

Hello Students!

Thank you for your recent request for Fieldwork or Internship placement at Specialty Aquatic Programs, LLC. We are currently in the process of combining our programming from RAW Therapy LLC (former business name) and the S3 Aquatics Program to Specialty Aquatic Programs. Please use the correspondence below to facilitate the application process for your fieldwork experience.

This letter serves as an introduction to the fieldwork policies and procedures. If you are accepted for fieldwork, you will receive an onboarding email from the Internship Supervisor approximately 14 days prior to starting. These emails will have further details describing the below policies. You must be attentive and responsive to email correspondence- failure to follow the directions will result in loss of placement.

It is important you read this letter to be aware of our expectations. After you read this letter, please complete the attached application and submit it with your resume to:

[admin@specialtyaquaticprograms.com](mailto:admin@specialtyaquaticprograms.com)

The team will review your application and respond with further instructions.

Your fieldwork experience includes learning about clients with various post-trauma injuries, orthopedic injuries, sensory processing, developmental disabilities, and a variety of special needs in the aquatics environment. You will observe children and adults participating in aquatic therapy services and recreational therapy services SPECIALTY AQUATIC PROGRAMS. We also work with a community outreach program providing inclusive and special needs swim lessons during the summer, as well as specialty aquatic exercise programs. All of our program is inclusive in nature which means our special needs clients/students/members are included in mainstream programming.

Your exposure for fieldwork will include but is not limited to completing an assessment supervised, completing a case study, learning terminology, writing progress notes and planning a treatment session, leading a treatment session that is supervised, attending and participating in group and individual treatment sessions, and observing private practice business daily responsibilities. Interventions primarily include aquatic therapy services, aquatic fitness, and learn to swim, but may also include the use of technology in therapy, cognitive games, physical activities, relaxation/ guided imagery, and social activities all adapted to the aquatic setting.

For each program location, we offer different aquatic programming and services. We believe that the pool is healing and can be an excellent intervention for all ages and abilities and can assist a client to develop lifelong skills.

***Below is information about our setting's policies and procedures. It is an expectation that all students comply with the following:***

1. Students are responsible for paying for their parking/transportation.
2. You must be able to physically lift up to 25 pounds, tolerate pool temperatures between 80 to 95 degrees, and actively participate in water programming for up to 4 hours at a time.
3. You are expected to follow the staff dress code. Staff, faculty, and students:
  - a. will wear a swimsuit when in/around water environment. Will wear a swim shirt if you tend to get cold. Will come prepared with deck clothes, shoes and towels .
  - b. will not wear perfume, cologne, or use heavily scented soaps, shampoos,

conditioners, laundry detergent, or smell of cigarette smoke. Artificial nails/tips are unacceptable.

c. will not have visible tattoos or facial piercings except earrings

d. The dress code is conservative business casual when not in water activities or around the pool. You are expected to wear closed-toed shoes with socks and a sleeved shirt. We are active so please dress in comfortable clothing for the pool area and within the community. Each student shall be responsible for practicing acceptable standards of personal hygiene and grooming.

4. Headphones, earbuds shall not be worn in public areas. This is a learning experience for you, so your cell phone or any wearable technology should be tucked away for the duration of your experience.

Please indicate the days and hours you will be present. We expect you to complete your hours as you have indicated and be punctual each day. If you miss more than 2 appointments without an approved excuse, your hours will be terminated.

Thank you for your interest in fieldwork at Specialty Aquatic Programs. We look forward to helping you meet your educational goals!

Swimcerely,

*Nicole M. Scherbarth CTRS/ATR/C*

Clinic Director  
Specialty Aquatic Programs LLC  
(616) 901-5670  
[www.specialtyaquaticprograms.com](http://www.specialtyaquaticprograms.com)  
[nicole@specialtyaquaticprograms.com](mailto:nicole@specialtyaquaticprograms.com)

# SPECIALTY AQUATIC PROGRAMS LLC

## Therapeutic Recreation Student Fieldwork Application

Instructions: Please complete and return this application WITH your current resume to:  
Nicole Scherbarth at [nicole@specialtyaquaticprograms.com](mailto:nicole@specialtyaquaticprograms.com)

Your application will be reviewed by the TR Team. They will contact you to confirm placement. If you are accepted, the Clinical Owner will begin onboarding emails 15 days prior to start. Your acceptance to this program is contingent on a clean Background Check, which is initiated, and fees covered by Specialty Aquatic Program LLC.

Date of Application: \_\_\_\_\_ Placement Semester: \_\_\_\_\_  
Name: \_\_\_\_\_

2. Name of School: \_\_\_\_\_

3. Name of your academic fieldwork or internship coordination:

\_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

4. Contact Information:

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

5. Hours required to complete this experience: \_\_\_\_\_

6. Date you are available to begin: \_\_\_\_\_

7. Date when you'd like to end your experience: \_\_\_\_\_

7. Why did you choose to apply at Specialty Aquatic Programs LLC? What kind of professional experience are you hoping to gain?

8. Are there any commitments or engagements that will affect your attendance? (i.e. weddings, trips, classes, etc.) If so, please explain.

9. What time frame (hours/week/ weeks) would you need to complete your hours?

10. Please describe your swim experience. Would you classify yourself as a beginner, intermediate or advanced swimmer?

11. Have you ever taught swimming before?

12. Are you lifeguard certified or Certified as a swim instructor?

13. Have you ever led a class or program before, please describe it?

The following hours are available below for a **minimum** of a 2-hour commitment per day.

Please indicate your tentative schedule request below:

**Mon Tues Wed Thurs Fri Sat/Sun** \*6:00 AM-8 PM are our program hours