

Appendix E

Site Evaluation Completed by Student

Practicum/ Intern Site Evaluation

PLEASE NOTE: A copy of this document will not be provided to your training site or impact your grade from your practicum or internship.

Date: _____

Please Check: _____ Internship _____ Practicum

Site _____

Address _____

City _____ State _____ Zip _____

Date Practicum/Internship Began: _____ Date Practicum/Internship Ended: _____

Supervisor _____

Title _____

Degree _____

Secondary Supervisor (if had one) _____

Title _____

Degree _____

Type of Setting

1. _____ Community Mental Health Center
2. _____ HMO
3. _____ Medical Center
4. _____ Military Medical Center
5. _____ Private General Hospital
6. _____ General Hospital
7. _____ Veterans Affairs Medical Center
8. _____ Private Psychiatric Hospital
9. _____ State/County Hospital
10. _____ Correctional Facility
11. _____ School District/System
12. _____ University Counseling Center
13. _____ Medical School
14. _____ Other (specify: _____)

Client/Patient Populations Served (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Geriatric | <input type="checkbox"/> Rural |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Adolescent | <input type="checkbox"/> Suburban |
| <input type="checkbox"/> Children | <input type="checkbox"/> Minority |
| <input type="checkbox"/> Couples | <input type="checkbox"/> Community Organizations |
| <input type="checkbox"/> Families | <input type="checkbox"/> Medical Patients |
| <input type="checkbox"/> students | <input type="checkbox"/> Neurologically Impaired |
| <input type="checkbox"/> Outpatients | <input type="checkbox"/> Developmentally Disabled |
| <input type="checkbox"/> Inpatients | <input type="checkbox"/> Forensic Patients |
| <input type="checkbox"/> High Income | <input type="checkbox"/> Chemically Dependent |
| <input type="checkbox"/> Middle Income | <input type="checkbox"/> Gays/lesbians |
| <input type="checkbox"/> Low Income | <input type="checkbox"/> Home-bound |
| <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Other, Specify: _____ |

Activities Performed at Site (Check all that apply)

1. Administration
 2. Assessment
 3. Consultation
 4. Psychotherapy
 5. Research
 6. Professional Presentations
 7. Observation of Service
 8. Crisis Intervention
 9. Prevention
 10. Other (e.g. community-based intervention) – please specify _____
-
-

Therapeutic Orientation(s) of site and/or supervisors (Check all that apply)

- Psychodynamic
- Behavioral
- Interpersonal
- Systems
- Cognitive
- Humanistic/Existential
- Other (please specify): _____

Please use this scale to rate your experiences during the Practicum/Internship. If a question does not apply, do not rate the item.

5. Excellent 4. Good 3. Satisfactory 2. Improvement needed 1. Unsatisfactory

- 5. Excellent - exceptional for this level of training**
- 4. Good - is recognizably above satisfactory for this level of training**
- 3. Satisfactory - average at this level of training**
- 2. Improvement Needed - clearly below what is generally expected at this level of training**
- 1. Unsatisfactory - unacceptable for this level of training.**

Please answer the following questions regarding your specific Practicum/ Internship Site

Please rate the quality of the supervision received.

Excellent Good Satisfactory Improvement needed Unsatisfactory

Please comment on your supervision experience.

Please rate the availability of the supervision at this site.

Excellent Good Satisfactory Improvement needed Unsatisfactory

Please rate the site's provision of training with multicultural / disabled population.

Excellent Good Satisfactory Improvement needed Unsatisfactory

Please rate the contact provided by the site with multicultural / disabled populations.

Excellent Good Satisfactory Improvement needed Unsatisfactory

Please rate the site on its representation of its training opportunities.

Excellent Good Satisfactory Improvement needed Unsatisfactory

Please rate how well the site communicated with the MACC program.

Excellent Good Satisfactory Improvement needed Unsatisfactory

Please rate how well the practicum/internship goals and objectives were achieved at your site.

Excellent Good Satisfactory Improvement needed Unsatisfactory

Please rate the overall organization and structure of this practicum/internship site.

Excellent Good Satisfactory Improvement needed Unsatisfactory

Please rate this site's ability to change/challenge your knowledge/skills/attitudes and values over the course of the practicum/internship .

Excellent Good Satisfactory Improvement needed Unsatisfactory

Please rate the site in its ability to provide experiences to develop the needed competencies to function as a future Licensed Professional Counselor.

Excellent Good Satisfactory Improvement needed Unsatisfactory

Please rate your overall training experience at your site.

Excellent Good Satisfactory Improvement needed Unsatisfactory

Please answer the following questions regarding your training site:

Describe the nature and quality of the training experiences.

What change in your knowledge/skills/attitudes/values have occurred as a result of your practicum/internship?
