

**Site Evaluation**  
**Addiction Counseling Internship**

**Directions:** Student completes this form at the end of the internship. This should be turned in to the university supervisor or internship coordinator as indicated by the university.

Student Name: \_\_\_\_\_ Site: \_\_\_\_\_

Dates of Placement: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_

Faculty Internship Coordinator: \_\_\_\_\_

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

- 5 Very Satisfactory
- 4 Moderately Satisfactory
- 3 Moderately Unsatisfactory
- 2 Very Unsatisfactory
- N/A Not Applicable

A.

- \_\_\_\_\_ Amount of on-site supervision
- \_\_\_\_\_ Quality and usefulness of on-site supervision
- \_\_\_\_\_ Usefulness and helpfulness of internship coordinator/university supervisor
- \_\_\_\_\_ Relevance of experience to career goals
- \_\_\_\_\_ Exposure to and communication of school/agency goals
- \_\_\_\_\_ Exposure to and communication of school/agency procedures
- \_\_\_\_\_ Exposure to professional roles and functions within the school/agency
- \_\_\_\_\_ Exposure to information about community resources
- \_\_\_\_\_ Rate all applicable experiences (12 core functions) that you had at your site:
  - \_\_\_\_\_ Screening
  - \_\_\_\_\_ Intake
  - \_\_\_\_\_ Orientation
  - \_\_\_\_\_ Assessment
  - \_\_\_\_\_ Treatment Planning
  - \_\_\_\_\_ Counseling
  - \_\_\_\_\_ Case Management
  - \_\_\_\_\_ Crisis Intervention
  - \_\_\_\_\_ Client Education
  - \_\_\_\_\_ Referral
  - \_\_\_\_\_ Record Keeping
  - \_\_\_\_\_ Consultation

\_\_\_\_\_ Overall evaluation of this site

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