PSY.D. PROGRAM IN SCHOOL-COMMUNITY PSYCHOLOGY

Student's Evaluation of School Psychology Internship

Intern's Name_______________________________ Date________________
Placement___________________________________
Principal Supervision________________________

Please indicate the approximate amount of time that you spend in each activity:

Psychological Testing _____
Counseling of Students _____
Consultation Activities _____
Parent Conferences _____
Report Writing _____
CSE Meetings _____
Curriculum Planning _____

Grades Served:  K-6___; 7-9___; 10-12____

Hours of Supervision you received each week _____

Quality of Supervision:  Excellent___; Good____; Fair___; Poor____

Would you recommend this placement to other students?  Yes___; Maybe___; No____

Please provide any written comments which you believe would help in evaluating the quality of this internship placement._________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________