

APPENDIX D
(Practicum/Internship Form 4)

WEBSTER UNIVERSITY PRACTICUM/INTERNSHIP STUDENT SITE EVALUATION

NOTE: This form should be completed by the student and given to the Webster University Counseling coordinator at the conclusion of the Practicum/Internship experience at a given setting.

Student Name: _____ Term & Year: _____

Practicum/Internship
Setting: _____

On-Site Supervisor's Name: _____

In order to assist other students in choosing a Practicum/Internship setting, please comment briefly on your experience as a student in each of the following areas (attached additional pages if necessary).

1. Describe the Practicum/Internship setting

2. Describe the type of clients with whom you worked and the problems which they had.

3. Describe the type of counseling/professional activities, which were available to you as a student.

4. Describe the facilities and resources, which were at your disposal.

5. Describe the type and level of communication among the counselors with whom you interacted.

6. Describe the type and level of supervision you received.

Please provide any additional comments (e.g., on the advantages and/or disadvantages of this particular setting) you think might be helpful to other students who might be considering this or a similar Practicum/Internship setting.