



INTERNSHIP SITE EVALUATION

Intern's Name (optional): _____ Phone # (optional): _____

Date: _____ Internship Site Name: _____

Internship Site Address: _____

Name & Phone Number of Site Contact

Person: _____

This evaluation describes my experience at the above-named site during the following term of my internship experience (check the one that applies):

____ First ____ Second ____ Third ____ Fourth or More

Was this your final term at this site? (check the one that applies): ____ Yes ____ No

ENVIRONMENT/CLIMATE

Check the appropriate blank

1. During which week of this semester did you first have 40% of your total hours result in direct client contact time? (check the one that applies):

__first __second __third __fourth __fifth week or later __I never had 40% direct client contact time

2. Types of client problems with which you worked this term (check all that apply):
 - a____ Academic Concerns (e.g., scholarship/financial aid, academic/career planning, scheduling, testing/placement, graduation issues, etc.)
 - b____ Adjustment Disorders (e.g., adjusting to divorce, adjusting to new school or community, grief, transition issues)
 - c____ Adult-Child Conflicts (including parent-child & student-teacher conflicts)
 - d____ Anger/Conflict Management & Resolution Problems
 - e____ Anxiety Disorders of Adulthood (e.g., panic disorder, social phobia, post-traumatic stress disorder, etc.)
 - f____ Anxiety Disorders of Childhood and Adolescence
 - g____ Bipolar Disorders (including cyclothymia)
 - h____ Delusional (Paranoid) Disorder
 - i____ Depressive Disorders of Childhood and Adolescence
 - j____ Depressive Disorders of Adulthood
 - k____ Developmental Disorders (e.g., academic skills disorders, other learning disabilities, mental retardation)

- l___ Disruptive Behavior (e.g., "hyper-activity," conduct disorder, disruptive classroom behavior, S.E.D.)
- m___ Dissociative Disorders (e.g., fugue, depersonalization, etc.)
- n___ Eating Disorders (e.g., anorexia, bulimia, severe dieting, excessive exercise or laxative use to control weight)
- o___ Emotional Abuse
- p___ Gang Related Problems
- q___ Legal Problems
- r___ Physical Abuse Problems
- s___ Psychoactive Substance Use Disorders (e.g., alcohol, cocaine, etc.)
- t___ Religion Related Issues
- u___ Schizophrenia
- v___ Self-Esteem/Self-Worth Issues
- w___ Sexual Abuse Problems (e.g., incest, rape - including date rape)
- x___ Sexual Dysfunctions (e.g., sexual arousal disorders, etc.)
- y___ Sexuality or Gender Identity Problems (including problems with sexually transmitted diseases)
- z___ Sleep Disorders
- aa___ Special Needs Populations (IEP's, staffing/multi-disciplinary team meeting)
- bb___ Social Relationship Problems with Peers (including dating or friendship formation and maintenance)
- cc___ Suicide
- dd___ Unwanted Pregnancy
- ee___ Other

3. Formats in which you provided a MAJOR portion of counseling this semester (check all that apply):

___ Individual ___ Group ___ Couple ___ Family ___ Other

4. Formats in which you provided a MINOR portion of counseling this term (check all that apply):

___ Individual ___ Group ___ Couple ___ Family ___ Other

5. Age group(s) of people to which you provided a MAJOR portion of counseling this term (check all that apply):

___ 0-5 ___ 6-12 ___ 13-15 ___ 16-19 ___ 20-25 ___ 26-35
 ___ 36-45 ___ 46-55 ___ 56-65 ___ 66-75 ___ 75+

6. Age group(s) of people to which you provided a MINOR portion of counseling this term (check all that apply):

___ 0-5 ___ 6-12 ___ 13-15 ___ 16-19 ___ 20-25 ___ 26-35
 ___ 36-45 ___ 46-55 ___ 56-65 ___ 66-75 ___ 75+

Circle the appropriate number	NA stands for "Not Applicable"			
	Seldom True	Often True	Usually True	NA
(1) The site has a professional atmosphere.	1	2	3	0
(2) The staff is supportive of the intern's work.	1	2	3	0
(3) Interns are treated respectfully by the staff.	1	2	3	0
(4) The general atmosphere of the site provides a climate of trust and openness.	1	2	3	0
(5) Interns are treated respectfully by the clients.	1	2	3	0
(6) The intern feels the staff supports intern involvement in the agency.	1	2	3	0
(7) Physical facilities are available for intern use (e.g., office, office supplies, etc.).	1	2	3	0
(8) The intern feels the administration supports the training program.	1	2	3	0
(9) Interns receive clerical support.	1	2	3	0
(10) The intern feels there is camaraderie among staff at the site.	1	2	3	0
(11) Staff members act professionally and ethically toward clients.	1	2	3	0
(12) Staff members act professionally and ethically toward interns.	1	2	3	0
(13) Staff members act professionally and ethically toward each other.	1	2	3	0

Comments or Recommendations on Environment/Climate:

SUPERVISION

Check the one that applies

7. How often did you meet with the site supervisor who was **PRIMARILY** responsible for providing you with one-to-one supervision:
- I did not have one-to-one supervision We met for less than one hour per week
- We met for approximately one hour per week We met for more than one hour
8. Overall quality of supervision with the site supervisor **PRIMARILY** responsible for providing you with one-to-one supervision:
- None Poor Adequate Good Excellent
9. How often did you meet with the site supervisor who was **PARTIALLY** responsible for providing you with one-to-one supervision:
- I did not have a second person providing one-to-one supervision We met for less than one hour per week
- We met for approximately one hour per week We met for more than one hour per week
10. Overall quality of supervision with the site supervisor **PARTIALLY** responsible for providing you with one-to-one supervision:
- None Poor Adequate Good Excellent
11. How often did you meet with the field supervisor who was **PRIMARILY** responsible for providing you with supervision in a group:
- I did not have group supervision We met for less than one and a half hours per week
- We met for approximately one and half hours per week We met for more than one and a half hours per week
12. Overall quality of supervision with the site supervisor who was **PRIMARILY** responsible for providing you with supervision in a group:
- None Poor Adequate Good Excellent

13. How often did you meet with the field supervisor who was PARTIALLY responsible for providing you with supervision in a group:

_____ Either I had no group supervision or it involved only one person _____ We met for less than one and half hours per week

_____ We met for approximately one and a half hours per week _____ We met for more than one and a half hours per week

14. Overall quality of supervision with the site supervisor who was PARTIALLY responsible for providing you with supervision in a group:

_____ None _____ Poor _____ Adequate _____ Good _____ Excellent

15. Number of seminars or other professional development experiences available through my placement site during this semester:

_____ None _____ One _____ Two _____ Three _____ Four or More

Circle the appropriate number.	NA stands for "Not Applicable"			
	Seldom True	Often True	Usually True	NA
(1) The site provides appropriate references, books and materials.	1	2	3	0
(2) The site is consistent in its treatment programming.	1	2	3	0
(3) The site provides an adequate forum for discussing treatment issues.	1	2	3	0
(4) The site gives students adequate guidance on ethical issues.	1	2	3	0
(5) There are sufficient clients for interns.	1	2	3	0
(6) The site appropriately uses various therapeutic approaches.	1	2	3	0
(7) Client problems are appropriate to the intern's level of training.	1	2	3	0
(8) The professional staff is readily accessible.	1	2	3	0
(9) The staff maintains regular contact with the intern.	1	2	3	0

Comments or Recommendations on Supervision:

COMMUNICATION

Circle the appropriate number.	NA stands for "Not Applicable"			
	Seldom True	Often True	Usually True	NA
(1) The staff provides opportunities for relevant feedback in a positive manner.	1	2	3	0
(2) The staff attempts to enhance the intern's personal and professional growth.	1	2	3	0
(3) The staff is sensitive to the intern's emotional/experiential state(s) and current personal/professional development.	1	2	3	0
(4) Staff conflicts are discussed in an open, non-threatening manner.	1	2	3	0
(5) The amount of service expected by the internship site staff was the same as the amount the intern contracted to provide.	1	2	3	0

Comments or Recommendations on Communication:

SUMMARY

Check the one that applies

16. I rate the overall quality of my internship experience this term as:

Worthless
 Poor
 Adequate
 Good
 Excellent

Additional Comments:

17. I am willing to talk with other students about this internship placement (check one).

yes _____ no _____

18. I rate my preparation for this internship experience as:

_____Worthless _____Poor _____Adequate _____Good _____Excellent

19. To what courses or experiences do you attribute your preparedness?

20. What course or new improvements experiences are needed to improve your professional preparedness for internship placement?

Thank you for your time.

Please return this completed form to the Counseling Program Administrative Assistant.