

PRE-INTERNSHIP EXPERIENCE VERIFICATION FORM
Therapeutic Recreation Program
The University of Iowa

Please consult the Program's Undergraduate **Internship Manual and Pre-Internship Experience Guidelines** for more information regarding the criteria for pre-internship experiences.

A verification form is required for each type of volunteer and paid experience. Students should save a copy for their records once completed.

Part I (Completed by Student)

Student name _____ Current date _____
Agency name _____
Supervisor name _____ Agency phone _____
Agency street address _____
City _____ State _____ Zip _____

Pre-Internship Experience was pre-approved by Internship Coordinator on _____ for:

- TRS Guided Experience (insert date)
- Clinical Experience
- Community Experience
- Other TR-Related Experience

Experience start date _____ Experience end date _____ (month/day/yr)

Total number of hours completed _____

Part II (Completed by Agency Supervisor)

According to our records the above information:

_____ is accurate and the student's service with our agency is verified.

_____ is not accurate and service with our agency cannot be verified.

Signature _____ Date _____

Title _____