

## Appendix I: Student Evaluation of Professional Practice Partner Site

Student Name:

Date:

Internship Site Name:

Site Supervisor Name:

Please indicate your experience of the site's performance and qualities using the following Likert Scale: 1 = *Poor*, 2 = *Fair*, 3 = *Good*, 4 = *Very Good*, 5 = *Excellent*, and N/A = *Not Applicable*.

Description	1	2	3	4	5	NA
Appropriateness of the site to your theoretical orientation.						
Appropriateness of the site to your client population of interest.						
Adequacy of physical facility (office access, restrooms, etc.)						
Receptivity of staff toward you as a student.						
Provision of a variety of professional tasks and activities.						
Availability of needed resources.						
Support of student's pursuit of client recordings.						
Staff support for consultation.						
Provided with appropriate orientation to site.						
Training for emergency procedures.						
Culturally-informed treatment of clients.						
Overall rating of the site for future internship students.						
Additional Comments:						

---

*Student Signature*

*Date*