AUBURN UNIVERSITY

SYLLABUS

DEPARTMENT OF SPECIAL EDUCATION, REHABLITATION, AND COUNSELING

**Summer Semester 2018**

**COURSE NUMBER: RSED 4913-001**

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

**Credit Hours: 1-2**

 **Instructor:** E. Davis Martin, Jr. Wayne T. Smith Distinguished Professor

 Special Education, Rehabilitation, and Counseling

 Office: Haley Center 1224 C

 E-mail: martiev@auburn.edu

 Classroom: (Distance Education Section)

 Time and Day: TBA

**Date Syllabus Prepared:** Summer 2018

**Schedule: This is the *tentative* schedule for Summer Semester 2018.**

1. **May 22, 2018**

***First Class Meeting - Zoom***

* ***Memorandum of Professionalism* for Auburn University field experience signed by student.**
* **General practicum discussion, responsibilities, sites.**
1. **June 12, 2018**

***Zoom***

* **Practicum proposal(s) DUE in CANVAS**
* **Signed *Supervisor Letter of Agreement* with contact information DUE in CANVAS**
* **All hour logs and journals up to date**
* **Questions/answers, procedures and processes for each site**
1. **June 26, 2018**

***Zoom Meeting***

* **All hour logs and journals up to date.**
1. **July 10, 2018**

***Zoom Meeting***

* **All hour logs and journals up to date**
1. **July 24, 2018**

***Zoom Meeting***

* **All hour logs and journals up to date**

**July 31, 2018-Final Turn in of Hard copies of Logs and Journals**

* + **All hour logs and journals up to date.**

 **\*\*It is required that each student attends ALL (5) scheduled zoom meetings. Missed meetings with no correspondence with the instructor will result in an unexcused absence and could affect your overall grade and success in this course. During each zoom meeting students should be prepared discuss their site, client/patient progress, client/patient goals, interventions used in the rehabilitation process, evaluation procedures at your site, disability related information, and other relevant information related to your site.**

**I. Course Purpose and Objectives:**

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 (1 credit hour)-120(2 credit hours) (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.

**II. Textbooks**

For Summer 2018 practicum all required forms are attached to the syllabus.

**III. Instructional Method**

In addition to the 60-120 hours of field experience, the student must attend all scheduled Zoom meetings. These class meetings will consist of class discussion in relation to assigned readings, each student’s practicum experience, course objectives, and other rehabilitation related announcements for the department or program.

**IV. Course Requirements**

**A) Practicum**

To initiate practicum:

* The course instructor must approve the practicum site selected.
* The ***Practicum Proposal*** form must be turned in with site information no later than the second practicum class meeting.
* In addition to the proposal forms, the practicum site supervisor (the person who is responsible for verifying hours worked) ***must*** sign a letter of agreement (provided by practicum instructor) complete with contact information, and this letter should be turned into the instructor at the same time as proposal form(s).
* An ***Auburn University College of Education MOU on Professionalism***must be signed by the student before participating in field experience and before any hours are accrued.
* Submission of all requested information and forms must be completed before beginning practicum hours at 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 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 the instructor sends to the site supervisor and must include *total number of hours* earned.**

 **NO EXCEPTIONS!**

***\*\*\*Hours do not transfer. You will receive credit for the semester in which the hours are accrued and for that semester, ONLY\*\*\****

**D) Evaluation Form**

There is a ***new***evaluation system for RSED Practicum/Internship 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 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.

***\*\*\*There will be no more paper-based field experience evaluation forms\*\*\****

**E) Identification Badges**

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 five or six times during the semester. Only under extreme circumstances will an absence be excused, preferably with prior notice of absence requested and approved by the class instructor.**

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

[**http://bulletin.auburn.edu/undergraduate/generalinformation/academicpolicies/classattendance/**](http://bulletin.auburn.edu/undergraduate/generalinformation/academicpolicies/classattendance/)

**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 angry, things that you like, things that happen to reinforce your decision to work in this field, and things that happen that make you question your decision to work in this field, etc. Discuss how the field experience is developing you as a future practitioner.

***All* students are expected to complete the weekly journal entries. Even if class is not scheduled to meet, students are still expected to submit a journal entry via CANVAS, for a total of 10 journal entries for the semester.**

Journal entries should be approximately *one to two (1-2) pages* in length and should 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. This is in addition to weekly journals and the journal article responses. The page requirement is **ENOUGH** to give a thorough and complete summary of the field experience. This assignment should include your thoughts and/or feelings about the good, the bad, and the ugly regarding your experience(s) throughout the semester. BE HONEST with yourself and with your instructor. 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 journals. 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 Disabilities program and maintained on the Council on Accreditation of 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 course instructor.

**VIII. Class Policy Statements**

**Classroom Attendance: (See Course Requirements above** 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. In order for the absence to be considered excusable, the instructor must be in receipt of the documentation within seven days from the class in which the absence occurred.

**Excused absences:** Students are granted excused absences from class for the following

reasons: illness of the student or serious illness of a member of the student’s immediate

family, the death of a member of the student’s immediate family, trips for student organizations sponsored by an academic unit, trips for university classes, trips for participation in intercollegiate athletic events, subpoena for a court appearance, and religious holidays. Students who wish to have an excused absence from class for any other reason must contact the instructor in advance of the absence to request permission. The instructor will weigh the merits of the request and render a decision. When feasible, the student must notify the instructor prior to the occurrence of any excused absences, but in no case shall such notification occur more than one week after the absence. Appropriate documentation for all excused absences is required. Please see the official *Auburn University Attendance policy* for more information on excused absences.

[**http://bulletin.auburn.edu/undergraduate/generalinformation/academicpolicies/classattendance/**](http://bulletin.auburn.edu/undergraduate/generalinformation/academicpolicies/classattendance/)

**Make-up Policy:** Arrangement to make up a missed major examination (e.g., hour exams, mid-term exams) due to properly authorized excused absences must be initiated by the student within one week of the end of the period of the excused absence(s). Except in unusual circumstances, such as the continued absence of the student or the advent of university holidays, a make-up exam will take place within two weeks of the date that the student initiates arrangements for it. Except in extraordinary circumstance, no make-up exams will be arranged the last three days before the final exam period begins.

**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, **10%** will be deducted from the final earned grade for the assignment. All assignments are to be turned in on CANVAS in the appropriate folder for that assignment. If you are still unfamiliar with CANVAS, find someone that can help you. Assignments will not be accepted in any other 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 provided by 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, 1228 Haley Center, 334.844.2096, (V/TT).

**Course contingency:**  If normal class and/or lab activities are disrupted due to illness, 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.

**Distance Learning Students**: Unless specific instructions have been given for a designated course, students in distance education courses shall take all closed resource examinations under the supervision of an approved proctor. Examples of approved proctors include a school superintendent, a principal of a high school, a dean or department head of a college, or a work supervisor. Proctors shall be verified and exams shall be sent directly to the proctor who will manage the examination in a secure manner, requiring students to present a picture ID.

**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

The *Auburn University Professionalism Agreement* must be signed and returned to the instructor before any practicum hours can be accrued. If you did not receive a form in class, you must go by the instructor's office and sign one before beginning at the site.

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| ***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.

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| 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):

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

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

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| **Please return form to**:Dr. E. Davis Martin, Jr.Wayne T. Smith Distinguished ProfessorSpecial Education, Rehabilitation, and Counseling1224C Haley CenterAuburn University, AL 36849(334)844-7676martiev@auburn.edu |

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| ***OBJECTIVES FORM*** |

**Auburn University**

**Practicum 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**

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

**Practicum in Rehabilitation & Disability Studies**

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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.

6.

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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

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

**Rehabilitation & Disability Studies**

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

**2084 Haley Center**

**Auburn University, Alabama 36849**

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

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| **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:**

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

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| ***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:**

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

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

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**Responsibilities**: (Brief Description)

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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 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

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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/practicum students?

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

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| **Please return form to**:Dr. E. Davis Martin, Jr.Wayne T. Smith Distinguished ProfessorSpecial Education, Rehabilitation, Counseling1224C Haley CenterAuburn University, AL 36849(334) 844-7676martiev@auburn.edu |

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| ***SUPERVISOR’S FINAL******INTERNSHIP PRACTICUM 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 |
| 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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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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| 6. Please give your evaluation of the Rehabilitation Internship/Practicum Program.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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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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| **Additional observations/comments:** |
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Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please return form to**:Dr. E. Davis Martin, Jr.Wayne T. Smith Distinguished ProfessorSpecial Education, Rehabilitation, and Counseling1224C Haley CenterAuburn University, AL 36849(334) 844-7676martiev@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.** |
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STUDENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SUPERVISOR’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |