

Due Date: _____

Department of Counseling and Human Development Services
Recreation & Leisure Studies Program
University of Georgia
300 River Rd - Ramsey Center
Athens, GA 30602-6555
706 542 5064 Tel 706 542 7917 Fax

RLST 3450 PRACTICUM REGISTRATION

Name: _____ E-Mail: _____

Practica already completed (if any): _____

Number of hours of work anticipated in this practicum _____ (no less than 20).

Agency name: _____ Supervisor's name: _____

Phone: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: _____

Describe your responsibilities as a volunteer:

Objectives to be addressed in practicum (see syllabus); check all that apply:

____ Identify all aspects of the agency including staff, organizational structure, funding base, clientele, budget, etc.

____ Critically evaluate the agency and the job they do, including offering suggestions for change.

____ Identify areas, such as budgeting or evaluation where you may need to engage in further learning.

____ Explain new understandings of career prospects in recreation and leisure services.

____ Perform in a leadership and/or programming capacity in the provision of services.

____ Participate in the development, maintenance and/or management of leisure resources.

____ Participate in the development and/or implementation of leisure services to individuals with special needs.

