

Use this form to submit your Recreation Therapy Protocol to the SWOSN Recreation Therapy Professional Network Group for consideration of inclusion in the database.

- You will be credited with authorship of the protocol
- It will be formatted to align with the presentation style of the database

Send this completed submission template to swosn@lhsc.on.ca attention: SWOSN Regional Education Coordinator

1. Program title
-**must be age appropriate and reflective of the intervention (avoid 'cutesy' titles that clients and their families may not easily understand)**
2. Statement of purpose
-**why are you running the intervention? Example: this program will provide participants with cognitive stimulation with the intent of maintaining current functioning levels. (typically brief, one or two sentences max.)**
3. Program description
-**a clear description of what the intervention is. Working with the example above, an example of a description may be: Occurring twice a week on an 8 week cycle this program will expose participants to cognitive stimulation interventions such as, crosswords, trivia, creative writing, and other tasks as deemed appropriate by the Recreation Therapist.**
4. Client needs program will address
-**a summary of the client needs ("disability") that the program is designed to improve. Continuing with the above example:**
 - short term memory loss
 - lack of stimulation
 - risk of social isolation
 - flat affect
5. Selection/Referral criteria
-**how will clients be admitted to your program? Is it based on referral/permission from their doctor (often the case with physical or 'high risk' interventions) or will they be eligible simply based on admission? Ideally this section should reflect #4, the needs the program will address. You want your programs to be appropriate for the clients who are participating.**
6. Contraindicated criteria
-**is there any reason participation in this intervention would cause harm to the client? le/ admitting a recovering alcoholic to your weekly pub night. It would be contraindicated for a recovering alcoholic to participate in weekly pub nights.**

7. Program outcomes (goals) ** The program goal(s) should be reflective of the client needs the program is to address**
-what are the goals of the program? Must be clear and measureable

8. Content and process
-the specifics of how the program is to be run. Typically in chart format.

Content	Process
Icebreaker	-provide each client with a name tag -introduce yourself and explain your role -begin by asking each client to introduce themselves -explain the icebreaker (you would have a specific one chosen and the instructions outlined)

9. Staff requirements and responsibilities
-who runs the program, and what their responsibilities are (do they need to book a bus? Do they need to have waivers signed? Ect)

10. Program evaluation
-how/when will the PROGRAM (not the individual clients) be evaluated? *NOTE* it is important that a client evaluation plan also be in place, but that is outside of the program protocol

11. RT signature and date

12. Appendices

**-inclusion of the research that validates your program
 -any pieces needed in order to facilitate the program (ie/trivia questions to be used)**

13. This program protocol is best classified as

- Cognitive
- Physical
- Both cognitive & physical