

SCHOOL OF
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AND RECREATION
ILLINOIS STATE UNIVERSITY

Therapeutic Recreation Internship Site Information Form

This form will provide information to faculty and students relative to your agency, department and/or unit. In an effort to provide one comprehensive form for all agencies that seek to become an internship site, information requested may not appear applicable to your agency. If this is the case, please indicate "NOT APPLICABLE" to the specific question.

The questionnaire is divided into five sections.

- General Application Information
- Agency Information
- TR Department/Unit Information
- Internship Information
- Staff Information

This questionnaire will aid the faculty in reviewing sites, and will also be available to students as they pursue internship experience sites.

This questionnaire should be returned to:

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School of Kinesiology and Recreation
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Normal, IL 61790-5120
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Questionnaire starts on following page.

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General Application Information

Application Date:

Name of Agency:

TR Department/Unit:

Physical Address:

Mailing Address:

City

State

Zip Code

Name of Agency's Administrative Officer:

Title:

Telephone Number:

() _____

Name of Director/Supervisor
of Therapeutic Recreation Services:

TR Contact Person (if different):

Title:

Telephone Number:

() _____

FAX:

() _____

E-mail Address:

Website URL:

Name of Person Completing Questionnaire:

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Agency Information

1. Is your agency accredited by any of the following? (Check all that apply.)

	Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
	The Rehabilitation Accreditation Commission (CARF)
	Accreditation Council for Developmentally Disabled Persons (AC-DD)
	Other (specify)

2. In what type of facility/units are therapeutic recreation services provided? (Check all that apply.)

	Physical Medicine and Rehabilitation
	Treatment/Rehabilitation Hospital Based
	Inpatient
	Day Treatment
	Outpatient
	Treatment/Rehabilitation Non-Hospital Based
	Long Term Health Care/Nursing Home
	Youth Detention/Correctional
	Outdoor Recreation/Adventure
	Acute/Medical/Surgical Care
	Retirement Setting
	Residential
	Camp
	School
	Community-Based Recreation
	Special Recreation Association
	Not-For-Profit Community Based
	Division or Unit Within Community Parks and Recreation Department
	Other:

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3. What client populations does the agency serve, at what ages, and approximately how many are served in each group? (Check the number corresponding to client group(s) and fill in the number of clients in the blank next to the identified group.) Use the last 12 months of operation to obtain approximate numbers.

Diagnostic Groups	Age Group				
	# of Clients per week	Children	Adolescents	Adults	Older Adults
Mental Illness					
Developmental Disabilities					
Visual Impairments					
Deaf/Hard of Hearing					
Physical Disabilities					
Aging/Geriatric					
Pediatric					
Chemical Dependence					
Legal Offenders					
General Medical					
Behavior Disorders					
Multiple Disabilities (please specify)					
Other (please specify)					

TR Department/Unit Information

1. State the philosophy/purpose of the therapeutic recreation department or unit.

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2. List the major goal areas addressed by your therapeutic recreation department or unit.

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3. Identify the TR Model(s) that your department or unit utilizes.

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4. What programs, if any, do you offer under each of the following categories? Use additional page(s) if necessary. Include the approximate percentage of your total program hours that are devoted to each of these categories.

Rehabilitation/Therapy/Functional Intervention:	Percentage:

Leisure Education:	Percentage:

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Recreation Participation:	Percentage:

Combination Programs:	Percentage:

5. To which of the following standards does the TR unit or department adhere? (Check all that apply.)

	NTRS Internship Standards and Guidelines for Therapeutic Recreation
	ATRA Guidelines for Internships in Therapeutic Recreation
	NTRS Standards of Practice for Therapeutic Recreation Services
	ATRA Standards for the Practice of Therapeutic Recreation
	NTRS Guidelines for Administration of Therapeutic Recreation Service
	NTRS & APRS Guidelines for Community-Based Recreation Programs for Special Populations
	None of the Standards Above

6. Does the TR department/unit have a written plan of operation?

	None used
	Thoroughly documentation comprehensive plan
	Policy and procedure manual
	Other (please specify):

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7. Please indicate the extent to which your TR staff is involved in the following procedures:

Procedure	Frequency			
	Not at all	Sometimes	Often	No. Hours per Week
Direct client service				
Client assessment				
Treatment/individual program plans				
Progress notes				
Treatment/individual program plan reviews (staffing)				
Discharge planning				
Quality assurance monitoring and evaluation				
Staff growth and development				
Program evaluation				
Other (please specify):				

8. Describe the TR client assessment procedure. (Please attach a copy of the assessment.)

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9. Briefly describe the TR treatment/program planning process.

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10. How often is the input into a client's treatment program plan based upon the results of an assessment?

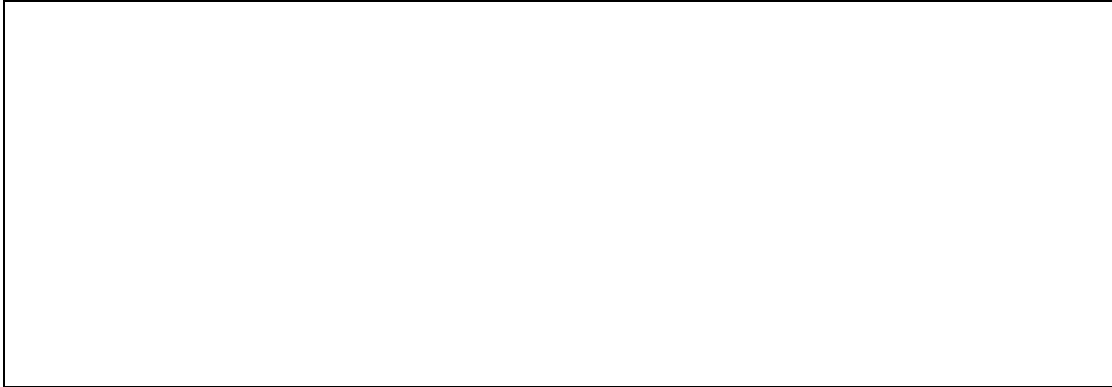
	Never
	Sometimes
	Usually
	Always

11. Briefly describe the TR charting and record keeping procedures.

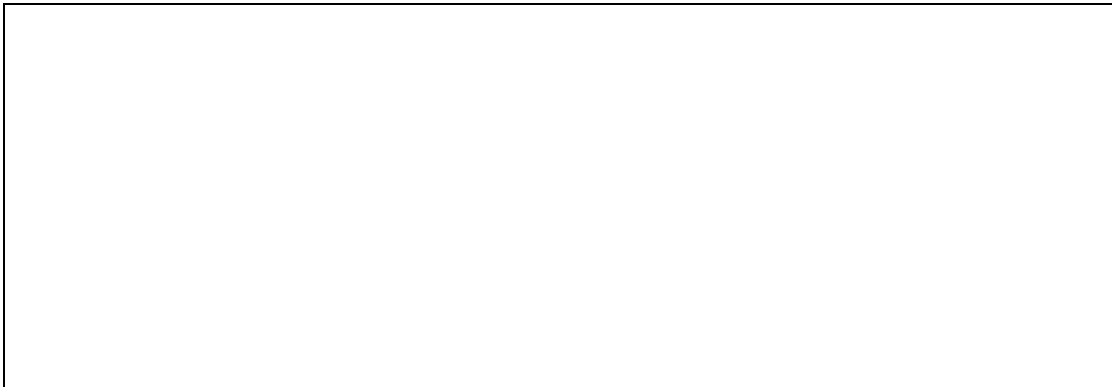
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12. Briefly describe the TR discharge planning/referral procedures.



13. Briefly describe the agency's physical facilities.



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Internship Information

1. Which of the following area(s) are addressed during orientation to the intern by the site supervisor?
 (Check all that apply.)

	History, purpose and goals of the agency or institution.
	Organization and administration of the agency or institution (i.e., organization chart)
	Sources of funds/financial support of the agency/institution and budgeting for the agency or department
	Introduction to staff (explanation to staff of the purpose of the internship)
	Tour of the agency or institution
	Protocol and terminology in reference to clients
	Introduction to consumers of service/clients
	Responsibilities (including scheduled hours, rules and regulations)
	Agreement of intern and site supervisor's expectations
	Supervision of the intern
	Legal and quasi-legal aspects of the agency or institution's operation
	Site supervisor's evaluation procedures

2. To which of the following disciplines will the intern be exposed during the normal course of the internship? (Check all that apply.)

	Nursing
	Psychology
	Physical Therapy
	Occupational Therapy
	Social Work/Social Service
	Speech Pathology/Audiology
	Special Education
	Rehabilitation Counseling
	Psychiatry
	Dietary/Nutrition
	Other (specify):

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3. Does the therapeutic recreation unit/department/agency have its own internship manual?

	Yes (Please attach a copy)
	No

4. Does the intern receive:

Room/Housing?

	Yes		Cost to student:
	No		

If no, are other living accommodations usually available?

	Yes
	No

Does your staff help in finding living accommodations?

	Yes
	No

Board/Meal Allowance?

	Yes		Amount:
	No		

Stipend or other financial support?

	Yes		How much?
	No		

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Medical coverage?

	Yes
	No

If no, must the student carry?

	Yes
	No

Liability insurance coverage?

	Yes
	No

If no, must the student carry?

	Yes
	No

Other benefits/services available for interns?

	Yes (please specify)
	No

5. How many total hours is the internship and how many weeks?

Hours:
Weeks:

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6. How many therapeutic recreation interns does the TR unit/department/agency take during a typical semester?

Fall
Spring
Summer

7. What are the application deadlines per semester?

Term	Date
Fall	
Spring	
Summer	

8. How many therapeutic recreation interns have been supervised in the TR unit/department/agency within the last two years?

Number:

9. What universities have affiliation agreements with the TR department? Please List:

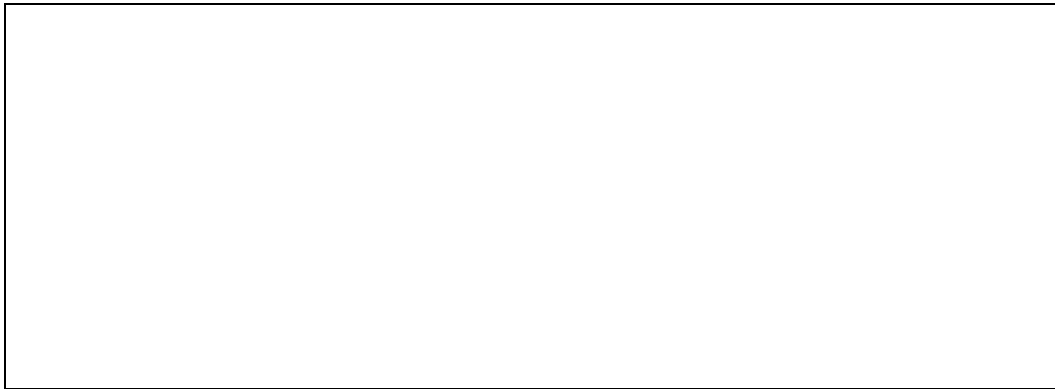
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10. What special skills are needed by a therapeutic recreation intern? Please List:

11. What are the typical work hours for a therapeutic recreation intern? Please List:

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12. What is the student internship application procedure for your agency?



13. What are the unique aspects of the internship?



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3. Has the supervisor been in the field of TR for a minimum two years?

	Yes
	No

4. Will the supervisor be employed full time in the agency with 50% of job duties in an established TR program?

	Yes
	No

5. Will the intern have one (1) identified primary supervisor?

	Yes
	No

6. Will the supervisor be a CTRS for one (1) year before the internship begins?

	Yes
	No

IMPORTANT: Please enclose the following information from the therapeutic recreation unit/department/agency:

Enclosure Checklist
Blank copy of the client assessment
Copy of the internship manual used by the TR department/agency
Complete NCTRC Job Task List
Any other information you think might be helpful to an intern