RECREATION, PARKS AND TOURISM

Agency Internship Survey

1. Agency Name ______________________________________________________________

2. Department Name ___________________________________________________________

3. Address ___________________________________________________________________

4. Please list other universities which have students in recreation, parks and tourism that are currently affiliated with your agency/department.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

5. Is there a specific time of the year that students do their internship in your agency/department? (check all that apply)  [ ] Fall   [ ] Spring    [ ] Summer

6. How many students does the agency/department usually accept during a semester or a summer?  [ ] 1-2   [ ] 3-4   [ ] 5 or more

7. Does your agency/department offer a program of services in the following activity areas?  (Check those which are applicable.)

[ ] Arts and Crafts    [ ] Drama
[ ] Dance     [ ] Outdoor (including camping)
[ ] Music     [ ] Special Events
[ ] Games      [ ] Others ________________________
[ ] Sports and Athletics

8. Does your agency/department offer any special programs or services?  Please list.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

9. If a therapeutic recreation setting, are your programs directed toward a specific disability group? (Check those which are applicable.)

[ ] Physically Disabled   [ ] Learning Disabled
[ ] Mentally Retarded     [ ] Visually Impaired
[ ] Emotionally Disturbed  [ ] Hearing Impaired
[ ] All of the above

10. Would the student have the opportunity to complete one or more special projects as recommended or required by the

your agency/department?      [ ] yes      [ ] no

Radford University?          [ ] yes      [ ] no

11. How many staff are in your department? ________
12. Indicate the percentage of student participation in any of the following experiences? (Total should be 100%.)
   _____ Administrative duties   _____ Department meetings   _____ Other
   _____ Supervisory duties   _____ Board meetings
   _____ Budgeting   _____ Programming
   _____ Committee meetings   _____ Diagnostic team meetings
   _____ Public meetings   _____ Treatment team meetings
   _____ Clerical duties   _____ Individual client services
   _____ Management duties   _____ Marketing duties
   _____ Maintenance   _____ Evaluation
   _____ Group leadership   _____ Recreation education
   _____ Special Projects   _____ Planning duties
   _____ Assessment/Screening   _____ Individual Client Treatment Planning

13. Does your agency/department have a designated staff member responsible for coordinating student internship experiences? [ ] yes [ ] no
   Please enter their name and telephone number _____________________________________________________
   If a therapeutic recreation setting, please indicate CTRS Qualification Number ___________________________

14. If no to question 13, how is the student’s internship coordinated within your agency/department? (explain)
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

15. Does your agency/department reimburse (financially, housing, travel, etc.) the student in any way for internship? [ ] yes [ ] no If yes, please explain ____________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

The individual completing this questionnaire is:

Name __________________________________ Title ______________________________

Address ___________________________________________________________________________

Phone # ______________________ FAX # ______________________ email ______________________

Homepage Address _________________________________

Lastly, would you please forward, with this questionnaire, any material you have about the agency/department for our student internship file. Thank you.

If applicable, name of student requesting this information ___________________________________________

Please return to: Department of Recreation, Parks and Tourism
                 Radford University
                 Box 6963
                 Radford, VA 24142 Phone: (540) 831-7720 FAX: (540) 831-7719

Homepage: http://www.radford.edu/~recparks
(You can update your information through the Recreation, Parks and Tourism homepage.)