***Please note:*** *This request for placement* ***MUST be received for approval by the FWC, Mrs. Zikeya Hickman-Glanton by*** *the last day to add classes during the semester you are taking the course.*

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| **RT Practicum Site Selection** |

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| --- | --- |
| **Student Name:** |  |
| **Term:** |  |
| **PRTM 2060 or 2070:** |  |
| **Name of Organization**: |  |
| **Start Date:** |  |

|  |  |  |
| --- | --- | --- |
| **Organization Address** |  | **Organization Contact** |
| Street:  City, State:  Zip: | Name:  Title:  Email:  Phone: |

|  |  |
| --- | --- |
| **Link to Organization’s Website:** |  |

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| --- |
| **Provide 3-5 sentences, describing the organization (i.e., who they serve, what programs/services they offer for what purpose, etc.):** |

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| **Provide 3-5 sentences, describing what your roles/responsibilities as a practicum student at this site would be:** |

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| **How would your completing practicum with this organization help you improve your knowledge and/or skills necessary for becoming an entry-level recreational therapist? Explain your answer.** |

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| --- |
| **Identify at least two professional goals you would hope to achieve, as a result of completing your practicum with this organization:** |

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| **How would your completing practicum with this organization help you work towards achieving the goal(s) you identified above? Please explain your answer.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does the organization have a RT program and/or a CTRS on staff?** |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Did you contact the organization to ask if they host practicum students?** |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Did you contact the organization to confirm the roles/responsibilities you describe above are accurate of what you would be doing as a practicum student at this site?** |  | Yes |  | No |