbox"/> No- briefly explain why not:

**Code: 1= competent 2= needs improvement 3= unacceptable 4= N/A**

1. Student was on time	
2. Professionally and appropriately dressed	
3. Called in (in a timely manner) if they were running late or unable to come in	
4. Respected the agencies policies and procedures	
5. Respected the confidentiality & rights of consumer/ resident/ patient's	
6. Provided assistance in the program when appropriate/ or when asked	
7. Showed respect to the staff and other volunteers	
8. Showed respect , and compassion to the agencies consumer/ resident/ patient's	
9. Student provided the evaluation form at least 2-3 weeks in advance of date needed	

Student's strengths:

Student's area's that need improvement:

Additional comments:

Student's Signature:
RTC/CTRS or Pre-approved Staff Evaluator's Signature:
Date of completion: <span style="float: right;">Total hours completed:</span>

\*\* Agency and student keep a copy- original to instructor