



1550 East 78th Street
Richfield, MN 55423
 School Counseling Program

Practicum and Internship-Student Evaluation of Site

(Please complete this form at the end of the appropriate field experience).

Circle One: Practicum Only Eval. Internship Only Eval. Both

Date: _____

Student Name: _____

Internship Site: _____

Primary Site (Circle One): YES NO

Internship Address: _____

Site Supervisor: _____

<u>Rating Scale:</u>	Poor		Good		Excellent	
	1	2	3	4	5	n/a
Amount of on-site supervision	1	2	3	4	5	n/a
Quality of on-site supervision	1	2	3	4	5	n/a
Orientation to site specific policies, procedures, etc	1	2	3	4	5	n/a
Adequacy of site facilities (space, supplies, technology)	1	2	3	4	5	n/a
Exposure to issues of diversity	1	2	3	4	5	n/a
Support and encouragement	1	2	3	4	5	n/a
Experience with:						
- Individual Counseling	1	2	3	4	5	n/a
- Group Counseling	1	2	3	4	5	n/a
- Career Counseling	1	2	3	4	5	n/a
- Guidance and counseling curriculum	1	2	3	4	5	n/a
- Consultation with parents	1	2	3	4	5	n/a
- Consultation with other educators	1	2	3	4	5	n/a
- Special education procedures	1	2	3	4	5	n/a
Overall evaluation of the site	1	2	3	4	5	n/a

Comments: (Please use the other side of this form).