

**ARGOSY UNIVERSITY/San Francisco Bay Area Campus**

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**FINAL STUDENT EVALUATION FORM**

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

YEAR YOU BEGAN MACP PROGRAM: Semester: \_\_\_\_\_ Year: \_\_\_\_\_

INTERNSHIP SITE:

\_\_\_\_\_  
Please, provide site's full name

\_\_\_\_\_  
Site address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

Chief 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.: \_\_\_\_\_  
CONSULTATION/LIAISON (EXPLAIN): \_\_\_\_\_

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.**