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). ________________________________
__________________________________________
__________________________________________
__________________________________________