



## Recreation Management and Leadership Therapeutic Recreation Internship: Tri-Weekly Supervisor Progress Report

Intern name:

Progress report period: From date \_\_\_\_\_ To date \_\_\_\_\_

Please rate the intern's progress over the prior three weeks. Your comments are also encouraged. Review the progress with the student and then email this completed form to the student's faculty advisor.

### **ASSESSMENTS** (identifies and administers assessments correctly)

Far exceeds expectations

Exceeds expectations

Meets expectations

Below expectations

Far below expectations

Comments:

### **PLANNING** (developing goals & objectives, activity analysis & modifications, selection of resources, etc.)

Far exceeds expectations

Exceeds expectations

Meets expectations

Below expectations

Far below expectations

Comments:

**DOCUMENTATION** (report writing, verbal presentations, progress notes, etc.)

Far exceeds expectations

Exceeds expectations

Meets expectations

Below expectations

Far below expectations

Comments:

**LEADERSHIP/INTERVENTIONS** (interpersonal skills, therapeutic skills & techniques, communications, etc.)

Far exceeds expectations

Exceeds expectations

Meets expectations

Below expectations

Far below expectations

Comments:

**EVALUATION** (collects and interprets data effectively, makes appropriate recommendations based on evaluations)

Far exceeds expectations

Exceeds expectations

Meets expectations

Below expectations

Far below expectations

Comments:

**PROFESSIONALISM** (appropriate appearance, diligence, confidence, reliability, integrity, judgment, commitment, interest, enthusiasm, ethics, etc.)

Far exceeds expectations

Exceeds expectations

Meets expectations

Below expectations

Far below expectations

Comments:

**SIGNATURES**

NOTE: Typing your name in the following signature field constitutes an electronic signature.

Agency Supervisor Name:

Date:

Student Name:

Date:

**ADDITIONAL COMMENTS** (if necessary)