Student Internship Site Summary
(To be completed and submitted by student at the end of internship)

Name:_________________________ Cohort # ______

Setting:_________________________ On-Site Supervisor:_______________________

Number of Weeks: __________ Hours per week: ________________ Total hours: _________

Please provide a brief response to each of the following questions concerning your setting.

Population served:

Specify your overall duties and responsibilities:

Professional programs attended or developed:

What did you like about this internship?
Student Internship Summary, continued

Name ___________________________________________  Date __________________

What was most helpful/why?

What did you not like about this internship/why?

Would you recommend this internship to future students?

Would you recommend your site supervisor to future students/why?

Contacts

Number of individual clients on your caseload?

Number and types of groups on your caseload?

Testing

List names of any tests administered, and frequency:

___________________________________  __________________

Student Signature  Date

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Medaille College