

**COUNSELING FIELD PLACEMENT
SURVEY OF INTERNSHIP--Student Evaluation of Site and Experience**

Survey Date: _____

___ COUN 685 ___ COUN 686(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: _____

ON-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.)

Must be completed in full sentences.