

**STUDENT'S EVALUATION OF INTERNSHIP EXPERIENCE**  
**Department of Counseling**  
**Wake Forest University**

Semester and Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Site: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE COMMENT BELOW ON VARIOUS ASPECTS OF THE INTERNSHIP:**

1. Orientation. Adequacy of orientation to agency and its work.
  
  
  
  
  
  
  
  
  
  
2. Clarity of purposes, goals and expectations of your work with agency.
  
  
  
  
  
  
  
  
  
  
3. Were you able to meet with your site supervisor for supervision activities a minimum of one hour per week?
  
  
  
  
  
  
  
  
  
  
4. Quality of supervision on site in agency.
  
  
  
  
  
  
  
  
  
  
5. Helpfulness and cooperation of other staff in agency.

6. Were you given appropriate responsibility?

7. Did you have adequate opportunities for one-on-one counseling?

8. Did you have opportunities for group counseling?

9. Comment on ease of obtaining tapes for review:

10. Positive of this site:

11. Negatives of this site:

12. Helpfulness of weekly meeting with Faculty group supervisor:

**MAJOR LEARNINGS FROM INTERNSHIP:**

About **Self** (Skills acquired, needs for further development):

About **Clients**:

About the **Profession of Counseling**;

**SUGGESTIONS FOR IMPROVEMENT:** What could have been done to make  
this a better placement?

By You?

By the **Agency**?

By the **Department of Counseling**?

**Would you recommend this site as an internship to another student?**

Signature of Student Intern: \_\_\_\_\_

Date: \_\_\_\_\_