

Student Evaluation of Internship Placement and Supervisor

Name of Supervisor:

Name of District / Agency:

Name of Intern:

FALL _____ Spring _____

In the space provided, please enter the number of the response that best describes your Internship experience. Please feel free to expand on any item by writing on the reverse side of this form.

Strongly Agree	=	5
Agree	=	4
Unsure	=	3
Disagree	=	2
Strongly Disagree	=	1

My supervisor and I meet individually at least two hours per week. ____

My supervisor is accessible. ____

The quality of supervision is excellent. ____

My supervisor is interested in my meeting RIT program requirements. ____

My supervisor is interested in my development of professional skills. ____

My supervisor is interested in my providing services to the district/agency. ____

My supervisor allows me the freedom to try out new strategies and skills. ____

My course work at RIT prepared me for this field of placement. ____

My field supervisor offers me skill development beyond the skills available through coursework.

I would recommend my field supervisor and this setting to other graduate students. ____

Overall what is your assessment of your current field supervisor and placement?

How can the RIT faculty help you meet your goals in your internship placement?

12. Any additional comments (use reverse if necessary).