



INDIANA UNIVERSITY
SOUTH BEND

Counseling and Human Services Department
Evaluation of School Counseling Practicum/Internship Site
(To be completed by the student -intern)

Internship Site: _____

Date: _____

On-site Supervisor: _____

Telephone: _____ E-mail Address: _____

District: _____

Please rate the following questions about your site and experiences with the following scale:

(1) Very satisfactory (2) Moderately satisfactory (3) Moderately unsatisfactory (4) Very unsatisfactory

1. _____ Amount of on-site supervision
2. _____ Quality and usefulness of on-site supervision
3. _____ Ethical standard upheld
4. _____ Diversity in client presenting problems
5. _____ Support and protection of your rights
6. _____ Respect for student's rights
7. _____ Relevance of experience to career goals
8. _____ Exposure to and communication of school goals
9. _____ Exposure to and communication of school procedures
10. _____ Exposure to professional roles and functions within the school
11. _____ Exposure to information about community resources

Rate all applicable experiences that you had at your site:

- _____ Individual counseling
- _____ Academic advising
- _____ Group counseling
- _____ Classroom guidance presentations
- _____ Career counseling
- _____ Consultation services
- _____ Collaborative team approach
- _____ Parent education
- _____ Referral services
- _____ Testing interpretation
- _____ Other: _____
- _____ Overall evaluation of the site