



STUDENT EVALUATION OF INTERNSHIP SITE
(Due at the end of each semester; for internal ATS use only)

Name of Counselor Trainee: _____

Dates Covered: _____ to _____

Internship Site Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name of Site Supervisor: _____

License/Certification of Site Supervisor: _____

Phone: _____ Email: _____

ATS Faculty Group Leader: _____

Client population(s) served during this placement (check all that apply)

- Infants Children Adolescents Young/Middle-aged Adults Older adults
 Couples Families Groups Substance Abusers Incarcerated clients
 Other (Specify) _____

Assess each of the following items by selecting number where, **1 = poor; 2 = less than hoped for; 3 = okay; 4 = good; and 5 = excellent (and NO = no opportunity to evaluate)**. Your responses are for internal ATS use only and will **not** be shared with your supervisor or site.

	THE AGENCY	1	2	3	4	5	NO
1.	Formal orientation to the site	○	○	○	○	○	○
2.	Written policies and procedures at the site	○	○	○	○	○	○
3.	Policies and procedures for emergencies	○	○	○	○	○	○
4.	Adequacy of office space	○	○	○	○	○	○
5.	Adequacy of working conditions	○	○	○	○	○	○
6.	Adequacy of support staff	○	○	○	○	○	○
7.	Acceptance of C.T. by site staff	○	○	○	○	○	○
8.	Integration of C.T. into site activities	○	○	○	○	○	○
9.	Overall professionalism within the site	○	○	○	○	○	○
10.	Overall evaluation of the site	○	○	○	○	○	○
Column sub-totals							
Total							

Assess each of the following items by selecting number where, 1 = poor; 2 = less than hoped for; 3 = okay; 4 = good; and 5 = excellent (and NO = no opportunity to evaluate).

	LEARNING OPPORTUNITIES	1	2	3	4	5	NO
1.	In sound documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	In intakes and interviewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	In treatment planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	In use of psychological tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	In case conceptualization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	In individual counseling skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	In group counseling skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	In marriage or family counseling skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Exposure to multicultural clientele	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Overall adequacy of learning opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Column sub-totals							
Total							

Opportunity to achieve required hours? Excellent Good Fair Poor

What experiences at this site did you find especially valuable or helpful?

What aspects of this site could be improved?

What other information you would like to pass along to students who may consider this site?

OVERALL SITE RATING: What is your overall rating of your experience at this site?

Excellent Good Okay Less than hoped for Poor

Signature _____ Date: _____