

SITE SURVEY FOR COUNSELING INTERNSHIP SITES

Date: _____	Phone: _____	Fax _____
Name of Agency/School: _____		
Address: _____		

Contact Person for Site: _____		
Description of Agency/School: _____		

Procedure for applying: _____		

I. INTERNSHIP PLACEMENT

1. Number of positions available at site.

_____ Practicum positions _____ Internship positions

2. Special requirements of students (male/female, prior experience etc.).

II. ACTIVITIES

3. Please indicate the general age of clients served by the agency/school.
- children
 - adolescents
 - young adults
 - adults
 - geriatric

4. Please indicate the population or general problem area(s) the agency serves (e.g. rehabilitation, alcohol, drugs, unwed mothers, etc.):

5. Activities the student will have the opportunity to be involved in include:

- case management
- co-counseling
- family therapy observation
- family therapy participation
- group observation
- group co-facilitation
- group facilitation
- career counseling
- individual counseling
- classroom guidance
- parent education
- teacher consultation
- regular consultation
- workshop presentation
- in-service presentation
- rehabilitation counseling
- intakes/case histories
- assessment
- case presentation observation
- case presentation
- attend staff in-service training
- attend staff meetings
- record keeping
- crisis counseling
- make referrals
- other, -----

III. TIME REQUIREMENTS

6. Do you have specific days and/or times the student must be available for work?
 Yes No Negotiable

Expectations of the student: _____

7. Does the position require
 evening work?
 weekend work?
8. Would you prefer the student's commitment to the Internship placement be
 a 3 month commitment
 a 9 month commitment
 a 12 month commitment
 other _____

9. Please indicate stressors associated with the position.

IV. SUPERVISION

10. Will the agency be able to meet the minimum of 1 hour per week individual supervision?
 Yes No
11. Will students be able to meet the minimum of 40% client contact hours?
 Yes No
12. Will the student be able to make video or audio tapes at the site of his/her counseling with clients?
 Yes No

13. Is equipment available for audio taping? For video taping?
() Yes () No () Yes () No

14. What is/are the name(s) and credentials of primary supervisors?
(please provide resumes)

V. TRAVEL

15. Will the position(s) require off-site travel?
() Yes () No
16. If yes to question 18, how often and average distance?
() Daily () 1-10 miles
() Several times/week () 11-20 miles
() Several times/month () 21+ miles
() Not at all
17. Are vehicles provided by the site for business travel as needed?
() Yes () No

VI. RECENT DEVELOPMENTS

18. Have there been any recent changes in operating procedure or services offered?

19. Comments: _____

Thank you for completing this survey. The information you have provided will be used to facilitate Internship placements that we hope will not only provide our students with a meaningful learning experience but also be a valued service to your agency/school.
Please return to Western Seminary.