MSU, Mankato     Therapeutic Recreation – Experience Verification Form

Based on input from practitioners, TR students need to gain professional experience before the practicum. Therefore, you must document a total of 140 hours of TR-related experience and these experiences must be with a minimum of four (4) populations/settings. Each experience is to be a minimum of ten (10) hours (hours do not have to be completed within one visit). You can count experiences obtained via the Field Experience (RPLS 484) and TR Services (RPLS 274) courses. This completed form must be presented to Jim Wise before you can register for the practicum.

1. Agency: ____________________________
   Population(s): ____________________________
   Setting: ____________________________
   Date(s): ____________________________
   Total number of hours: ____________________________
   Supervisor signature and date: ____________________________
   Brief description of who you worked with, what you did, what you learned, etc.: 
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Agency: ____________________________
   Population(s): ____________________________
   Setting: ____________________________
   Date(s): ____________________________
   Total number of hours: ____________________________
   Supervisor signature and date: ____________________________
   Brief description of who you worked with, what you did, what you learned, etc.: 
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
3. Agency: ________________________________________________________________

Population(s): ____________________________________________________________

Setting: _________________________________________________________________

Date(s): _________________________________________________________________

Total number of hours: _____________________________________________________

Supervisor signature and date: _____________________________________________

Brief description of who you worked with, what you did, what you learned, etc.: 
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

4. Agency: ________________________________________________________________

Population(s): ____________________________________________________________

Setting: _________________________________________________________________

Date(s): _________________________________________________________________

Total number of hours: _____________________________________________________

Supervisor signature and date: _____________________________________________

Brief description of who you worked with, what you did, what you learned, etc.: 
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

My signature acknowledges the student’s completion of the TR experience requirement.  
James B. Wise, CTRS, Ph.D.