

**Therapeutic Recreation Fieldwork Experience  
Verification of Hours**

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**Part 1 (To be filled out by student)**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Agency Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Population (age group, disability types): \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of Experience:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours: \_\_\_\_\_

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**Part 2 (To be completed by agency supervisor)**

According to our records, the above information is accurate and my signature verifies the student's involvement with our agency. Evaluation of student performance is as follows:

\_\_\_\_\_ **Acceptable** – Performance was consistent with professional expectations

\_\_\_\_\_ **Not-Acceptable** – Performance was not consistent with professional expectations

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date