AUBURN UNIVERSITY

SYLLABUS

SPECIAL EDUCATION, REHABLITATION, COUNSELING

**Spring Semester 2018**

**Course Number: RSED 4920**

**Section: 001**

**Course Title: Clinical Residency – Rehab Internship**

**Credit Hours: 9**

**Instructor:** Hanna Geddes, M.Ed., CRC

**Email:** [HRG0003@auburn.edu](mailto:HRG0003@auburn.edu)

\*\*Because I teach adjunct, I do not have a designated office at the university. If ever you need to meet individually with me outside of class, we will both need to be flexible and creative with where and when we meet. Please, reach out to me if you would like to request a meeting, as I will do my best to accommodate you!

**Date Syllabus Prepared:** August 2018

**Schedule:** Supervision sessions will be held weekly via ZOOM conferencing online. You will be put into groups based on schedule/location, and a schedule will be determined and provided to each of you. Supervision sessions may be held in-person on an as-needed basis.

**I. Course Purpose and Objectives:**

The purpose of this course is to provide the student with a supervised 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 internship experience is 600 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 assures quality of care and services provided.

**II. Textbooks**

There are no required textbooks for this course

**III. Instructional Method**

In addition to the 600 hours of field experience, the student must attend all scheduled ZOOM conferences. These conferences will consist of discussing each student’s internship experience and the course objectives.

**IV.** **Course Requirements**

**A) Internship**

To initiate internship, the student proposal form must be turned in with site information prior to the semester of the internship being proposed. This is to allow for proper approval of the internship site. The internship site selected must be approved by the course instructor. Submission of all requested information and forms must be completed before beginning internship hours at selected site.

**B) Attendance Policy**

It is expected that each student will attend the scheduled ZOOM meetings. The student will be on time, and be prepared with any assignments or discussions for that meeting. Only under extreme circumstances will an absence be excused, preferably with prior notice of absence requested and approved by the class Instructor.

**C) Journal**

As a part of the internship experience, each student will keep a weekly log or journal of their experiences for each week of the Internship. These entries should reflect on: new information being learned/gathered, experiences during the week, your personal thoughts on the activities you participated in or shadowed/observed, and general thoughts regarding the week. **Journal entries should be approximately *one to two (1-2) pages* in length and turned in weekly via Canvas.**

**D) Log of Hours**

Each student will fill out a weekly log documenting the hours at the Internship site. The log of hours needs to be turned in by the last day of class, documenting your 600 hour experience **signed by your site supervisor for verification.**

**E) Reflection**

Each student will need to write and turn in a Reflection Paper on their internship experience. This will be similar to the journal, but more comprehensive. This Reflection should be a minimum of *three to five (3-5) pages* in length and in APA style. This assignment is due on the last day of class.

**F) Site Visit**

Instructor will conduct a site visit at least once per semester for each intern. This will provide the RSED faculty a chance to evaluate the student at their internship site, meet with site personnel, and to meet with the student to discuss the field experience.

**V. CORE Accreditation**

Auburn University’s Rehabilitation Counseling program is fully accredited by the Council on Rehabilitation Education (CORE). This course meets the standards set for the supervised clinical internship experience.

**VI. 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 College of Education’s Educational Services Office. The phone number for this office is (334) 844.4448

**VII. Class Policy Statements**

**Classroom Attendance:** RSED’s attendance policy is that (a) only one (1) absence is permitted for a semester course that meets **once** a week, and (b) only two (2) absences are permitted for a semester course that meets two or more times a week. Failure to meet this standard will result in a grade of “FA” (failure for excessive absences) unless the student withdraws from the class prior to the withdrawal date (see university semester calendar). At the discretion of individual instructors, verified absences may be excused under unusual circumstances (see ***Tiger Cub***). In order for the absence to be considered excusable, however, the instructor must be in receipt of the documentation within seven days from the class in which the absence occurred.

**Auburn University Policy on Classroom Behavior**: “... Behavior in the classroom that impedes teaching and learning and creates obstacles to this goal [learning] is considered disruptive and therefore subject to sanctions ... Students have the responsibility of complying with behavioral standards... Examples of improper behavior in the classroom (including the virtual classroom of e-mail, chat rooms, telephone, and web activities associated with courses) may include, but are not limited to the following: arriving after a class has begun eating or drinking use of tobacco products monopolizing discussion persistent speaking out of turn distractive talking, including cell phone usage audio or video recording of classroom activities or the use of electronic devices without the permission of the instructor refusal to comply with reasonable instructor directions employing insulting language or gestures verbal, psychological, or physical threats, harassment, and physical violence.” (See ***Tiger Cub***).

**Accommodations for Students with Disabilities:** Students who need accommodations are asked to arrange a meeting during office hours the first week of classes, or as soon as possible if accommodations are needed immediately. If you have a conflict with my office hours, an alternate time can be arranged. To set up this meeting, please contact me by e-mail. Bring a copy of your Accommodation Memo and an Instructor Verification Form to the meeting. If you do not have an Accommodation Memo but need accommodations, make an appointment with The Program for Students with Disabilities, 1244 Haley Center at 844-2096 (V/IT).

**Cheating:** The Auburn Academic Honesty Code (Policy) is found in both the ***Tiger Cub*** and the Student Government Association’s Code of Laws. Students are to read the honor code carefully, making sure they understand the policy, its implications for their work (e.g., tests, reports, papers, projects), and the consequences of code violation. Non-compliance with this policy will result in formal action with the university academic honesty procedures. Among other things, are responsible for understanding the definition of plagiarism. Individuals are to (a) reference materials they use, and (b) reference only material they access directly. Individuals who copy or use ideas from the works of others without properly acknowledging the author, risk grave consequences.

**Assignments:** All written assignments are expected to conform to the current style manual of the American Psychological Association (APA). Written assignments are expected to be typewritten, grammatically accurate, and free of spelling and typographical errors. Assignments are to be of a quality that would be expected of a professional.

**Student Academic Grievance Policy**: The purpose of this university policy is to “resolve academic grievances of students, which results from actions of faculty or administration. This resolution should be achieved at the lowest level and in the most equitable way. The burden of proof rests with the complainants.” See ***Tiger Cub*** (page 96) for steps toward redress.

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

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| ***STUDENT***  ***INTERNSHIP 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 internship site.

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

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

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

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

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| **Please return form to**:  Hanna Geddes, M.Ed., CRC  Adjunct Professor, Clinical Residency Instructor  Rehabilitation and Special Education Department  2084 Haley Center  Auburn University, AL 36849  HRG0003@auburn.edu |

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| ***OBJECTIVES FORM*** |

**Auburn University**

**Internship in Rehabilitation & Disability Studies**

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

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| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Auburn University**

**Internship in Rehabilitation & Disability Studies**

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

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| 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.

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

Please return this form to: Clinical Residency Instructor, Adjunct Professor

Hanna Geddes, M.Ed., CRC

Rehabilitation and Special Education Department

2084 Haley Center

Auburn University, Alabama 36849

[HRG0003@auburn.edu](mailto:derzinc@auburn.edu)

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

**Auburn University**

**Internship in Rehabilitation & Disability Studies**

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

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

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| **Rating Standards** | |
| **Unacceptable (UN)** | Internship 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 performance does not consistently meet the standards of performance for the position. |
| **Meets Expectations (ME)** | Internship 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 intern is not required to perform in a specific rating factor, and it cannot be measured. |

**Technical Skills** (Effectiveness with which the intern 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 Completely |
|  |  |  |  |  |  | Follows Proper Safety Procedures |

**Quality of Work** (Manner in which the intern 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 intern’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 performance is inadequate and inferior to the standards of performance required for the position. Performance at this level cannot be allowed to continue. | Internship performance does not consistently meet the standards of performance for the position. | Internship performance consistently meets the standards of performance for the position. | Internship performance is consistently above standard of performance for the position. | Internship performance is consistently superior to standards required for the job. |

**Additional Observations or Comments:**

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

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| **Please return form to**:  Hanna Geddes, M.Ed., CRC  Adjunct Professor, Clinical Residency Instructor  Rehabilitation and Special Education Department  2084 Haley Center  Auburn University, AL 36849  HRG0003@auburn.edu |

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| ***STUDENT***  ***INTERNSHIP APPRAISAL FORM*** |

**Auburn University**

**Internship in Rehabilitation & Disability Studies**

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

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:**

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| --- |
| Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last First Middle/Maiden |
| Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Agency/ Organization Mission:** (Brief Description)

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**Responsibilities**: (Brief Description)

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**Evaluation of the Field Work Experience:**

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| --- | --- | --- | --- | --- |
|  | **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 e 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.

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2. Indicate your reaction to your field experience.

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3. What suggestions do you have for improving your field experience?

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4. What piece of advice would you like to give to any future intern students?

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6. Any suggestions for improving our undergraduate program (things that you would like to see changed).

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| --- |
| **Please return form to**:  Hanna Geddes, M.Ed., CRC  Adjunct Professor, Clinical Residency Instructor  Rehabilitation and Special Education Department  2084 Haley Center  Auburn University, AL 36849  HRG0003@auburn.edu |

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| ***SUPERVISOR’S FINAL***  ***INTERNSHIP APPRAISAL FORM*** |

**Rehabilitation & Disability Studies**

**Department of Rehabilitation & Special Education**

**Auburn University**

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| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | RSED Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | Last | First |  | Middle Initial/Maiden |
| 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:

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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3. In my opinion, the chief values of this experience as a part of the student’s preparation for the field of rehabilitation was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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4. Do you see any special talents or abilities in this student which should be encouraged or developed? If, so, please explain.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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5. Do you see any special weaknesses (personal or professional) in this student which could be alleviated? If so, please explain.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 6. Please give your evaluation of the Rehabilitation Internship Program.   |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| 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:

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Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Please return form to**:  Hanna Geddes, M.Ed., CRC  Adjunct Professor, Clinical Residency Instructor  Rehabilitation and Special Education Department  2084 Haley Center  Auburn University, AL 36849  HRG0003@auburn.edu |

**REHABILTATION & DISABILITY STUDIES**

**TIME LOG**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **MONTH** | **WEEK** | **SUN.** | **MON.** | **TUES.** | **WED.** | **THURS.** | **FRI.** | **SAT.** |
| **TOTAL HOURS:** | 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| **TOTAL HOURS:** | 1. |  |  |  |  |  |  |  |
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| 5. |  |  |  |  |  |  |  |
| **TOTAL HOURS:** | 1. |  |  |  |  |  |  |  |
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| **TOTAL HOURS:** | 1. |  |  |  |  |  |  |  |
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| **TOTAL HOURS:** | 1. |  |  |  |  |  |  |  |
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STUDENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_