



Therapeutic Recreation Hours Form

Dear Professional:

Our students are required to complete 1,500 hours of practical field experience in related recreation and leisure service areas. These hours must be documented prior to the beginning of the student's sixteen-week Professional Internship. We would appreciate your assistance by completing this form for:

Student's Name

Your Name: _____ Title: _____

Organization: _____ Telephone: () _____

Address: _____

You have supervised and/or observed this student for _____ hours.

Student's duties while under your supervision were as follows: _____

Your evaluation of this student regarding the hours listed above is:

_____ Outstanding _____ Average _____ Unable to rate
_____ Above Average _____ Below Average

Population(s) with which the student worked (break down hours):

_____ Developmental Disabilities _____ Mental Health/Behavioral
_____ Physical Rehabilitation _____ Older Adult
_____ Non-Disabled _____ Other _____

Your comments about this student are: _____

Signature: _____ Date: _____

Please return to: Laree Shanda, CTRS/R
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Eastern Washington University
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(509) 359-4833 (Fax)
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