PRELIMINARY FIELDWORK FORM
Longwood University
Therapeutic Recreation Program
201 High Street
Farmville, Virginia 23909
This is to certify that (students name) M(U) has completed a fieldwork experience in a recreation setting for  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C
The student's position was that of a let the the the the the the the the the t
during the dates of $\frac{4/9/16}{and}$ and $\frac{(role' and title)}{2}$
Supervisor's specific comments regarding student's performance:
Task/Responsibilities .
Soud Jop
Strengths/Needs (areas of concern)
Professional Behavior (relating to others, communication, etc.)
Oun Bailes Instructor 4/9/16 —— Supervisors Signature Title Date Phone
Students: Reflect on your experience by answering statements below:
Tasks/Responsibilities
Supervision of Children.
What did you learn about recreation/TR?
How to work with children of different ages/Situations. What did you learn about yourself?
1 Still road to improve on
hou I hardle Older Children
After your experience do you want to work in this setting or with this clientele? Why or Why not?
/ Carnot Bay Whether / Wast
to or not, but like to
Say that I am Certainly Capable