

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). _____
