

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%.)
- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Administrative duties | <input type="checkbox"/> Department meetings | <input type="checkbox"/> Other |
| <input type="checkbox"/> Supervisory duties | <input type="checkbox"/> Board meetings | |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Programming | |
| <input type="checkbox"/> Committee meetings | <input type="checkbox"/> Diagnostic team meetings | |
| <input type="checkbox"/> Public meetings | <input type="checkbox"/> Treatment team meetings | |
| <input type="checkbox"/> Clerical duties | <input type="checkbox"/> Individual client services | |
| <input type="checkbox"/> Management duties | <input type="checkbox"/> Marketing duties | |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Evaluation | |
| <input type="checkbox"/> Group leadership | <input type="checkbox"/> Recreation education | |
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Planning duties | |
| <input type="checkbox"/> Assessment/Screening | <input type="checkbox"/> 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.)