|  |  |
| --- | --- |
|  |  |
|  *Department of Health and Human Development* |  Carver 102, MS 9067, 516 High Street Bellingham, Washington 98225 |
|  (360) 650-3105 ▪ Fax (360) 650-7447<https://chss.wwu.edu/hhd> |

**THERAPEUTIC RECREATION INTERN’S FINAL REPORT
Assessment of the Internship Experience**

**Student name:** Click or tap here to enter text.

Assess the overall internship experience by answering the following questions. When completed, please save the report (YourName\_Final Report) and email it to your faculty advisor.

1. **Evaluation of TR agency, agency mentor and the internship experience**

Strong points:

Click or tap here to enter text.

Weak points:

Click or tap here to enter text.

Suggestions for improvement:

Click or tap here to enter text.

1. **Evaluation of WWU Recreation Management & Leadership’s internship process & experience**

Strong points:

Click or tap here to enter text.

Weak points:

Click or tap here to enter text.

Suggestions for improvement:

Click or tap here to enter text.

How prepared you felt given your learning to this point in the Phase system:

Click or tap here to enter text.

1. **Evaluation of self**

What goals were met during the internship experience?

Click or tap here to enter text.

What goals were not met and why?

Click or tap here to enter text.

What were some of the strengths you developed during the internship experience?

Click or tap here to enter text.

What skills do you still need to improve and ways improvements can be made?

Click or tap here to enter text.

What academic courses were helpful in preparing you for this internship?

Click or tap here to enter text.

What academic courses would have been helpful in preparing you for this internship?

Click or tap here to enter text.