APPENDIX E
MOUNT MARY UNIVERSITY
DEPARTMENT OF COUNSELING
MASTER OF SCIENCE IN COUNSELING

SITE EVALUATION FORM FOR PRACTICUM/INTERNSHIP STUDENTS
(To be completed by the practicum/internship student the last semester of placement)

Directions: The student completes this form at the end of each semester of field experience.
The completed form should be turned in to your Mount Mary University Practicum/Internship
instructor.

Student ____________________________
Practicum/Internship Placement Site: Youth & Family Project
Dates of Practicum/Internship placement: 8/15 - 5/16

Rate the following questions about your site and experiences with the following scale:
A. Very satisfactory B. Moderately satisfactory C. Moderately unsatisfactory D. Very
unsatisfactory

A. Amount of on-site supervision
B. Relevance of experience to career goals
C. Exposure to and communication of site goals
D. Exposure to and communication of site policies/regulations/procedures
E. Exposure to professional roles and functions within the setting
F. Exposure to information about community resources
G. Administrative support for the site counseling program
H. Appropriate supervisee office space and working conditions
I. Appropriate support by site of the supervisee

Using the same scale as above, rate all applicable experiences that you had at your site. Leave
a blank space for experiences you did not have. Feel free to comment about specific
experiences.

Report writing/record keeping/counseling notes
Intake interviewing
Programming/planning activities
Administration and interpretation of tests
Staff presentations/case conferences/staff development workshops
Individual counseling
Group counseling
Family/couple counseling
Psycho-educational activities
Consultation
Support team, collaboration with other professionals
Career counseling
Program evaluation
Other

__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
Comments: Include any suggestions for improvements in the experiences you have rated moderately (C) or very unsatisfactory (D).

Based on your practicum/internship experience, select one of the following statements:

X I wholeheartedly recommend this site for future students.
___ I recommend this site for future students.
___ I recommend this site, with reservations, for future students.
___ I do not recommend this site for future students.

Explain your statement.

There are so many opportunities to work with different populations and the programs the agency offers. It is a very warm and welcoming environment. Supervision is excellent and flexible; all staff are supportive of interns.
EVALUATION OF SITE SUPERVISOR FOR PRACTICUM/INTERNSHIP STUDENTS

(To be completed by the practicum/internship student the last semester of placement)

Directions: The student completes this form at the end of each semester of field experience. The completed form should be turned in to your Mount Mary University Practicum/Internship instructor.

Supervisor’s Name: Kelly Henkel

Supervisor to be Evaluated: On-Site or University

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree N/A = Not Applicable

<table>
<thead>
<tr>
<th>RATING CATEGORIES</th>
<th>RATING</th>
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<tbody>
<tr>
<td>I. My Supervisor:</td>
<td></td>
</tr>
<tr>
<td>1. Explained his/her role as my supervisor</td>
<td>1 2 3 4 n/a</td>
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<tr>
<td>2. Made me feel at ease with the supervisory process</td>
<td>1 2 3 4 n/a</td>
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<tr>
<td>3. Gave me feedback about my role as a counselor that was accurate and that I could use</td>
<td>1 2 3 4 n/a</td>
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<tr>
<td>4. Helped me clarify the issues that my client brought to the session</td>
<td>1 2 3 4 n/a</td>
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<tr>
<td>5. Assisted me in understanding my own feelings about the client and his/her issues</td>
<td>1 2 3 4 n/a</td>
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<tr>
<td>6. Encouraged me to develop a plan to work with specific clients</td>
<td>1 2 3 4 n/a</td>
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<tr>
<td>7. Modeled appropriate counseling techniques when necessary</td>
<td>1 2 3 4 n/a</td>
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<tr>
<td>II. My Supervisor helped Promote:</td>
<td></td>
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<tr>
<td>8. My professional identity by encouraging membership in professional organizations</td>
<td>1 2 3 4 n/a</td>
</tr>
<tr>
<td>9. Professional standards by encouraging certification and accreditation of supervisors by accrediting bodies (State and National)</td>
<td>1 2 3 4 n/a</td>
</tr>
<tr>
<td>10. Legal and ethical practice by discussing and modeling appropriate ethical standards</td>
<td>1 2 3 4 n/a</td>
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<td>III. I Felt:</td>
<td></td>
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<tr>
<td>Question</td>
<td>1</td>
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<td>11. Confident of the counseling skills of my supervisor</td>
<td></td>
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<tr>
<td>12. My supervisor respected me and was concerned with my professional growth</td>
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<tr>
<td>13. My supervisor was committed to his/her role as a supervisor</td>
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<td>14. Motivated and encouraged me</td>
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<tr>
<td>15. My supervisor served as an appropriate professional role model</td>
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<td>16. Supervision sessions allowed for personal and professional growth</td>
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<td>17. Recognizes his/her own limitations</td>
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<td>18. My supervisor was genuine, congruent, empathic, and honest</td>
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</tbody>
</table>

**IV. My Supervisor Helped Me:**

19. Clarify my own ideas about counseling theory                        |   | 3 | 3 | 4 | n/a |
20. Focus on specific counseling strategies to assist the client        |   | 3 | 3 | 4 | n/a |
21. Develop techniques to resolve conflict                               |   | 3 | 3 | 4 | n/a |

Please complete the following demographic questions. The demographics will be used for descriptive analysis in research.

Your gender:   F   Supervisor’s gender:   F   
Your age: 25   Supervisor’s age:   
Your ethnic background: Caucasian  
(African American, Asian, Caucasian, Hispanic, Native American, Other) 
Your supervisor’s ethnic background: Caucasian  
(African American, Asian, Caucasian, Hispanic, Native American, Other) 
Your counseling specialty area: Clinical Mental Health  
(community, school, or pastoral) 
Your supervisor’s specialty area: Clinical Mental Health  
(community, school, or pastoral) 
Number of years that your supervisor has been a counselor:   

