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                      g. ____Family/couple counseling
   b. ____ Intake interviewing                h. ____Psychoeducational activities
   c. ____ Administration and               i. ____Consultation
      interpretation of tests                j. ____Career counseling
   d. ____ Staff presentation/ case         k. ____Other
      conferences
   e. ____ Individual counseling
   f. ____ Group counseling
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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