



Practicum/Internship Site Evaluation Form

(Completed by Student at end of practicum/internship experience)

Name of Site _____

Address _____

City _____ State _____ Zip _____

Phone _____

Website _____

Student Program Concentration Clinical Mental Health School Counseling

Describe the clientele at the site: _____

What was the best aspect of this site? (clients, facility, supervision, etc.) _____

What could be improved about this site? (clients, facility, supervision, etc.) _____

Was it difficult to fulfill your hours at this site? Yes No

If yes, please explain. _____

What is the prevailing philosophy or theoretical orientation approach at this site? _____

Is there a minimum commitment to do a practicum/internship at this facility?

Yes, _____ hours per week.

Yes, _____ hours per semester.

No, there is no commitment.

Other _____

Has this site had ECU interns before? Yes No

If known, from what other schools/programs does this site take interns?

On a scale of 1-10 (10 being best), please rate the following:

_____ Facility _____ Supervision _____ Training _____ Overall

Other information you feel would be helpful to someone considering this site for practicum/internship?

Did this site meet your expectations? Explain.

Are there job possibilities at this site for interns? Yes No

Student Name _____ ID # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Term/Year Internship Completed _____

May a student from this ECU Program contact you for more information about this internship site? Yes No