Clinical Mental Health Counseling
Internship Site Evaluation

Directions: Student Intern completes this form at the end of the internship. This should be turned in to the internship coordinator.

Student Name: _____ Site: _____

Dates of Placement: _____Site Supervisor: _____

Faculty Internship Coordinator_____

Rate the following questions about your site and experiences by the following:

5 Very satisfactory
4 Moderately satisfactory
3 Moderately unsatisfactory
2 Very unsatisfactory

1. _____ Amount of onsite supervision
2. _____ Quality and usefulness of onsite supervision
3. _____ Usefulness and helpfulness of faculty liaison
4. _____ Relevance of experience to 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 and community recourses
9. _____ Rate all applicable experiences that you had at your site:
    - _____ Report writing
    - _____ Intake interviewing
    - _____ Administration and interpretation of tests
    - _____ Staff presentations/case conferences
    - _____ Individual Counseling
    - _____ Group counseling
    - _____ Family/group counseling
    - _____ Psychoeducational activities
    - _____ Consultation
    - _____ Career counseling
    - _____ Other _____
10. _____ Overall evaluation of the site

COMMENTS: Include any suggestions for improvements in the experiences you have rated moderately (3) or very (2) unsatisfactory.

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