COUNSELING FIELD PLACEMENT
SURVEY OF INTERNSHIP--Trainee Evaluation of Site and Experience
Survey Date___________________

___COUN 685, ___COUN 687(1st), ___ COUN 687 (2nd), ___ COUN 688

NOTE: The information on this page is to be completed by the practicum/intern student.

STUDENT: ___________________________________________
DATE OF EVALUATION________________

AGENCY/SCHOOL/BUSINESS:_________________________________

PRACTICUM/INTERNSHIP INSTRUCTOR:_________________________

SITE SUPERVISOR:________________________________________

BRIEF DESCRIPTION OF EXPERIENCES AND ASSIGNMENTS: (e.g., individual counseling, career development activities, training, group facilitation, consultation, administration, outreach, professional development, testing/assessments, marriage/family counseling, program development, etc.)

To Be Completed By The Practicum/Intern Student (Must be completed in full sentences.)