American Horticultural Therapy Association.

Horticultural Therapy Internship Performance Report

Overview:

The American Horticultural Therapy Association (AHTA) Internship Performance Report (IPR) is designed to evaluate the performance of the intern and completion of required projects. The IPR provides for narrative, qualitative, and quantitative measurement of student/intern performance and skills, including direct client services, non-direct client services, and horticultural services.

Instructions:

The IPR is to be completed by the supervisor at the end-point of the internship. Interns and supervisors are advised to also use this document at the mid-point, as well as on an interim basis when problems and/or changes in plans arise.

The IPR completed form(s) are to be signed and dated by the intern/student and the internship supervisor. One original copy of the final IPR form (bearing original signatures of the parties) must be submitted by the student/intern at the time of application to the AHTA for professional registration.

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Name of Intern _____

Name of Facility _____

Intern's Address_____ _____

City _____ State _____Zip _____

Home Phone _____ Cell/other _____

Email _____

Name of Supervisor_____

Supervisor's Address_____

City _____ State _____ Zip _____

Business Phone _____

E-mail _____

Supervisor's Professional Registration Status: HTR _____ or HTM _____

Supervision was on-site _____ or off-site/distance_____

Internship Hours:

Direct Client Services _____%
Non-Direct Client Services _____%
Horticulture Services _____%

Total number of hours completed _____

Overall rating of intern: Successfully mastered _____   Not mastered _____

Acknowledgement of Review of this *Internship Performance Report* for the time period
starting _____ to _____by all Parties as signed below:

Intern _____Date _____

Internship Supervisor _____Date _____

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Please use the following scale to rate the intern on each of the goals and projects stated in the *AHTA Internship Handbook*.

> M = Mastered - Mastery level competency
> NM = Not Mastered - Unsatisfactory performance
> NA = No opportunity to observe or practice

Goal:	M	NM	NA	Observations/Comments:
To develop a functional knowledge of horticultural therapy, its theory and application, and a perspective of how it fits into the overall treatment process.				
To understand how horticultural therapy is similar to, and unique from, other disciplines.				
To develop an understanding of the social, psychological, and physiological aspects of disability.				
To develop skills in forming assessments regarding client goals, interests, and abilities, and to use this assessment to develop a treatment plan, appropriate activities and adaptations.				
To develop effective communication and interpersonal skills with clients and staff.				
To develop initiative in organization of individual and group programs.				
To gain knowledge of administrative requirements affecting the functioning of an organization or department supporting a horticultural therapy program.				
To develop the basic skills in horticulture to effectively utilize plant materials and methods to facilitate horticultural therapy programming.				

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Please use the following scale to rate the intern on each of the projects stated in the *AHTA Internship Handbook.*
   Yes = Complete
   No = Incomplete
   NA = No opportunity to observe or practice

Attach a complete description of the project and/or case study, demonstrating how it met each of the requirements detailed in the *AHTA Horticultural Therapy Internship Handbook.*

Projects:	Y	N	NA	Observations/Comments:
Develop and implement a **short-term project** regarding conducting a client session.				
Develop and implement a **long-term project**.				
Research and write a client **case study**.				

Site Visits (Off-site/distance supervision only): Please list dates and locations of at least three site visits by supervisor (face-to-face observations of the intern in practice).

1. Date: _____ Location: _____
2. Date: _____ Location: _____
3. Date: _____ Location: _____
4. Date: _____ Location: _____
5. Date: _____ Location: _____

Additional Comments:

_____

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