**AUBURN UNIVERSITY**

**COURSE SYLLABUS**

**DEPARTMENT of SPECIAL EDUCATION, REHABLITATION, and COUNSELING**

**FALL SEMESTER 2018**

**Course Number: RSED 4910, section 02**

**Course Title: Rehabilitation and Disability Studies Practicum**

**Credit: One to two (1-2) Credit Hours**

**Prerequisites: None**

**Class: Wednesday, 4-4:50 pm, Other times TB scheduled**

**Instructor: Dr. E. Davis Martin, Jr.**

**Wayne T. Smith Distinguished Professor**

**Auburn University**

**Haley Center 1224 C**

**Main Office: 333.844.7676**

**Email:** [**martiev@auburn.edu**](mailto:martiev@auburn.edu)

1. **COURSE DESCRIPTION**

The purpose of this course is to provide the student with a supervised beginning experience in a human service organization. This experience should expose the student to issues affecting the rehabilitation process and/or the delivery of rehabilitation services. ***The practicum experience is 60-120 hours at an approved rehabilitation site.***

**Objectives that each student must, at a minimum, accomplish are:**

1. To become familiar with the organizational structure of the unit or agency including the role and function of staff.

2. To become familiar with the philosophy, mission, and goals of the unit or agency exclusive to the agency.

3. To become aware of potential legal issues that may affect the effective functioning of the unit or agency regarding delivery of services.

4. To become aware of unit or agency standards that assure quality of care and services provided.

5. To become more aware of personal prejudices and social barriers that may impede the rehabilitation process.

**B. Individual Objectives** (To be completed by student and site supervisor and submitted to the course instructor.

1.

2.

3.

**II. Textbooks**

There is no required textbook for Practicum; however, all required forms needed to establish and maintain the practicum site for your experience are contained in the Practicum Forms attached to the syllabus and may be accessed in Canvas.

**III. Course Requirements**

1. **Practicum**

To initiate practicum:

* The course instructor must approve the practicum site selected.
* The ***Student Practicum Proposal*** form must be turned in with site information no later than August 30, 2018.
* In addition to the proposal form, the practicum site supervisor (the person who is responsible for verifying hours worked) ***must*** sign a letter of agreement (provided within the attached forms-Program Objectives Form) complete with contact information, and this letter must be returned to the instructor at the same time as the proposal form.
* Submission of all requested information and forms must be completed before beginning practicum hours at the selected site.

**B) Log of Hours**

Each student will fill out a weekly log documenting the hours at the Practicum site. This log ***must be filled out weekly,*** and with you at each scheduled class meeting for me to check.

**C) Verification of Hours/Practicum**

Each student must have hours **VERFIED** by the site supervisor at the end of the semester. This is a form is located in the Practicum Forms that the site supervisor completes and must include *total number of hours* earned (60 clock hours for 1 semester credit hour or 120 clock hours for 2 semester hours of credit).

**D) Evaluation Form**

There is the current evaluation system for RSED Practicum Field Experience students via the Auburn University survey software, *Qualtrics*. This link will be emailed to your site supervisor at the end of the semester and is to be returned directly to the instructor via *Qualtrics* survey response method. Students will receive a copy of this evaluation *after* it has been turned into the instructor unless it is provided to the student.

**E) Identification Badges (Optional)**

All students completing field experiences in the College of Education are required to wear their Auburn practicum ID badge. This is the student's responsibility to pick up and pay for. The cost is $5. Please pick these up in the ID office on the first floor of the student union.

**F) Attendance Policy**

It is expected that each student will attend the scheduled class meetings. The student will report to class on time and be prepared with any assignments for that class meeting. This class is scheduled to meet approximately five or more times during the semester.

Please refer to the official *Auburn University Attendance Policy* via the link below for further questions regarding attendance requirements:

<https://sites.auburn.edu/admin/universitypolicies/policies/policyonclassattendance.pdf>

**V. Assignments**

**A) Journals**

As a part of the practicum experience, each student will keep a **weekly** log or journal for each week of the practicum. These entries should be an ***opportunity for reflection.*** For example, write about questions you have, things you do not understand, things you see that you think could be done differently, things that make you frustrated, things that you like, things that reinforce your decision to work in this particular occupational area, and things that happen that make you question your decision to work in this field. Discuss how the field experience is developing you as a future practitioner.

*All* students are expected to complete the weekly journal entries or when they attend the worksite. Students are expected to submit a weekly journal entry via CANVAS on the due dates noted in Canvas (Assignments) Journal entries should be approximately ***two (2)******pages*** in length and to follow APA guidelines (6th ed.); that is, **double**-s**paced, 12pt. Times New Roman font with YOUR NAME in the header section.**

**B) Summary of Field Experience**

All students are required to write a ***Summary of Field Experience*** at the end of the semester or when you completed the required hours your practicum site. This is in addition to weekly journals. The page requirement is **four to five (4-5 pages), which should** allow a thorough and complete summary of the field experience. This assignment should include your thoughts and/or feelings about the practicum. This is an opportunity for you to think about the areas of rehabilitation you enjoy as well as those areas you do not and WHY.

**C)** **Field Experience Completed Folder**

You will need to submit original copies of the practicum proposal form, the hour log, and copies of journal entries within Canvas. This will be turned in on the last class meeting in a folder with your name on it.

**VI. CORE Accreditation/CACREP Registry**

The Council on Rehabilitation Education (CORE) accredits Auburn University’s Rehabilitation and Disability Studies program, which is maintained on the Council on Accreditation of Counseling Related Educational Programs registry. This course meets the standards set for the supervised clinical practicum experience.

**VII. Liability Coverage**

Student’s officially registered and enrolled at Auburn University are covered by professional liability insurance in the amount of $1,000,000. Students who may need to document this coverage may request such from the Program Coordinator for Rehabilitation and Disability programs: Dr. Nick Derzis.

**VIII. Class Policy Statements**

**Assignments:** All assignments must be typed and prepared in a professional manner (i.e., neat, correct grammar, spelling), following APA guidelines. Assignments are due on the date noted in the syllabus. For **each day** an assignment is late, **3%** will be deducted from the final earned grade for the assignment at the discretion of the instructor. All assignments are to be turned in on CANVAS in the appropriate folder for that assignment. If you are unfamiliar with CANVAS, let me know and we will find someone that can help you. Assignments will not be accepted in any format but CANVAS.

**Academic Honesty Policy:** All portions of the *Auburn University Student Academic Honesty Code* are to be followed. All academic honesty violations or alleged violations of the SGA Code of Laws will be reported to the Office of the Provost, which will then refer the case to the Academic Honesty Committee. The link is posted below:

<https://sites.auburn.edu/admin/universitypolicies/Policies/AcademicHonestyCode.pdf>

**Disability Accommodations:** Students who need special accommodations in class, as noted within the Americans with Disabilities Act, should arrange for a confidential meeting with the instructor during office hours in the first week of classes (or as soon as possible if accommodations are needed immediately). The student must bring a copy of their Accommodations Letter and an Instructor Verification Form to the meeting. If the student does not have these forms, they should make an appointment with the Office of Accessibility, 1288 Haley Center 844-2096, (V/TT).

**Course contingency:**  If normal class and/or lab activities are disrupted due to an emergency or crisis situation, the syllabus and other course plans and assignments may be modified to allow completion of the course. If this occurs, an addendum to your syllabus and/or course assignments will replace the original materials. In the event of such, please check your Auburn University e-mail account and CANVAS for course updates.

**Professionalism:** As faculty, staff, and students interact in professional settings, they are expected to demonstrate professional behaviors as defined in the College’s conceptual framework. These professional commitments or dispositions are listed below:

* Engage in responsible and ethical professional practices
* Contribute to collaborative learning communities
* Demonstrate a commitment to diversity
* Model and nurture intellectual vitality

|  |
| --- |
| ***STUDENT***  ***PRACTICUM PROPOSAL*** |

To initiate internship, this form must be turned in with proposed site information three (3) weeks prior to the semester of the internship being proposed. This is to allow proper inspection and review of the Practicum site.

|  |
| --- |
| Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last First Middle |
| Proposed Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Information gathered about Facility (please describe the facility/organization thoroughly):

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **⁮** Approved **⁮** Declined

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Please return form to**:  Dr. E. Davis Martin, Jr.  Wayne T. Smith Distinguished Professor  Special Education, Rehabilitation, and Counseling  1224C Haley Center  Auburn University, AL 36849  (334)844-7676  martiev@auburn.edu |

|  |
| --- |
| ***PRACTICUM OBJECTIVES FORM*** |

**Auburn University**

**Practicum in Rehabilitation & Disability Studies**

**Department of Special Education, Rehabilitation, and Counseling**

|  |
| --- |
| Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Days/Hours Per Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Learning Objectives**:

**Organizational:**

1. To become familiar with the organizational structure of the unit or agency including the role and function of staff.

2. To become familiar with the philosophy, mission, and goals of the unit or agency inclusive of policies and procedures of the unit or agency that affect the delivery of services.

3. To become aware of potential legal issues that may affect the effective functioning of the unit or agency regarding delivery of services.

4. To become aware of unit or agency standards that assures quality of care.

**Individual:**

5.

6.

7.

8.

Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Supervisor: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| ***SUPERVISOR’S EVALUATION OF STUDENT OBJECTIVES*** |

**Auburn University**

**Department of Special Education, Rehabilitation, and Counseling**

**Practicum in Rehabilitation & Disability Studies**

|  |
| --- |
| Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hours Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please complete this form noting your judgment of the student's performance with regard to the following organizational and individual learning objectives:

**Organizational:**

1. To become familiar with the organizational structure of the unit or agency including the role and function of staff.

2. To become familiar with the philosophy, mission, and goals of the unit or agency inclusive of policies and procedures of the unit or agency that affect the delivery of services.

3. To become aware of potential legal issues that may affect the effective functioning of the unit or agency regarding delivery of services.

4. To become aware of unit or agency standards that assures quality of care.

**Individual:**

5.

6.

7.

8.

Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to: Dr. E. Davis Martin, Jr.

Wayne T. Smith Distinguished Professor

Department of Special Education, Rehabilitation, and Counseling

1224C Haley Center

Auburn University, Alabama 36849

(334) 844-7676

martiev@auburn.edu

|  |
| --- |
| ***SUPERVISOR’S***  ***MONTHLY APPRAISAL FORM*** |

**Rehabilitation & Disability Studies**

**Department of Special Education, Rehabilitation, Counseling/School Psychology**

**2084 Haley Center**

**Auburn University, Alabama 36849**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Name of Student: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Last | First | Middle Initial |
| Name of Supervisor: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Name of Facility: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |
| --- | --- |
| **Rating Standards** | |
| **Unacceptable (UN)** | Internship/practicum performance is inadequate and inferior to the standards of performance required for the position. Performance at this level cannot be allowed to continue. |
| **Improvement Needed (IM)** | Internship/practicum performance does not consistently meet the standards of performance for the position. |
| **Meets Expectations (ME)** | Internship/practicum performance consistently meets standards of performance for the position. |
| **Exceeds Expectations (EE)** | Work performance is consistently above standard of performance for the position. |
| **Outstanding (O)** | Work performance is consistently superior to standards required for the job. |
| **Not Applicable (NA)** | The student is not required to perform in a specific rating factor, and it cannot be measured. |

**Technical Skills** (Effectiveness with which the student applies job knowledge and skill to job assignments)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| UN | IM | ME | EE | O | NA | RATING FACTORS |
|  |  |  |  |  |  | Job Knowledge |
|  |  |  |  |  |  | Analyze Problems |
|  |  |  |  |  |  | Provides Suggestions for Work Improvement |
|  |  |  |  |  |  | Employs Tools of the Internship/practicum Completely |
|  |  |  |  |  |  | Follows Proper Safety Procedures |

**Quality of Work** (Manner in which the student completes job assignments)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| UN | IM | ME | EE | O | NA | RATING FACTORS |
|  |  |  |  |  |  | Accuracy or Precision |
|  |  |  |  |  |  | Thoroughness/Neatness |
|  |  |  |  |  |  | Reliability |
|  |  |  |  |  |  | Responsiveness to Request for Service |
|  |  |  |  |  |  | Follow-Through/Follow-up |
|  |  |  |  |  |  | Judgment/Decision Making |

**Interpersonal Skills** (Effectiveness of the student’s interactions with others and as a team participant)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| UN | IM | ME | EE | O | NA | RATING FACTORS |
|  |  |  |  |  |  | With Co-Workers |
|  |  |  |  |  |  | With Supervision |
|  |  |  |  |  |  | With Other Staff |
|  |  |  |  |  |  | With Consumers/Patients |
|  |  |  |  |  |  | Team Participation |

**Communication Skills** (Uses Voice Effectively and acceptable writing)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| UN | IM | ME | EE | O | NA | RATING FACTORS |
|  |  |  |  |  |  | Written Expression |
|  |  |  |  |  |  | Oral Expression |
|  |  |  |  |  |  | Tact and Diplomacy |

**Appearance**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| UN | IM | ME | EE | O | NA | RATING FACTORS |
|  |  |  |  |  |  | Clean |
|  |  |  |  |  |  | Neat |
|  |  |  |  |  |  | Appropriate Attire |

**Overall Performance Rating (please check one)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **⁯Unacceptable** | **⁯Improvement Needed** | **⁯Meets Expectations** | **⁯Exceeds Expectations** | **⁯Outstanding** |
| Internship/practicum performance is inadequate and inferior to the standards of performance required for the position. Performance at this level cannot be allowed to continue. | Internship/practicum performance does not consistently meet the standards of performance for the position. | Internship/practicum performance consistently meets the standards of performance for the position. | Internship/practicum performance is consistently above standard of performance for the position. | Internship/practicum performance is consistently superior to standards required for the job. |

**Additional Observations or Comments:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
|  |
|  |
|  |
| |  | | --- | | ***STUDENT***  ***INTERNSHIP/PRACTICUM APPRAISAL FORM*** |   **Rehabilitation & Disability Studies Internship/Practicum**  The purpose of this evaluation is to gather feedback information from you, the student consumer, about your field work experience. We would like you to provide us with information about the field work experience itself, offer an evaluation of your supervisor, and provide narrative/qualitative feedback.  **Background Information:**   |  | | --- | | Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last First Middle | | Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   **Agency/ Organization Mission:** (Brief Description)   |  | | --- | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   **Responsibilities**: (Brief Description)   |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   **Evaluation of the Field Work Experience:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Low** |  |  | **High** | | 1. The pre-service training I received was useful and helped prepare me for my field work experience. | 1 | 2 | 3 | 4 | | 2. This placement enabled me to improve and expand my skills. | 1 | 2 | 3 | 4 | | 3. Overall, the field work experience was valuable. | 1 | 2 | 3 | 4 |   **Evaluation of Supervision:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Low** |  |  | **High** | | 1. I received adequate orientation and direction from my supervisor | 1 | 2 | 3 | 4 | | 2. My supervisor is very knowledgeable. | 1 | 2 | 3 | 4 | | 3. Feedback from my supervisor was sufficient to meet my needs. | 1 | 2 | 3 | 4 | | 4. Supervisor’s feedback and suggestions were helpful. | 1 | 2 | 3 | 4 | | 5. Support and assistance from my supervisor was useful | 1 | 2 | 3 | 4 |   **EVALUATIVE COMMENTS**   1. List what seems to you to have been the most useful services you rendered and the values you gained from your field experience  |  | | --- | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   2. Indicate your reaction to your field experience.   |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   3. What suggestions do you have for improving your field experience?   |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   4. What piece of advice would you like to give to any future intern/practicum students?   |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   5. Any suggestions for improving our undergraduate program (things that you would like to see changed).   |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Please return form to**:  Dr. E. Davis Martin, Jr.  Wayne T. Smith Distinguished Professor  Special Education, Rehabilitation, Counseling  1224C Haley Center  Auburn University, AL 36849  (334) 844-7676  martiev@auburn.edu |  |  | | --- | | ***SUPERVISOR’S FINAL***  ***INTERNSHIP PRACTICUM APPRAISAL FORM*** |   **Rehabilitation & Disability Studies**  **Department of Rehabilitation & Special Education**  **Auburn University**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | RSED Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | Last | First |  | Middle Initial | | Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Area(s) Supervised: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |   1. The above-named student was present from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_, inclusive, and spent \_\_\_\_\_\_\_\_\_ full days, or the equivalent, in our facility.  2. The most valuable service rendered by the student to our facility was:   |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   3. In my opinion, the chief values of this experience as a part of the student’s preparation for the field of rehabilitation was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   4. Do you see any special talents or abilities in this student which should be encouraged or developed? If, so, please explain.   |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   5. Do you see any special weaknesses (personal or professional) in this student which could be alleviated? If so, please explain.   |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | 6. Please give your evaluation of the Rehabilitation Internship/Practicum Program.   |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |  |  | | --- | --- | --- | --- | | Trait | Excellent | Satisfactory | Needs Improvement | | **APPEARANCE** (clean, neat, well-dressed and groomed) |  |  |  | | **USES VOICE EFFECTIVELY** (has sufficient range free from monotone, pleasing pitch, sufficient resonance and volume)) |  |  |  | | **USES ACCEPTABLE GRAMMER AND SENTENCE STRUCTURE IN SPEAKING AND WRITING** |  |  |  | | **DEPENDABILITY** (prompt, willing to accept responsibility, generally carries job through to successful completion) |  |  |  | | **INITIATIVE** (often takes lead, eager to participate without being asked) |  |  |  | | **WILLINGNESS TO COOPERATE WITH OTHERS** |  |  |  | | **HAS GENUINE LIKING FOR CLIENTS AND DESIRE TO WORK WITH THEM** |  |  |  | | **AWARENESS OF NEEDS OF CLIENTS** |  |  |  | | **PRACTICE OF PROFESSIONAL ETHICS** |  |  |  | | **ABILITY TO MOTIVATE INTEREST** |  |  |  | | **OVERALL POTENTIAL FOR DEVELOPING INTO A REHABILITATION PROFESSIONAL** |  |  |  |   Additional Observations or Comments:   |  | | --- | | **Additional observations/comments:** | |  | |  | |  | |  | |  |   Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please return form to**:  Dr. E. Davis Martin, Jr.  Wayne T. Smith Distinguished Professor  Special Education, Rehabilitation, and Counseling  1224C Haley Center  Auburn University, AL 36849  (334) 844-7676  [martiev@auburn.edu](mailto:martiev@auburn.edu)  **REHABILTATION & DISABILITY STUDIES**  **TIME LOG**  Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency’s Name: \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **MONTH** | **WEEK** | **SUN.** | **MON.** | **TUES.** | **WED.** | **THURS.** | **FRI.** | **SAT.** | | **TOTAL HOURS:** | 1. |  |  |  |  |  |  |  | | 2. |  |  |  |  |  |  |  | | 3. |  |  |  |  |  |  |  | | 4. |  |  |  |  |  |  |  | | 5. |  |  |  |  |  |  |  | | **TOTAL HOURS:** | 1. |  |  |  |  |  |  |  | | 2. |  |  |  |  |  |  |  | | 3. |  |  |  |  |  |  |  | | 4. |  |  |  |  |  |  |  | | 5. |  |  |  |  |  |  |  | | **TOTAL HOURS:** | 1. |  |  |  |  |  |  |  | | 2. |  |  |  |  |  |  |  | | 3. |  |  |  |  |  |  |  | | 4. |  |  |  |  |  |  |  | | 5. |  |  |  |  |  |  |  | | **TOTAL HOURS:** | 1. |  |  |  |  |  |  |  | | 2. |  |  |  |  |  |  |  | | 3. |  |  |  |  |  |  |  | | 4. |  |  |  |  |  |  |  | | 5. |  |  |  |  |  |  |  | | **TOTAL HOURS:** | 1. |  |  |  |  |  |  |  | | 2. |  |  |  |  |  |  |  | | 3. |  |  |  |  |  |  |  | | 4. |  |  |  |  |  |  |  | | 5. |  |  |  |  |  |  |  |   STUDENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SUPERVISOR’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |