PRELIMINARY FIELDWORK FORM

Longwood University

Therapeutic Recreation Program
201 High Street
Farmville, Virginia 23909

This is to certify that (students name) EMILY (Miki) Mester
nas completed a fieldwork experience in a recreation setting for
(agency name and address) / TO
The student's position was that of MPI vertor / A Student's position was that of (role and title)
during the dates of $\frac{1}{27/17}$ and $\frac{4/21/1+7}{2}$, 2.
Supervisor's specific comments regarding student's performance:
Task/Responsibilities
1 - m/2
Strengths/Needs (areas of concern)
Strengths/Needs (areas of concern)
31
Professional Behavior (relating to others, communication, etc.)
\cap 111
14/1/
1/15 X 5 10 11
Supervisors Signature Title Date Phone
Students: Reflect on your experience by answering statements below:
Tasks/Responsibilities
Access and impliment activities based on Previous goals and treatment plans
Previous goals and treatment plans
What did you loom about recreation/TR?
I learned a lot more about distilities, and
how to properly work with the leaple that have the
What did you learn about yourself?
I learned to be a stlittle More pos
I lewned to be a still the More professional as well as herving Confidence
A flow your experience do you want to work in this setting of with this chemete, with
Mes. I feel that it Blesonates with my
Down of the time to the time t
Previous goal of Elementary Ed. Theres a feeling of Pide you get knowing you north has affected them
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nosh has affected them