



Clinical Mental Health Counseling Internship Assessment of the Clinical Experience

Student Name: _____ Name of On-Site Supervisor: _____

Agency Name: _____ Total Number of Hours: _____

This evaluation is for the purpose of providing feedback to the Site/Clinical Supervisor, the Agency, and the University regarding student perceptions of the internship experience. This instrument is designed as a guide to facilitate the sharing of the most significant perceptions and impressions that occur throughout the internship experience. As a student counselor and a beginning professional, you are urged to complete this instrument completely and honestly. You should already have begun this kind of critical sharing with your site/clinical supervisor, others in the Agency, and your faculty Internship Instructor. Your responses can aid your own professional development, and your assessment will significantly help the Agency and the University be even more responsive to student needs.

1. Complete the rating form as follows (circle appropriate responses for each item):

- 5 Indicates complete satisfaction or an extremely positive response with the item. Where behavior is referred to, the behavior was always present when appropriate
- 4 Moderate satisfaction: Desired behavior or condition was frequently present.
- 3 Somewhat satisfied: Desired behavior or condition was sometimes absent.
- 2 Somewhat dissatisfied: Desired behavior or condition was often absent.
- 1 Extremely dissatisfied: Desired behavior or condition was seldom present.
- X It is not possible to assess this item.

2. Provide written comments regarding those items for which you have a special concern.

I. The Internship Process

1	Was there sufficient information about the internship prior to actually starting the experience?	5	4	3	2	1	X
2	Did you feel the kind of setting provided was appropriate to your needs and interests?	5	4	3	2	1	X
3	Was orientation at the agency sufficient when the internship began?	5	4	3	2	1	X
4	Overall, did the internship instructor meet his/her responsibilities for your internship experience?	5	4	3	2	1	X
5	During the internship experience, did you feel that you were treated as an individual with respect for your own special circumstances?	5	4	3	2	1	X
6	Was the agency adequately prepared for your arrival?	5	4	3	2	1	X

II. The Agency Setting

1	Was interaction with other counselors and related disciplines sufficient?	5	4	3	2	1	X
2	Did the agency provide you with adequate working conditions?	5	4	3	2	1	X
3	Overall, did you feel the agency attached sufficient importance to your internship experience?	5	4	3	2	1	X

III. Professional Development

1	Did the experience acquaint you with the operation of a community service agency?	5	4	3	2	1	X
2	Did the internship experience improve your capacity to work with people in a helping relationship?	5	4	3	2	1	X
3	Did the placement acquaint you with resources available in the community?	5	4	3	2	1	X
4	Did the internship significantly increase your knowledge of specific problems in the community, e.g., poverty, mental illness, aging, alcoholism and other addictions, and so on?	5	4	3	2	1	X
5	Rate your general level of satisfaction with the amount and kind of clinical practice activity you were assigned.	5	4	3	2	1	X
6	Was there a sufficient diversity of learning activities?	5	4	3	2	1	X
7	Were there opportunities to be part of the "larger agency" such as by attending staff meetings, in-service training, and so on?	5	4	3	2	1	X
8	Did this agency experience help you understand and use professional record keeping procedures?	5	4	3	2	1	X

IV. Direct Supervision

1	Did your supervisor stimulate professional counselor identity?	5	4	3	2	1	X
2	Did your supervisor help you feel accepted and respected as a person?	5	4	3	2	1	X
3	Did your supervisor help in demonstrating professional relationships with staff members at the site?	5	4	3	2	1	X
4	Did your supervisor meet with you for supervision at established times and for the agreed upon time?	5	4	3	2	1	X
5	Did your supervisor assist in conceptualizing your clients?	5	4	3	2	1	X
6	Did your supervisor help clarify objectives for your counseling sessions?	5	4	3	2	1	X
7	Did your supervisor help organize relevant case data in planning procedures for working with your clients?	5	4	3	2	1	X
8	Did your supervisor guide you in generating your own solutions to problems faced with clients?	5	4	3	2	1	X
9	Did your supervisor provide you with useful feedback regarding your counseling skills?	5	4	3	2	1	X
10	Did your supervisor help you focus on how your personal style influenced clients?	5	4	3	2	1	X
11	Did your supervisor adequately reinforce the development of your strengths and capabilities?	5	4	3	2	1	X
12	Did your supervisor help you use appraisal instruments constructively in counseling?	5	4	3	2	1	X
13	Was your supervisor helpful in critiquing your report writing?	5	4	3	2	1	X
14	Did your supervisor allow and encourage you to evaluate your work with clients?	5	4	3	2	1	X

Optional: Provide additional comments in the space below:

The Site/Clinical Supervisor and Intern have been involved in an evaluation process that they have discussed with one another. Significant disagreement on the part of the Intern or Site/Clinical Supervisor regarding this assessment should be noted in writing and forwarded to the Internship Instructor as an addendum to this form.

Student's Signature: _____ Date: _____

Instructors Signature: _____ Date: _____

Master's Practicum & Internship Coordinator's Signature: _____ Date: _____