

## APPENDIX XIV

### Site Evaluation Form

Directions for Student: Please complete this form at the end of your internship and return it to the Clinical Director of Internships. Your report will be made available to other students in their Internship search.

Name: \_\_\_\_\_ Site: \_\_\_\_\_

Dates of Placement: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Rate the following questions about your site and experiences using the following scale:

A. *Very Satisfactory* B. *Moderately Satisfactory* C. *Moderately Unsatisfactory* D. *Very Unsatisfactory*

1. \_\_\_\_\_ Amount of on-site supervision
2. \_\_\_\_\_ Quality and usefulness of on-site supervision
3. \_\_\_\_\_ Usefulness and helpfulness of faculty liaison
4. \_\_\_\_\_ Relevance of experience to career goals
5. \_\_\_\_\_ Exposure to and communication of school/agency goals
6. \_\_\_\_\_ Exposure to and communication of school/agency procedures
7. \_\_\_\_\_ Exposure to professional roles and functions within the school/agency
8. \_\_\_\_\_ Exposure to information about community resources
9. Rate all applicable experiences that you had at your site:
  - a. \_\_\_\_\_ Report writing
  - b. \_\_\_\_\_ Intake interviewing
  - c. \_\_\_\_\_ Administration and interpretation of tests
  - d. \_\_\_\_\_ Staff presentation/case conferences
  - e. \_\_\_\_\_ Individual counseling
  - f. \_\_\_\_\_ Group counseling
  - g. \_\_\_\_\_ Family/couple counseling
  - h. \_\_\_\_\_ Psychoeducational activities
  - i. \_\_\_\_\_ Consultation
  - j. \_\_\_\_\_ Career counseling
  - k. \_\_\_\_\_ Other
10. \_\_\_\_\_ Overall evaluation of the site

**Comments:** Include any suggestions for improvements in the experiences you have rated *moderately unsatisfactory* (C) or *very unsatisfactory* (D). \_\_\_\_\_

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