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)

_____ Geriatric  _____ Rural
_____ Adults  _____ Urban
_____ Adolescent  _____ Suburban
_____ Children  _____ Minority
_____ Couples  _____ Community Organizations
_____ Families  _____ Medical Patients
_____ students  _____ Neurologically Impaired
_____ Outpatients  _____ Developmentally Disabled
_____ Inpatients  _____ Forensic Patients
_____ High Income  _____ Chemically Dependent
_____ Middle Income  _____ Gays/lesbians
_____ Low Income  _____ Home-bound
_____ Incarcerated  _____ 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 - 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.

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

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

________________________________________________________________________________________________________________________________________________________

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________________________________________________________________________________________________________________________________________________________

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________________________________________________________________________________________________________________________________________________________
Would you recommend this training site for other students from the MAAC Program at MVC:
Why or Why Not?

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_____________________________________________________________________________________________
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______________________________________________________ ____________________________
Signature of Practicum/Intern                      Date