



Supervised Work Reference Form Therapeutic Recreation Program

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Note: This form must be mailed directly from the Supervisor to Douglas College in a sealed envelope R U HPDLOHG E \ WKH 6XSHUYL F BU WR WU#GRXJODVFROOHJH

The purpose of the Reference Form is to provide an evaluation of work performance. This evaluation is one of the criteria used to assess the readiness of an applicant to enter the Therapeutic Recreation Program. The Douglas College Therapeutic Recreation Program reserves the right to contact the agency for further clarification relating to this evaluation if required.

Name of Employee: _____

Douglas College Student Number: _____

Agency: _____

Telephone: _____ E-mail: _____

Supervisor: _____

Duration of Hours:

From: _____ To: _____ Total hours to Date: _____
 (day/month/year) (day/month/year)

Brief Description of Duties: _____

The (P S O R \ H H:

		Poor		Good		Excellent
1.	DGKHUHV WR WKH DJHQF procedures	1	2	3	4	5
2.	establishes effective working relationships with co-workers	1	2	3	4	5

The (P S O R \ H H:

Poor Good Excellent

3.	demonstrates fairness, sensitivity, and respectfulness to clients	1	2	3	4	5
4.	demonstrates flexibility in response to the changing needs of clients, supervisors and the agency as a whole	1	2	3	4	5
5.	demonstrates an acceptable level of wellness including: fitness, nutrition, stress management and humour	1	2	3	4	5
6.	demonstrates appropriate work habits, including: attendance, punctuality, dress and grooming	1	2	3	4	5
7.	seeks and accepts feedback and constructive criticism	1	2	3	4	5
8.	demonstrates safe practice and safety awareness	1	2	3	4	5
9.	demonstrates organizational skills and reliability	1	2	3		