

FORM I-4

INTERN STUDENT'S SITE EVALUATION

Name _____

Faculty Supervisor _____ On-site Supervisor _____

Dates: From Month _____ Day _____ Year _____ to Month _____ Day _____ Year _____

Agency/School _____

Based on your experiences at this site, circle the appropriate responses.

	Disagree	Agree Sometimes	Agree Fully	Not Appl
A. While at this site, I was:				
1. Given clients at the beginning of training	1	2	3	NA
2. Given a sufficient number of clients	1	2	3	NA
3. Given appropriate clients for my skill level	1	2	3	NA
4. Able to obtain group counseling experience	1	2	3	NA
5. Able to tape sessions without difficulty	1	2	3	NA
6. Given sufficient orientation to the site's policies and procedures	1	2	3	NA
7. Given regular supervision (at least once weekly)	1	2	3	NA
8. Given access to additional supervision as necessary	1	2	3	NA
9. Expected to conform to a particular approach(s) (identify: _____)	1	2	3	NA
10. Treated with respect by my on-site supervisor	1	2	3	NA
11. Treated with respect by other staff members	1	2	3	NA
B. I would recommend this site to other HDC students.	1	2	3	NA

Signed _____ Date _____
Student Signature

Return to:
Faculty Supervisor
University of Illinois at Springfield
P.O. Box 19243
Human Development Counseling Program
Springfield, IL 62794-9243