



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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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 _____



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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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AHTA Internship Hours

Direct client services:

1. Direct client hours: _____
2. Documentation: _____
3. Program planning/preparation: _____
4. Client meeting: _____
5. Supervision meetings: _____
6. Non-supervision meeting: _____

Total: _____

Non-direct client services:

1. Non-client meetings: _____
2. Special projects: _____
3. In-service: _____
4. Registration preparation: _____

Total: _____

Horticulture services:

1. Garden, landscape, or greenhouse: _____
2. Horticulture education: _____
3. Maintenance: _____
4. Program supply and material: _____

Total: _____

Total accumulated hours: _____

Intern Date

Supervisor Date



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AHTA Case Study Outline

I. Client/Patient information: a thorough description including age, gender, ethnicity, physical characteristics, other identifying information (interns are cautioned to avoid use of last name and adhere to HIPAA policies). Include here how he/she presents at the first meeting(s), and/or the general background, how he/she functions in environment.

II. History of Case: include information on who is the client/patient, what is he/she, where does he/she live, work, play, etc. How does the client/patient look, sound, move? Does the client/patient make his/her needs/wants known? What are his/her social and family relations, work and personal history; etc. Do not yet discuss the problem or illness in this section.

III. Problem(s)/Symptoms & Diagnosis: a thorough discussion of the individual's problem, or a set of symptoms and a diagnosis.

IV. Prognosis/Discharge potential: describe the potential outcomes for the client/patient.

V. Treatment Plan: introductory description including overview of horticultural therapy intervention. Do not yet discuss how you or others applied the therapy.

(A) PROBLEM ADDRESSED--a description of the identified problem(s) with a stated long-term and short-term goal. Include here the specific treatment plan.

(B) ASSESSMENT—a description of how the client/patient was assessed for horticultural therapy services.

(C) TREATMENT PROCEDURES--a description of how the treatment was given and/or what happened during (not after) the process of treatment. Include here the evaluation procedures/process.

(C) RESULT/PROGNOSIS—a description of the results after the primary treatment cycle was completed, and/or what the prognosis--the long-range expectations--is. Include here an example of the evaluation procedure/process.

VI. Conclusion: a very brief conclusion reiterating the first name of the client/patient, his/her problem or illness, the treatment given, and the result.

Note: *Do not tell a story in a narrative form. Formalize the information into subject categories and subcategories in the order of the outline.*