



Frostburg State University

Version 0303

RECR 480 FIELD EXPERIENCE IN RECREATION AND PARKS MANAGEMENT



Recreation and Parks Management
Frostburg State University
Frostburg, Maryland

RECR 480 Field Experience

ON-SITE FIELD EXPERIENCE

3.0

This section deals with the on-site field experience. Also, students should review the next section, post field experience. Students are expected to accumulate a minimum of 37.5 clock hours per credit of field experience (i.e. this is 45 hours of 50 minute hours). Since the course is offered for either three or six credits students must complete 135 or 270 hours respectively. These are considered minimum requirements. All students are required to keep an accurate record of the hours and types of experiences in which they participate. A **daily** record of hours should be kept.

You are encouraged to visit events offering recreation in the general area of the field experience. Field experience meetings, agency board meetings, league meetings, coaches' conferences, town and city meetings, clinics and workshops are examples of experiences that will give you an opportunity to learn thing about the agency organization, its philosophy, and its leadership methods.

3.1

Professional Log. The professional log or weekly report serves: (1) to keep track of and to update your objectives and (2) to provide a daily recording of the activities engaged in at the agency. In the first section you need to list the completion of any objectives and the updating or revision of any of these objectives. The Log should consist of comments pertinent to recreation situations that are observed and in which the student intern participates. The purpose of the second part of the Log is: (1) To serve as a form of communication with the cooperating supervisor and the Director of Undergraduate Recreation, (2) to record your reactions, problems, questions and successes, and (3) to give focus and direction to future planning. It uses the critical incident approach where you identify incidents which happen and analyze their effect. The Log should be daily, chronological, and it should list the contact hours spent each day. It should include any critical incidents that occurred during the day. The log should be forwarded weekly to the faculty field experience supervisor. Keep a copy for your files. The log should be included as a section in the notebook. *(see attached copy of example of one page from your log)*

3.4

Student Evaluation. (see page 23) A midterm and final evaluation by the agency supervisor is required. The first evaluation should be midway in the field experience; the second should be completed at the end of the field experience. Use the form attached to this manual for the evaluation (see page 27). Be sure to provide the agency supervisor with a SASE (Self-Addressed, Stamped Envelope).

3.5

Faculty Supervisor's Visit (optional). For those students who are located within the Frostburg region, the faculty field experience supervisor may make at least one on-site visit (Note: this is optional). You are responsible for coordinating the on-site visit for the faculty supervisor. This includes coordinating the date of the visit, meetings with your supervisor, a tour of the facilities, and a review of the programs for which you are responsible. In addition, the faculty supervisor will make periodic phone calls to the agency throughout the field experience, and in the case of field experiences outside the Frostburg area, these telephone calls will serve in lieu of the on-site visit.

3.6

In Case of a Problem. As a rule, your activities should be supervised while on-site by the agency. Supervision by the appropriate person on-site will reduce the likelihood of problems, including litigation. If a major problem occurs, you should contact the Director of Recreation at your first available chance. In case of problems on of the following people should be contacted.

Dr. Robert B. Kauffman
Director of Undergraduate Recreation
PE Building, FSU, Frostburg, Maryland 21532

O: (301) 687-4474
H: (301) 687-8957
e: rkauffman@frostburg.edu

STUDENT EVALUATION Recreation Program -Internship Program

Student: _____ Date: _____ Mid-Evaluation
 Final Evaluation

Supervisor: _____ Agency: _____

INSTRUCTIONS: Using the criteria listed below, please evaluate the performance of the student during the internship. Please note whether this is the mid-evaluation or the final evaluation in the appropriate box. This form should be returned to the internship supervisor in a SASE (Self- Addressed, Stamped, Envelope) provided by the student.

PERSONAL QUALITIES:

- Personal Appearance
- Enthusiasm
- Rapport with Participants
- Rapport with Staff

Excel	VG	Good	Fair	Poor	NA

PROFESSIONAL:

- Daily Preparation
- Knowledge of Skills
- Receptiveness to Criticism

Excel	VG	Good	Fair	Poor	NA

LEADERSHIP:

- Leadership Ability
- Group Leadership Skills
- Activity Leadership Skills

Excel	VG	Good	Fair	Poor	NA

LEADERSHIP PRESENCE:

- Initiative
- Leadership
- Control of Participants
- Voice
- Mannerisms
- Judgement (common sense)

Excel	VG	Good	Fair	Poor	NA

Overall Performance	Outstanding	1	2	3	4	5	Unsatisfactory
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Please list any skills which this student needs to improve and/or include any additional comments here or on the other side of this form.

This evaluation has been discussed with the student: yes; no

Recommendation for employment: yes
 no (signed) _____ Agency Supervisor _____ Date _____

STUDENT EVALUATION Recreation Program -Internship Program

Student: _____ Date: _____ Mid-Evaluation
 Final Evaluation

Supervisor: _____ Agency: _____

INSTRUCTIONS: Using the criteria listed below, please evaluate the performance of the student during the internship. Please note whether this is the mid-evaluation or the final evaluation in the appropriate box. This form should be returned to the internship supervisor in a SASE (Self- Addressed, Stamped, Envelope) provided by the student.

PERSONAL QUALITIES:

- Personal Appearance
- Enthusiasm
- Rapport with Participants
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Excel	VG	Good	Fair	Poor	NA

PROFESSIONAL:

- Daily Preparation
- Knowledge of Skills
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Excel	VG	Good	Fair	Poor	NA

LEADERSHIP:

- Leadership Ability
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Excel	VG	Good	Fair	Poor	NA

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Excel	VG	Good	Fair	Poor	NA

Overall Performance	Outstanding	1	2	3	4	5	Unsatisfactory
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Please list any skills which this student needs to improve and/or include any additional comments here or on the side of this form.

This evaluation has been discussed with the student: yes; no

Recommendation for employment: yes no (signed) _____ Agency Supervisor _____ Date _____

Mary Student
Student Log
Tuesday, June 1, 1996

NARRATIVE:

This morning I worked in the office....I had to deal with an angry customer. I used this as my critical incident (see below).

This afternoon I spent my time in the field....

This evening, I went to a board meeting with Tim....

Tomorrow I am planning to....

CRITICAL INCIDENT:

Incident: Dealing with an angry customer. Today my supervisor, Tim, had to deal with a dissatisfied customer. Apparently, the customer had not received the pre-class information in the mail and therefore, missed the first session.

Narrative. Tim addressed the problem in two ways. First, he found out what was at this point bothering the customer. When you cut through everything that was said, the customer wanted his money back for the course. It was too late for the person to enter the course at this time.

Second, I was impressed with how Tim dealt with the customer. He didn't promise anything that he couldn't deliver. He listened very carefully and empathatically. Because of this he was able to move the problem to a satisfactory conclusion.

What I Learned. What I learned from this incident was how to deal with a dissatisfied customer. I learned how important it is to listen to what the customer has to say in an effort to reach a satisfactory solution. Also, I learned not to promise something that I cannot deliver.

AGENCY INFORMATION FORM

Recreation and Park Management Program Internship Program

Student: _____

Date: _____

STUDENT'S INSTRUCTIONS: It is mandatory that the student complete this form. It should be completed as early as possible in the internship process and it must be completed prior to beginning your internship. This form is necessary for the student 1) to obtain **insurance coverage** from the University, 2) to provide your FSU supervisor with information necessary for the internship.

Return this form completed to your FSU supervisor prior to starting your internship.

STUDENT INFORMATION

Student Name: _____

Social Security Number: _____

Permanent Address: _____

Phone: () _____

email: _____

Internship Address: _____

Internship Phone: () _____

AGENCY INFORMATION

Agency: _____

Supervisor at Internship Site: _____

Address of Agency: _____

Agency Supervisor's Phone: () _____

Agency Supervisor's email: _____

OTHER PERTINENT INFORMATION

CRIMINAL BACKGROUND FORM

Recreation and Park Management Program Field Experience and Internship Programs

Student: _____

Date: _____

STUDENT'S INSTRUCTIONS: It is mandatory that the student complete this form. It must be completed as early as possible in the field experience and internship process and it must be completed prior to beginning of your on-site field experience or internship. Also, if a change occurs after signing this form and before the completion of your field experience or internship, you must notify your FSU internship supervisor. In addition, it may be necessary to inform the field experience or internship site of the information presented below.

Please note that depending on the conviction, the pending conviction, or the charge, the Recreation and Parks Program reserves the right to modify, curtail, adapt and in some cases terminate or not conduct your field experience or internship.

Return this form completed to your FSU supervisor prior to starting your internship.

I (*insert your name*) _____ hereby declare or affirm under penalty of perjury, that I (*circle one*) (have/have not) been convicted of, nor am I the subject of pending charges for the commission of / attempt to commit / or assault with the intent to commit: Murder; Child Abuse; Rape; Child Pornography; Child Abduction; Kidnapping of a Child; manufacturing, distributing, or dispensing of a controlled dangerous substance; possession with the intent to manufacture, distribute or dispense a controlled dangerous substance; or hiring, soliciting, engaging, or using a minor for the purpose of manufacturing, distributing, or delivering a controlled dangerous substance; or a Sexual Offense, defined under Article 27, Subsection 464, 464A, 464B, or 464C of the Annotated Code of Maryland or an equivalent offense. I further certify that I am the applicant whose signature is affixed below. I understand and agree that I will immediately inform the Recreation and Park Management Internship Supervisor if I am the subject of any subsequent criminal charges as described above prior to or during any field experience and/or internship.

signature

date

Frostburg State University Liability Release Statement

State University

(“University”) in the program of Recreation and Park Management (the “Department”), I, _____, will participate in a field experience through an internship with an agency approved by the University. I acknowledge and fully understand that I will be engaging in activities that involve risks, including but not limited to the risk of injury or death resulting not only from my actions, inaction, or negligence, but the actions, inaction, or negligence of others. These risks include but are not limited to travel to and from the site, equipment used at the site, conditions that exist on the premises, and other risks that may not be known to me or are not reasonably foreseeable.

ating in any field

experience except as may be caused by the gross negligence or willful misconduct of the University or its employees and agents. On behalf of myself and my heirs and estate, I agree to release, waive, discharge, and hold harmless the State of Maryland, the University System of Maryland, Frostburg State University, and their respective officers, officials, agents, volunteers, and employees from any and all claims, demands, liabilities, loss, or damages resulting from my participation in the University’s internship program, except as may be caused by the gross negligence or willful misconduct of the University or its employees and agents.

ment has ensured

that I am covered by the University’s professional liability insurance, which will protect me from most malpractice claims that may be asserted against me except when caused by my negligence or willful misconduct or any other limitations that may be identified by the University’s insurance carrier.

The University reserves the right to decline to accept or retain me in the program at any time should my actions or general behavior impede the operation of the program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the University, I understand that I may be required to leave the program at the sole discretion of the University’s representatives and agents, and may be referred to the appropriate University officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the program.

ase Statement as

written above.

Signature of Participant

Date

If participant is under age 18, a parent or guardian MUST also sign this Liability Release Statement.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Instructions: Read this form; sign it and return it to you internship supervisor before starting your internship.