

**INTERNSHIP**  
**STUDENT'S EVALUATION OF SITE**

**ARGOSY UNIVERSITY, CHICAGO  
MA COMMUNITY COUNSELING**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Site Name:** \_\_\_\_\_ **Site Supervisor:** \_\_\_\_\_  
**Semester:**     **Fall**   **Year** \_\_\_\_\_     **Period Covered: From** \_\_\_\_\_ **to:** \_\_\_\_\_

Based on the supervision you received from your site supervisor, please rate the following statements accordingly with the scale below:

1 = Very Satisfactory    2 = Satisfactory    3 = Unsatisfactory    4 = Very Unsatisfactory    N/A = Not Applicable

1. \_\_\_\_\_ **Orientation to site's administrative policies, practices, and procedures**
2. \_\_\_\_\_ **Exposure to the various professional roles/functions within the site**
3. \_\_\_\_\_ **Orientation to other resources (e.g., referral resources in community)**
4. \_\_\_\_\_ **Opportunity to participate in staff's professional events, such as staff meetings, case conferences, professional development activities**
5. \_\_\_\_\_ **Quality of informal interaction with, and availability of, staff (other than your site supervisor)**
6. \_\_\_\_\_ **Adequacy of physical space, supplies, etc.**
7. \_\_\_\_\_ **Ease of audio taping and/or videotaping counseling sessions**
8. \_\_\_\_\_ **Adequacy of client population numbers for sufficient appropriate cases**
9. \_\_\_\_\_ **Quality of intake interviewing experience**
10. \_\_\_\_\_ **Quality of individual counseling experience**
11. \_\_\_\_\_ **Quality of group counseling experience**
12. \_\_\_\_\_ **Quality of family/couple counseling experience**
13. \_\_\_\_\_ **Quality of career counseling experience**
14. \_\_\_\_\_ **Quality of consultation experience**
15. \_\_\_\_\_ **Quality of psycho-educational activity experience**
16. \_\_\_\_\_ **Quality of testing experience (administration and interpretation)**
17. \_\_\_\_\_ **OVERALL EVALUATION OF THE SITE**
18. \_\_\_\_\_ **Will you recommend the site to other students for their field training? Yes    No**

**If you answer is "No", please specify your reason (s):**  
\_\_\_\_\_  
\_\_\_\_\_

**Additional comments/suggestions (use additional sheet is necessary):**  
\_\_\_\_\_  
\_\_\_\_\_

**Submit Form to:**  
**Practicum Seminar leader or**  
Dr. Gary Koch,  
Training Coordinator, Counselor Education Dept.  
ARGOSY UNIVERSITY, CHICAGO CAMPUS  
225 N. Michigan Ave., Chicago, IL 60601  
OR Fax form to: 312-777-7747