**Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This practicum measures how you apply the knowledge and skills you learned from module 20: Friends and Fun: Expanding Leisure Options and Community Connections.

**Instructions:**

* Use as much room as you need to explain each answer fully. You may attach or use additional pages if needed. The amount of space in this document is not an indication of the length of your answer. However, the quality of the content is more important than the length.
* Please type your answers if possible.

Your work will be evaluated on the following scale:

1. Practice-BASIC mastery of knowledge and skills
2. Proficient-INTERMEDIATE mastery
3. Advanced-FULL mastery

For the Community Staff Training Program (CSTP), this practicum must be evaluated at “Practice” level or better. If the evaluation of your work sample indicates that more information is needed, the practicum will be returned to you with comments on how you can improve your work sample before you resubmit it.

*Note: If you plan to submit this practicum for NADSP credentialing, a “Proficient” level of mastery is required. NADSP credentialing is optional.*

**Describe A Person You Support:**

Include their gender, age, communication method, mobility, and types of support provided by the agency and others in their life.

* 1. Describe any social roles the person has in his/her community now?
	2. Does the person currently have a goal related to community or social involvement? If so, what is the goal?

**Community Map**
Learn about the groups and activities available in your community. Using the chart below, pick **four** areas and find out what is available in your community in these areas. Use resources such as talking to others, online searches, reading the newspaper, checking with the local Chamber of Commerce, etc.

 **Categories What is available in your community?**

|  |  |
| --- | --- |
| **Animal**Humane Society, pet stores, Zoological Society, etc. |  |
| **Artistic Organizations**choir, theater, writing, crafts, etc. |  |
| **Business Organizations**Chamber of Commerce, business associations, etc. |  |
| **Church Groups**services, prayer, men’s, women’s, seniors, etc. |  |
| **Community Events**July 4th, art fair, festivals, etc. |  |
| **Collector Groups**stamp collectors, coin collectors, antiques, etc. |  |
| **Community Support Groups**Food banks, hospital volunteers, etc. |  |
| **Elderly Groups**Senior Centers, etc. |  |
| **Health & Fitness Groups**bicycling, jogging, walking, yoga, etc. |  |
| **Interest Clubs**antique car owners, photography, gardeners, etc. |  |
| **Educational**cultural, political, social, educational, vocational, etc. |  |
| **Museums**historical, art, trains, etc. |  |
| **Neighborhood Groups**crime watch, beautification, holiday decorations, etc. |  |
| **Outdoor Groups**garden clubs, bird watching, etc. |  |
| **Political Organizations**Democrats, Republicans, caucuses, etc. |  |
| **Service Clubs**Kiwanis, Rotary, United Way, etc. |  |
| **Social Causes** Recycling, environmental, rights, advocacy, etc. |  |
| **Sports Leagues**bowling, swimming, baseball, volleyball, fishing, etc. |  |
| **Other:** |  |

**Action Steps for Getting Started with Expanding Community Connections**

Select one of the community opportunities from the previous section that the person you support is interested in. List five specific steps that would result in the person experiencing this activity. You may have more or less steps depending on the support the person needs.

|  |  |
| --- | --- |
| **What is the community activity?** | **Five Action Steps for Getting Started** |
|  | 1.2.3.4.5. |

Implement the action steps after consulting with your supervisor and the person’s QDDP/Program Coordinator, then answer the following questions about the experience.

1. Which community opportunity did the person experience?
2. How did you support the person?
3. Give an example of how you collaborated with other service or support organizations to assist the person to access the community resource.
4. What was the outcome for the person? (i.e., Did s/he enjoy the experience? Will the person continue to be involved with the community activity?)