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.
Horticulture 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

<table>
<thead>
<tr>
<th>Goal:</th>
<th>M</th>
<th>NM</th>
<th>NA</th>
<th>Observations/Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To develop a functional knowledge of horticultural therapy, its theory and application, and a perspective of how it fits into the overall treatment process.</td>
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<td>To understand how horticultural therapy is similar to, and unique from, other disciplines.</td>
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<td>To develop an understanding of the social, psychological, and physiological aspects of disability.</td>
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<td>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.</td>
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<td>To develop effective communication and interpersonal skills with clients and staff.</td>
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<td>To develop initiative in organization of individual and group programs.</td>
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<td>To gain knowledge of administrative requirements affecting the functioning of an organization or department supporting a horticultural therapy program.</td>
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<td>To develop the basic skills in horticulture to effectively utilize plant materials and methods to facilitate horticultural therapy programming.</td>
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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.

<table>
<thead>
<tr>
<th>Projects:</th>
<th>Y</th>
<th>N</th>
<th>NA</th>
<th>Observations/Comments:</th>
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<tbody>
<tr>
<td>Develop and implement a short-term project regarding conducting a client session.</td>
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<td>Develop and implement a long-term project.</td>
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<tr>
<td>Research and write a client case study.</td>
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**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:**
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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 _____________________
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.