

ARGOSY UNIVERSITY/San Francisco Bay Area

1005 Atlantic Ave. Alameda, CA 94501

PH: 510-217-4742 FAX: 510-217.4808

STUDENT EVALUATION OF PLACEMENT

NAME OF INTERN: _____ GENDER: F M AGE: _____

RACE: African American Asian or Pacific Islander Caucasian Native American Hispanic
Other: _____

HAVE YOU HAD PREVIOUS PAID PSYCHOLOGICAL EXPERIENCE:

Yes No.

If yes, please list title(s): 1. _____
2. _____

YEAR YOU BEGAN MACP PROGRAM: Semester: _____ Year: _____

INTERNSHIP SITE:

Please, provide site's full name

Site address

City/State/Zip

Phone

Primary Supervisor: _____

Director of Training: _____

Date Internship began: _____ ended: _____

Stipend \$: _____ # of fellow interns: _____

Benefits (Y/N): Vacation: _____ Sick Leave: _____ Health Insurance: _____

EDUCATIONAL AND RESEARCH OPPORTUNITIES

EDUCATIONAL	1. Training seminars are available to interns?	Yes	No
	2. Is seminar attendance mandatory?	Yes	No
PROFESSIONAL LEAVE OF TIME	1. Site provides interns with paid time of time to attend professional conference?	Yes	No
	2. If yes, how many days? _____		
	3. Did site bring in outside presenters, develop conferences?	Yes	No
	4. If yes, were interns able to attend?	Yes	No

List weekly amount of supervision in hours: INDV.: _____ GROUP: _____

THERAPY EXPERIENCE

On the average...

1. How many therapy hours did you carry per week? _____ Hours _____

2. Were you able to see patients more than once per week? Yes No

3. How many hours per week were spent in the following?

INDIVIDUAL THERAPY: _____ GROUP THERAPY: _____ FAMILY THERAPY: _____

CRISIS THERAPY: _____ INTAKE: _____ OTHER: _____

4. Were you able to tape sessions at the site?

Yes No

Video Audio

5. Did you feel that the workload was appropriate?

Yes No

6. Were you able to complete paperwork and other tasks during on-site hours?

Yes No If no, please explain:

7. Were you able to do some long-term therapy?

Yes No

TREATMENT POPULATIONS

POPULATION CHARACTERISTICS (YES=DOES APPLY/NO=DOES NOT APPLY)

IN PATIENT, ACUTE _____	MEDICAL _____	GERIATRIC _____
IN-PATIENT, CHRONIC _____	FORENSIC _____	FAMILY _____
OUT-PATIENT, ACUTE _____	RURAL _____	ADOLESCENT _____
OUT-PATIENT, CHRONIC _____	LOW INCOME _____	UNIV. STDTS. _____
SUBSTANCE ABUSE _____	MINORITY _____	SCHOOL _____
GAY/LESBIAN _____	CHILD _____	OTHER _____

OVERALL EXPERIENCE OR INTERNSHIP

PLEASE RATE EACH VARIABLE SEPARATELY. RATING SCALE:

1=SUPERIOR 2=GOOD 3=FAIR 4=POOR

OVERALL QUALITY

PRACTICUM _____

INDIVIDUAL SUPERVISION _____

THERAPY TRAINING _____

SEMINARS _____

GROUP SUPERVISION _____

OPPORTUNITIES

FOR SHARING WITH PEERS _____

FOR SELF-DIRECTED ACTIVITY _____

FOR SELF-EXPRESSION _____

TO ADDRESS GOALS _____

FOR INTERNSHIP _____

AVAILABILITY OF SUPPORT RESOURCES: PERSONAL: _____ PROFESSIONAL: _____

RATING SCALE FOR THE FOLLOWING VARIABLES:

1=STRONGLY AGREE 2=AGREE 3=DISAGREE 4=STRONGLY DISAGREE

1. I WOULD CHOOSE THIS SITE AGAIN: _____

2. I WOULD RECOMMEND THIS SITE TO OTHERS: _____

3. I CONSIDER THIS PRACTICUM TO HAVE BEEN A MAJOR EXPERIENCE IN MY PROFESSIONAL DEVELOPMENT: _____

4. THIS PRACTICUM WAS A BIG INFLUENCE IN SHAPING MY FUTURE PROFESSIONAL GOALS: _____

5. COMPARED TO MY CO-INTERNS, I FEEL MY Argosy TRAINING ADEQUATELY PREPARED ME FOR MY PRACTICUM RESPONSIBILITIES: _____

ADDITIONAL COMMENTS ARE WELCOME! PLEASE WRITE ON REVERSE OF THIS FORM OR ATTACH A SEPARATE SHEET.