

Counseling Internship Site Evaluation

University of North Carolina at Greensboro
Department of Counseling and Educational Development

To be completed by the student after an internship experience at a particular site. Must be submitted to the university internship or practicum supervisor. If the student is remaining at the same site for more than 1 semester, please submit at the end of the experience at the particular site.

Field Experience Site Name: _____

Address: _____

Site Supervisor: _____

Intern Name: _____ Date: _____

Please check the box of the CED internship you are completing this semester:

680A 680B 680C 680D 780A 780B

Please rate your site on a scale of 1 to 5 on the following areas based on the following ratings:

- 1- Very unsatisfactory
- 2- Somewhat unsatisfactory
- 3- Somewhat Satisfactory
- 4- Satisfactory
- 5- Very Satisfactory

Circle **ONLY ONE** number for each question.

1. On-site orientation or introduction to the site provided by site supervisor

Very Unsatisfactory 1 2 3 4 5 Very Satisfactory

2. Level of interaction between you and the site supervisor and/or agency personnel

Very Unsatisfactory 1 2 3 4 5 Very Satisfactory

3. Amount of feedback received from site supervisor

Very Unsatisfactory 1 2 3 4 5 Very Satisfactory

4. Amount of feedback received from agency personnel

Very Unsatisfactory 1 2 3 4 5 Very Satisfactory

5. Helpfulness of feedback of the site supervisor

Very Unsatisfactory 1 2 3 4 5 Very Satisfactory

6. Feedback was provided in a constructive manner

Very Unsatisfactory 1 2 3 4 5 Very Satisfactory

7. Extent to which the site supervisor and other agency personnel provided an evaluation or indication of your overall performance

Very Unsatisfactory 1 2 3 4 5 Very Satisfactory

8. Site supervisor and agency personnel's interest in your comments or input

Very Unsatisfactory 1 2 3 4 5 Very Satisfactory

9. Effectiveness of site supervisor's communication with you

Very Unsatisfactory 1 2 3 4 5 Very Satisfactory

10. Work environment created by site supervisor and agency personnel

Very Unsatisfactory 1 2 3 4 5 Very Satisfactory

11. Diversity of learning experiences offered at site

Very Unsatisfactory 1 2 3 4 5 Very Satisfactory

12. Extent to which experience has increased your capacity to provide counseling services in that type of setting or with a particular population

Very Unsatisfactory 1 2 3 4 5 Very Satisfactory

13. Overall satisfaction with the site

Very Unsatisfactory 1 2 3 4 5 Very Satisfactory

14. The type of clientele you worked with and methods in which you were able to work:

- | | |
|---|---|
| <input type="checkbox"/> children and adolescents | <input type="checkbox"/> individual counseling |
| <input type="checkbox"/> families | <input type="checkbox"/> family counseling |
| <input type="checkbox"/> couples | <input type="checkbox"/> group counseling/psychoeducation |
| <input type="checkbox"/> adults only | <input type="checkbox"/> consulting/classroom guidance |
| <input type="checkbox"/> other: _____ | <input type="checkbox"/> in-home counseling |
| | <input type="checkbox"/> intakes and assessments |
| | <input type="checkbox"/> other: _____ |

15. Were you able to get your required internship hours within the semester:

yes no (if no, please explain the reason: _____)

Please provide any other information that you believe is relevant for us or future interns to know about your site and/or supervisor. Use separate paper if necessary.