



American Horticultural Therapy Association.

Horticultural Therapy Internship Performance Report

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 _____

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.				

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:
