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:
(I) 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