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Internship Field Experience Policies and Procedures

Introduction
Internships are an integral part of the total educational experience of the Rehabilitation Services baccalaureate program. Through their internship, students deepen their understanding of human behavior and develop and enhance skills for working with people with disabilities.

Students entering their semester of internship must register for 9 units of REHB 495, have senior standing, be admitted to the Rehabilitation Services major, and have an overall GPA of at least 2.25 as well as a GPA of at least 2.5 in their major coursework. Additionally, students must have completed all but ONE required REHB courses. Your undergraduate academic advisor will enroll you for the required credits, just as you register for any other class.

The internship requires a total of 450 hours of work (30 hours/week for 15 weeks) at the internship site and individual meetings. These hours must be completed prior to finals week.

Placement Process
The semester prior to their internship placement, students are required to attend an individual meeting with the Internship Coordinator (IC). The purpose of this meeting is to review the internship policies and procedures and to explore each student's area of interest with respect to the internship placement. At this meeting, students will complete an internship information form and review the résumé worksheet (see Appendix B). Students should complete the worksheet and use it to develop a résumé that they can take on the internship interviews.

Within 1-2 weeks after the first meeting, students should suggested 2-3 agencies where he/she would like to be placed with the IC to confirm their interests. After the IC is made aware of the agencies, the student is responsible for contacting the site to determine agency interest in having an internship student. If the agency is willing to consider sponsoring a student, the student will set up an initial interview. The student should not contact an agency about an internship without permission from the internship coordinator.

Students are to treat this interview as if it were for a professional job. This includes taking their résumé and individualized objectives form. Additionally, students are expected to dress appropriately. (i.e., No T-shirts, jeans, flip flops or athletic shoes.). If you are unsure of what constitutes interview attire feel free to
contact the IC. **Students who are interviewing in a correctional setting should wear long pants and closed toe shoes.**

During this interview, students should ask about any required background checks, drug testing, or other required documentation to be allowed to complete an internship at the agency. Be advised that some agencies may have additional requirements. For example, some will require a background check, a urinalysis, a tuberculosis shot, full coverage car insurance, etc.

It is the student’s responsibility to find out this information and to complete these requirements prior to the start of the internship. The SIU internship does not provide any assistance with these components. The student must make arrangements with the site to complete all paperwork, blood work (e.g., tuberculosis testing), background checks, drug testing, etc. Failure to complete all or pass any of the above listed components may result in delayed enrollment in the internship, which may delay the semester in which the internship is completed.

After the interview, the student is to contact and meet with the Internship Coordinator to report the outcome of the meeting. If the student and the agency agree to the placement, the Internship Coordinator will send a letter to the agency confirming the arrangement.

The internship begins the first day of the semester. **The student is responsible for printing out this paperwork and having the supervisor sign all paperwork in a timely manner** (see Appendix A, the Internship Checklist, for specific dates). **During the first week of the semester, students need to contact the Internship Coordinator to set an appointment to review goals/objectives and the permanent schedule.**

**Permanent Schedule**

When students first enter their internship placements, they are required to establish a permanent schedule (Appendix D). Students must work at least 30 hours per week (check with site to determine what times and days of week are acceptable to complete internship hours). This form is to be turned into the Internship Coordinator no later than the second week of the semester. If the student's permanent schedule is changed, the student is responsible for contacting the Internship Coordinator to adjust the student's records. Students must complete all hours during the 15 weeks of the semester. This does NOT include Thanksgiving or Spring break. It also does not include finals week. **Failure to complete at least 30 hours per week during each of the 15 weeks may
result in the student being unable to complete the required 450 hours in the allotted time frame. It is the student’s responsibility to ensure that he or she is completing all of the necessary hours and to bring it to his or her supervisor’s (AND the internship coordinator’s) attention if any problems arise related to completing these hours.

**Weekly Documentation**

Students will be responsible for maintaining weekly time sheets identifying the hours worked that week at their internship. This form will also be used to report any activities that they are currently involved in, as well as any accomplishments for the week (See Appendix E).

In addition, students will be responsible for completing a weekly feedback sheet (See Appendix F). The purpose of this form is to provide the student with the opportunity to evaluate their internship experience on a weekly basis. Failure to send this form (in addition to the time sheet) makes it impossible for the internship coordinator to be aware of any issues students are having at the site. In the past, a few students who failed to turn in completed feedback forms were terminated from their site prior to the internship coordinator having any knowledge of the problems. Therefore, it is imperative that these forms be completed in a timely manner and honestly, so the internship coordinator can be kept aware of your efforts to solve the issue (see step 5 Responsibilities of the Rehabilitation Institute).

**ALL INFORMATION ON THIS SHEET WILL BE KEPT CONFIDENTIAL**

If the internship coordinator is not aware of the problems and your efforts to solve them, there is nothing the internship coordinator can do to help you avoid termination. Keep in mind that site termination is final – once it has happened, you have failed the internship. At that point, your only option is to begin work on your next internship experience for the next semester (hours will not be carried over and ALL requirements will need to be completed again. That is, you must completely re-do your entire internship experience.

The weekly timesheets and feedback forms are to be turned in together by Friday following the reporting week (i.e., within 7 days). Students may deliver these forms in person, fax them (to 618-453-8271), OR mail them to:

Internship Coordinator
SIUC Rehabilitation Institute, Mailcode 4609
Carbondale, IL 62901-4609
Students who choose to mail forms MUST mail them in a timely fashion so that they are received by the due date (mailed time sheets/feedback sheets that arrive late will be counted as late, regardless of any time stamp on the envelope). Please note that the paperwork must be returned within 7 days of the week worked. If the time sheet is more than 7 days late, the hours worked for that reporting period will not be counted. It is STRONGLY recommended that students keep their own copy of the paperwork and keep track of their total hours throughout the semester.

Documenting Hours & Academic Dishonesty

Students must complete the required number of weekly work hours and provide documentation of such hours. Any student who fabricates, exaggerates or falsifies documentation of hours worked will not only fail Rehab 495, but will also face repercussions under the SIUC Academic Dishonesty code of conduct. It is the responsibility of the student to make himself/herself aware of the policies and procedures in the Student Code of Conduct pertaining to acts of academic dishonesty. These policies cover such acts as plagiarism, preparing work for another student, cheating by any method/means, falsifying or manufacturing data, furnishing false information to a university official relative to academic matters, and soliciting, aiding, concealing or attempting conduct in violation of this code. The student is also responsible for making him or herself aware of the associated sanctions. Issues of Academic Dishonesty as well as other standards of scholarship and conduct can be found in the Student Conduct Code: http://policies.siu.edu/documents/StudentConductCodeFINALMay32011.pdf

Student Evaluations

The SIUC Internship Coordinator will conduct two formal evaluations of the student’s progress during the semester (Appendix I). These will be conducted at the middle and end of the semester. Students and agency supervisor(s) will be involved in this evaluation process. The completed evaluations are reviewed and signed by all parties and entered into the student's file. Students will receive copies of all evaluations. Students will be given the opportunity to provide feedback about their internship experience at the end of the semester (Appendix M). This form will need to be turned in with the Graduating Student Information Sheet (Appendix L) at the final evaluation in order for the student to pass the internship.

In addition to the items shown on the evaluation form in Appendix H, students will be evaluated on individually identified objectives (Appendix C). The student and the agency representative will begin to develop these goals prior to the
semester and the final objectives will need to be completed by the student, approved by the agency supervisor, and turned into the internship coordinator in the first week of the semester. These individualized objectives are designed to meet the educational needs of the student for the entire semester, but may be modified to meet any unexpected changes that occur.

Exemption from Internship
Absolutely no exemptions will be allowed for Rehabilitation Services students from REHAB 495: Student Internship. Each student must successfully complete the internship in order to graduate from the program. Previous work or volunteer experience in the field of rehabilitation will not be counted towards this requirement. No exceptions will be made.

Completing Internship at Current Place of Employment
Some students may already be working in some area of rehabilitation and request to complete their semester of internship at their place of employment. This arrangement is not recommended for two reasons. First, completing an internship at another site will provide students with a greater range of experience than they will gain if they remain at their place of employment. This will increase their marketability. Second, it may be difficult for the agency to remember to provide the student with bachelor’s level experience instead of using them to fulfill the duties for which they are being paid.

Professional Conduct
The student’s internship is considered a professional work experience. Students are responsible for all interactions with the agency to which they are assigned. It is critically important that students comply with agency rules and regulations, and respect the confidential nature of all agency and consumer records. Failure to do so may result in immediate termination from the agency and the student will need to complete the internship the following semester. In addition, students are expected to act in a professional and ethical manner as a representative of the agency (and SIUC) regarding any contact with consumers, colleagues, and the community.

Computer/Cell Phone Usage
Cell phones should be kept in backpacks, tote bags, purses, or other secure place and should be kept on vibrate or off while working at your internship site. Texting or talking on your cell phone during internship work hours is not acceptable. If you need to contact someone, wait until your break or in the case
of an emergency, talk to your supervisor. An agency may ask you to leave for the day or terminate your placement if you are found to be texting or talking on your cell phone during internship work hours. Additionally, agencies may have specific regulations regarding using personal laptops or agency computers. An agency may terminate an internship due to inappropriate use of technology at the workplace (e.g. Facebook, You Tube, etc.).

**Dress Code**

**Men -**

- **Grooming**
  - Hair is neat, well-trimmed, clean, and free from dandruff.
  - Face should be well shaved, no nicks or blood, beard should be trimmed and neat.
  - Hands are clean and nails are properly trimmed, no ragged cuticles.

- **Basic Wardrobe**
  - Dress conservatively.
  - Business casual (depending on the agency policy)
  - Shoes should in good condition; slip-on shoes are okay.
  - *Adhere to the dress code policies of the agency.*

- **Miscellaneous**
  - Jewelry such as watches should be conservative. We caution students about wearing expensive jewelry to their internship site.

- **Personal Hygiene**
  - Cologne should be minimal.
  - Shower or bathe every day; Use deodorant.
  - Brush teeth daily and use mouthwash.

**Women -**

- **Grooming**
  - Hair should be clean; hairstyles should be neat and moderate.
  - Makeup should be light.
  - Hands should be clean; if manicured, nails should be kept in a professional manner.

- **Basic Wardrobe**
  - Dress conservatively; zippers should lie flat, seams should have no raw edges, and there should be no loose threads.
  - Avoid skin-tight or see-through clothing, low necklines, and/or extremely short skirts.
Shoes should be in good condition and appropriate to setting.  
*Adhere to dress code policies of the agency.*

- **Miscellaneous**
  Jewelry such as watches, earrings, necklaces, etc. should be conservative. We caution students about wearing expensive jewelry to their internship site.

- **Personal Hygiene**
  Perfume should be minimal.  
  Shower or bathe every day; Use deodorant.  
  Brush teeth daily and use mouthwash.

**Conflict Resolution**

Any student experiencing a difficulty within the internship placement is required to attempt to resolve the situation as soon as it presents itself. If a student has attempted to resolve the situation and the results of those efforts are unsatisfactory to the student, he/she should then make an appointment to meet with the SIUC Internship Coordinator as soon as possible for further assistance towards a solution.

If a student determines that the site is not a good match for him/her, the student may be allowed to find a new site and carry over their completed hours from the previous site if they meet the following criteria:

a) It is not after the University’s official add/drop deadline for that semester.

b) The student has contacted and met with the agency supervisor and internship coordinator and attempted to resolve the conflict with the assistance of the internship coordinator. *If a student terminates placement of the internship prior to getting approval from the internship coordinator the student will receive a grade of WF (failure for students who do not officially withdraw from the class, ceased attending and failed to complete the requirements for the course) and have to wait until the following semester to complete the internship.*

c) The agency has evaluated the student’s performance as satisfactory up to that point. *If the student was evaluated as unsatisfactory at anytime during the internship by the agency the student will need to wait until the following semester to complete the internship.*

d) The student has already been selected and approved to relocate to a new site. The student would also need to begin accruing hours at the new site by the University’s official drop/add deadline for the semester.
Termination of Field Placement

Termination by SIUC Internship Coordinator
Academic dishonesty will not be tolerated. Reporting inaccurate hours worked will lead to the termination of the internship experience.

Termination by the Agency
The agency has the right to terminate a student from his/her internship placement at any time.

Examples of situations that might result in termination include:
a) failure to comply with agency policies, rules, or regulations,
b) concerns for consumer or staff safety or health, and/or
c) work which is not in full accord with the agency's standards of performance.

If the agency does terminate the student at any point during the semester the student will have to wait until the next semester to be placed at a new site and complete the internship. The hours completed at the site that terminated the student will not be carried over.

Attendance

Work Schedule
The student’s work schedule during the internship semester is 30 hours per week for 15 weeks. The student’s permanent weekly schedule (specific hours and days) is to be arranged between the agency and the student and developed to accommodate agency needs as well as the student's class schedule. An example of a work week may be that the student works three days full-time and two days half-time, or four full days.

Vacation and Holidays
All students are obligated to fulfill the 450 hour requirement to complete the internship. The internship begins the first day of the semester and must be completed by the Friday before finals week that semester. Once students begin their internships, they are to abide by that agency's calendar with respect to work hours and holidays. Requests for absences due to breaks or vacations that the student foresees within the semester of the internship must be arranged with the agency prior to the start of the internship, if possible. In other words, students must work according to the agency schedule rather than the SIUC schedule unless other arrangements are made with the agency.
Illness and Emergencies
In the event of illness or some other legitimate reason for missing work, students are responsible for notifying the agency and the Internship Coordinator of their absence, as well as arranging to make up missed hours. Additionally if any student is injured while on their internship site the student should notify their supervisor and the Internship Coordinator immediately. Any hours that the student is unable to work during the week must be made up to meet the 450-hour requirement for the semester. The total number of hours a student may work per week to make-up missed time is limited to 40 hours/week unless prior arrangements are made with the Internship Coordinator.

Transportation
Students using their personal vehicle to travel to their prospective agencies are liable in the event they are involved in a traffic accident. Neither the Rehabilitation Institute nor the agency will in any way be responsible for any damages that occur to the student’s vehicles. Students are advised to contact their insurance carrier for further instructions. Students are not permitted to transport clients using their personal vehicles while working at their internship site; however, students are permitted to perform errands for their supervisor while at the agency.
Rehabilitation Institute and Student Responsibilities

Responsibilities of the Rehabilitation Institute

It is the responsibility of the Rehabilitation Institute and SIUC Internship Coordinator to:

1. Select agencies participating in the internship process that will meet the requirements for an internship site, and determine agency willingness to cooperate with the school in provision of an educationally sound and professionally focused internship experience;

2. Develop an Educational Affiliation Agreement or a Memorandum of Understanding between the agency, the Rehabilitation Institute and the College of Education and Human Services;

3. Determine the criteria for selection and assignment of students to internship sites;

4. Assist students in developing appropriate goals and objectives for their internships;

5. Maintain good working relationships between internship agencies and the Rehabilitation Institute;

6. Conduct evaluations of the students’ performance during the internship placement;

7. Provide ongoing advisement to the students and any needed consultation to agencies in which students are placed;

8. Be available for consultation with agency directors, supervisors, and students on a regular basis and as needed;

9. Assume responsibility for the termination process of any student from the internship placement;

10. Assign each student a grade for the internship.
Responsibilities of the Student

Students have a major role in the internship process and are expected to be active participants at all times. They must:

1. Complete all paperwork relating to the internship process in a timely and professional manner;

2. Participate in the development of goals and objectives for their individual internship experience;

3. Attend all mandatory meetings throughout the semester;

4. Assume a role as a professional member of the internship agency’s staff and adhere to the agency’s policies, regulations, and procedures (including but not limited to confidentiality);

5. Initiate action to resolve any conflict within the internship setting. It is only after the student has attempted to resolve matters on his/her own that the SIUC Coordinator will become involved;

6. Act in a professional and ethical manner as a representative of the agency (and SIUC) regarding any contact with consumers, colleagues, and the community;

7. Meet the 450 hour internship requirement.

8. Adhere to the permanent weekly work schedule unless otherwise arranged.
Appendices
Appendix A: Internship Checklist

Student: ______________________________________
Semester of Internship: ________________________

Instructions: As you complete the internship, check off each item. To complete the internship, you must have the internship coordinator’s (IC) initials and date indicating that you did indeed complete the step.

Prior to the semester in which you complete your internship:

**Step 1:** Meet with Undergraduate Advisor to ensure you meet the internship requirements
  - Completed☐ IC initials _________

**Step 2:** Schedule individual meeting with internship coordinator
  - Completed☐ IC initials _________

**Step 3:** Complete Student Résumé Worksheet, review internship manual, and identify 3 or more possible internship sites PRIOR to attending individual meeting with internship coordinator
  - Resume Completed☐ IC initials _________
  - Reviewed Manual Completed☐ IC initials _________
  - Sites Completed☐ IC initials _________

**Step 4:** Attend individual meeting with internship coordinator and discuss paperwork that will be necessary for internship
  - Completed☐ IC initials _________

**Step 5:** Develop individualized internship objectives to take to interviews
  - Completed☐ IC initials _________

**Step 6:** Contact sites to set up interviews.
  - Completed☐ IC initials _________

**Step 7:** Go on interviews (bring a copy of your updated Résumé and student handbook)
  - Completed☐ IC initials _________

**Step 8:** Review individualized objectives with each site interviewer, review site policy on background checks or any other necessary paperwork required by the agency
  - Objectives Completed☐ IC initials _________
  - Necessary Paperwork Completed☐ IC initials _________

**Step 9:** Choose final site
  - Completed☐ IC initials _________

**Step 10:** Meet with internship coordinator to discuss your selected site
  - Completed☐ IC initials _________

**Step 11:** Obtain all necessary background checks and complete all paperwork PRIOR to the first week of the internship semester
Completed □ IC initials __________

**Step 12:** Make final arrangements with site as to official start date
  o When do you begin accruing hours _____/_____/_________

Completed □ IC initials __________

Students should bring this checklist to all meetings that occur PRIOR TO the internship semester. Upon completion of all the steps, the internship coordinator will make a copy of this checklist to be kept in student records. However, students should keep the original on file until they have received their final grade for the internship.

_____________________________________________________________________________________

**Notes:**
During the Internship Semester

Internship Site: _______________________
Agency Supervisor: _______________________

Step 1: Attend the internship on the official start date

Completed ☐ IC initials _________

Step 2: Meet with the internship coordinator during the FIRST TWO WEEKS of the semester (regardless of your start date)

Completed ☐ IC initials _________

Step 3: Send internship coordinator permanent schedule, with first week’s paper work, by the second Friday of the semester.

Completed ☐ IC initials _________

Step 4: Send internship final individualized objectives, with supervisor approval (as indicated by supervisor's signature) by the third Friday of the semester.

Completed ☐ IC initials _________

Step 5: Set up date for mid-term evaluations NO LATER than the fifth Friday of the semester

Completed ☐ IC initials _________

Step 6: Attend mid-term evaluation

Completed ☐ IC initials _________

Step 7: Set up date for final evaluation AT mid-term evaluation

Completed ☐ IC initials _________

Step 8: Attend final evaluation

Completed ☐ IC initials _________

Step 9: Complete final paperwork AT final evaluation

Completed ☐ IC initials _________

Students should bring this checklist to all meetings that occur DURING the internship semester. Upon completion of all the steps, the internship coordinator will make a copy of this checklist to be kept in student records. However, students should keep the original on file until they have received their final grade for the internship.
Appendix B: Sample Résumé

NAME
City, ST Zip
(555) 123-4567
abc.xyz@siu.edu

CAREER PROFILE

Over five years’ diverse, professional business experience with international corporations. Completing MBA with financial emphasis, combined with significant internship at reputable investment banking firm. Fluent in Spanish.

EDUCATION

SOUTHERN ILLINOIS UNIVERSITY, Carbondale, IL
2013
MBA, Finance (GPA 3.9/4.0)
• Graduate Finance Club-President

UNIVERSITY OF ILLINOIS, Champaign-Urbana, IL
1998
Bachelor of Arts in Sociology and Anthropology

EXPERIENCE

COMPANY NAME, Chicago, IL
2004-2011
General Manager
• Managed research-oriented polymer start-up through product design and development; oversaw sales/marketing initiatives of several patented products for footwear and medical markets
• Created and supervised team of 25 including 11 professional engineers and researchers; team has produced 14 different projects to date, accounting for $13 million in revenue
• Developed “C-Tech” patented custom forming system for footwear – licensed to global footwear manufacturer
• Established joint venture in Dominican Republic to integrate C-Tech into customer’s production line
• Increased sales 500% in two years

COMPANY NAME, Milwaukee, WI
2002-2004
Technical Director
• Orchestrated product design, testing, and production of multi-sport protective helmets for start-up company
• Advised President on general management issues and assisted with marketing and sales efforts
• Coached team through 15-month design-to-production cycle of first product; ultimately captured 5% of $130 million market

ADDITIONAL INFORMATION

Volunteer experience: Trustee, Milwaukee Heritage Association – Downtown Milwaukee community planning and development organization.
Interests: camping in national parks without amenities, skiing in Western Europe, reading Ayn Rand novels.
Technology skills: Microsoft Office; Word, Excel, Access, PowerPoint
Appendix C: Individualized Student Objectives

Individualized Student Objectives (completed by Student and Agency Supervisor in week 2-4)

1.

2.

3.

4.

5.

Comments:
______________________________________________________________________________
______________________________________________________________________________

__________________________________________

Signatures

__________________________________________
Student
Date

__________________________________________
Agency Supervisor
Date
Appendix D: Student Internship Permanent Schedule

Please use the following form to outline the **permanent schedule** that you have arranged with your internship site. Please include this form along with your first set of activity sheets to the Internship Coordinator. If for some reason there is a permanent change to this weekly schedule, please contact the Internship Coordinator regarding these changes.

Name: ___________________________  Site: ___________________________

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<td>Total</td>
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</tbody>
</table>

Comments:________________________________________________________________________
Appendix E: Student Internship Weekly Time Sheet

This form is completed, signed by student and supervisor, and submitted weekly to Internship Coordinator.

Name __________________________ Site: __________________________

Week# ______ Dates __________________________

(Start time – Stop time) and (Total hours minus lunch break)

Mon: ______________________________________________

Tues: ______________________________________________

Wed: ______________________________________________

Thurs: ______________________________________________

Fri: ______________________________________________

Sat/Sun: ______________________________________________

Total for Week: _____________ Total for Semester: ___________

Activities/Accomplishments:

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

Student signature __________________________ Date ___________

Agency Supervisor signature __________________________ Date ___________

Mail to: R.S. Internship Coordinator
         SIUC Rehabilitation Institute
         Mailcode 4609
         Carbondale, IL 62901-4609

Fax to: 618-453-8271
Appendix F: Student Internship Weekly Feedback Sheet

The purpose of this form is to provide you with the opportunity to evaluate your internship experience on a weekly basis. This form is to be returned to the Internship Coordinator along with your weekly time sheet. Please circle the best response for the following questions. For any area(s) that you are dissatisfied or disagree please provide an explanation.

Name: ______________________________ Week #: __________________________

1. I feel as though the level of supervision I am receiving is appropriate.
   Strongly Agree   Agree   Disagree
   If disagree, explain why. ______________________________________________________
   ______________________________________________________
   ______________________________________________________

2. I feel as though the variety of tasks I am being assigned is appropriate.
   Strongly Agree   Agree   Disagree
   If disagree, explain why. ______________________________________________________
   ______________________________________________________
   ______________________________________________________

3. I feel as though the level of responsibility that I am given at my internship site is appropriate.
   Strongly Agree   Agree   Disagree
   If disagree, explain why. ______________________________________________________
   ______________________________________________________
   ______________________________________________________

4. I feel that the duties I am asked to do are appropriate for a bachelor's level experience.
   Strongly Agree   Agree   Disagree
   If disagree, explain why. ______________________________________________________
   ______________________________________________________
   ______________________________________________________
Appendix G: Student Internship Evaluation Form  
(Completed by Agency Supervisor)

This evaluation form provides several categories designed to assist you in evaluating the progress of the student intern at your site. This form will be used for both the midterm as well as final evaluation. As a result, it is understood that certain criteria will be more clearly exhibited as the semester progresses. You will see that some of the scoring has been shaded to show that these areas are either met or unmet with no real expectation that a student could exceed in that area. Please complete this form prior to the meeting with the SIU Internship Coordinator so that you may identify any areas that are worthy of discussion.

**How to use form:**

In the boxes following the statements below please mark whether the student is below expectations, meets expectations, exceeds expectations, or the behavior is not observed. If a student falls below expectations, please provide a comment. Comments for other areas are welcome and encouraged.

**Examples:**

**Below:** If an employee behaved in this manner, you would take action to remedy the situation  
**Meets:** You would be satisfied with that person’s behavior if s/he were an employee  
**Exceeds:** This is behavior that you would like to reward in some manner (e.g., memo, merit raise etc.) if s/he were your employee.
I. **Personal Qualities**

In the boxes following the statements below, please mark whether the student is performing below expectations, meets expectations, exceeds expectations, or the behavior is not observed. If a student falls below expectations, please provide a comment. Comments for other areas are welcome and encouraged.

<table>
<thead>
<tr>
<th>Please rate student’s performance:</th>
<th>Below</th>
<th>Meets</th>
<th>Exceeds</th>
<th>Not Observed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is punctual for appointments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keeps appointments or cancels when necessary</td>
<td></td>
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</tr>
<tr>
<td>Respects confidentiality</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Uses acceptable language and displays appropriate behavior for environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains personal appearance appropriate for setting</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
II. **Interpersonal Skills**

In the boxes following the statements below, please mark whether the student is below expectations, meets expectations, exceeds expectations, or the behavior is not observed. If a student falls below expectations, please provide a comment. Comments for other areas are welcome and encouraged.

<table>
<thead>
<tr>
<th>Please rate student’s performance:</th>
<th>Below</th>
<th>Meets</th>
<th>Exceeds</th>
<th>Not Observed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepts, empathizes, shows concerns for the consumer as a person</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Understands consumer problems, needs, and stressors</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Demonstrates verbal and non-verbal communication skills with consumers</td>
<td></td>
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</tr>
<tr>
<td>Conveys to consumer in a non-threatening manner the standards of behavior and expectations for performance</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Listens, asks questions, participates in consumer related discussions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requests assistance from supervisor or other staff when appropriate</td>
<td></td>
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</tr>
</tbody>
</table>
II. **Interpersonal Skills cont’d**

<table>
<thead>
<tr>
<th>Please rate student’s performance:</th>
<th>Below</th>
<th>Meets</th>
<th>Exceeds</th>
<th>Not Observed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creates an atmosphere based on honesty and trust with the consumer and family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates with other staff in a professional manner</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

III. **Professional Knowledge / Skills**

In the boxes following the statements below, please mark whether the student is below expectations, meets expectations, exceeds expectations, or the behavior is not observed. If a student falls below expectations, please provide a comment. Comments for other areas are welcome and encouraged.

<table>
<thead>
<tr>
<th>Please rate student’s performance:</th>
<th>Below</th>
<th>Meets</th>
<th>Exceeds</th>
<th>Not Observed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinguishes role of bachelor level provider from master’s trained clinician and stays within boundaries of training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Meets deadlines for paperwork</td>
<td></td>
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</tr>
<tr>
<td>Understands medical and psychosocial aspects of disability relative to the population served by the Agency</td>
<td></td>
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</tr>
<tr>
<td>Understands and supports the purpose of the Agency</td>
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</tbody>
</table>
### III. Professional Knowledge / Skills cont'd

<table>
<thead>
<tr>
<th>Please rate student’s performance:</th>
<th>Below</th>
<th>Meets</th>
<th>Exceeds</th>
<th>Not Observed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adheres to Agency policies and procedures</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Is knowledgeable of various programs/services offered by the Agency</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Is aware of other programs/services offered in the community that may be utilized by consumers served at the Agency</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Completes written documentation in an organized, concise, and clear manner</td>
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<tr>
<td>Understands treatment plans and the development of consumer objectives/goals</td>
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<tr>
<td>Integrates report and/or evaluation information into service delivery</td>
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<tr>
<td>Monitors consumer progress and maintains accurate records</td>
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<tr>
<td>Performs in accordance with ethical and legal standards</td>
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</tbody>
</table>
Signatures

Student/Date

SIUC Internship Coordinator/Date

Agency Supervisor/Date
## Appendix H: Internship Sites

*For a Map of the internship sites go to: Internship Sites Map*

<table>
<thead>
<tr>
<th>Agency</th>
<th>Address/Phone</th>
<th>Website</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAPT of Illinois</td>
<td>430 S. Front St. Cobden, IL 62920</td>
<td>None Available</td>
<td>Geriopsychiatric rehabilitation. Provides specialized services to elderly people with serious and persistent mental illness.</td>
</tr>
<tr>
<td>Alzheimer’s Association</td>
<td>320 E. Walnut St. Suite A Carbondale, IL 62901</td>
<td><a href="http://www.alz.org/">www.alz.org/</a></td>
<td>Provide services to individuals and families dealing with Alzheimer’s and its effects.</td>
</tr>
<tr>
<td>Brehm Options</td>
<td>101 S. Lewis Lane Carbondale, IL 62901</td>
<td>experienceoptions.org/</td>
<td>Serves adolescents with learning disabilities and behavioral issues. Focus on vocational and educational preparation.</td>
</tr>
<tr>
<td>Centerstone</td>
<td>3111 Williamson County Pkwy. Marion IL 62959</td>
<td>centerstone.org/</td>
<td>Offering a full range of mental health services, substance abuse treatment and intellectual and developmental disabilities services in Illinois, Indiana, Kentucky and Tennessee</td>
</tr>
<tr>
<td>Century Assisted Living</td>
<td>701 S. Lewis Lane Carbondale, IL 62901</td>
<td>centuryassisted.com/</td>
<td>Assisted living for older adults. Providing 24 hour care, transportation, social events and medical assistance.</td>
</tr>
<tr>
<td>Child and Family Connections</td>
<td>P.O. Box 1180 Carbondale IL 62901</td>
<td>cfconnection.org/</td>
<td>Early intervention services for families with children with developmental disabilities.</td>
</tr>
<tr>
<td>Choate Mental Health &amp;</td>
<td>1000 N. Main St. Anna, IL 62906</td>
<td>dhs.state.il.us/page.aspx?item=58712</td>
<td>Inpatient hospitalization services that assist in providing psychiatric services for individuals with mental illnesses and developmental disabilities.</td>
</tr>
<tr>
<td>Developmental Center</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coleman Tri-County</td>
<td>22 Veterans Dr. Harrisburg, IL 62946</td>
<td>colemantricounty.tripod.com/</td>
<td>Providing services to individuals with developmental disabilities.</td>
</tr>
<tr>
<td>Community Health &amp; Emergency</td>
<td>1250 Cedar Court Carbondale IL 62901</td>
<td>chesi.org/</td>
<td>Assist in providing services to adolescents dealing with substance abuse.</td>
</tr>
<tr>
<td>Services</td>
<td>(608) 457-0450</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Connections</td>
<td>16338 N, Illinois Hwy. 37 Mt. Vernon, IL 62864</td>
<td>compconnect.org/</td>
<td>Provides substance abuse and mental health services for incarcerated individuals.</td>
</tr>
<tr>
<td>Agency</td>
<td>Address/Phone</td>
<td>Website</td>
<td>Services Provided</td>
</tr>
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</tr>
<tr>
<td>Egyptian Mental Health Department</td>
<td>1412 US 45 North Eldorado, IL 62930 (618) 273-3326</td>
<td>egyptian.org/</td>
<td>HIV education, substance abuse, mental health, and rehabilitation</td>
</tr>
<tr>
<td>Evaluation and Developmental Center</td>
<td>Mail Code 6704 500 Lewis Lane Carbondale, IL 62901 (618) 453-2331</td>
<td>ehs.siu.edu/rehab/service-programs/evaluation-development/</td>
<td>Independent living skills and vocational training for young adults with developmental disabilities.</td>
</tr>
<tr>
<td>Family Counseling Center</td>
<td>408 Vine St. Vienna, IL 62995 (618) 658-2611</td>
<td>fccinconline.org/</td>
<td>Various programs serving people in need of mental health services.</td>
</tr>
<tr>
<td>Fellowship House</td>
<td>800 N. Main St. Anna, IL 62906 (618) 833-2194</td>
<td>thefellowshiphouse.com/</td>
<td>Substance abuse services for adults and adolescents</td>
</tr>
<tr>
<td>Five Star Industries</td>
<td>P.O. Box 60 DuQuoin IL 62832 (618) 542-5556</td>
<td><a href="http://www.5starind.com/">www.5starind.com/</a></td>
<td>Vocational development for individuals with developmental disabilities.</td>
</tr>
<tr>
<td>Franklin-Williamson Human Services</td>
<td>902 W. Main St. West Frankfort, IL 62896 (618)997-3647</td>
<td>health-centers.healthgrove.com/l/2 00/Franklin-williamson-Human-Services</td>
<td>A comprehensive community Rehabilitation Center mental health center</td>
</tr>
<tr>
<td>Friendship Care center</td>
<td>1900 N. Park Ave Herrin, IL 62948 (618) 942-2525</td>
<td><a href="https://www.ourparents.com/illinois/herrin/friendship_care_center_herrin_2">https://www.ourparents.com/illinois/herrin/friendship_care_center_herrin_2</a></td>
<td>Skilled nursing facility. Case management, person centered planning.</td>
</tr>
<tr>
<td>Gateway Foundation</td>
<td>1080 E. Park St. Carbondale, IL 62901 (618) 529-1151</td>
<td>recovergateway.org/drug-rehab-centers/southern-illinois/carbondale/</td>
<td>Provide substance abuse treatment to Adults and adolescents men and women.</td>
</tr>
<tr>
<td>Gold Plate Program of Perry County</td>
<td>721 N. Hickory Du Quoin, IL 62832 (618) 542-3511</td>
<td>None Available</td>
<td>Provides services for seniors and people with developmental disabilities.</td>
</tr>
<tr>
<td>Good Samaritan House</td>
<td>701 S. Marion Street Carbondale, IL 62901 (618) 457-5794</td>
<td>goodsamcarbondale.org/</td>
<td>Providing emergency shelter, a transitional housing program, a soup kitchen, a food pantry, and an emergency assistance program</td>
</tr>
<tr>
<td>Herrin Hospital - Acute Rehabilitation Center</td>
<td>201 South 14th St. Herrin, IL 62948 (618) 942-2171</td>
<td>sih.net/</td>
<td>Acute rehabilitation for neurological and orthopedic injuries</td>
</tr>
<tr>
<td>Human Service Center</td>
<td>10257 State Route 3 Red Bud, IL 62278 (618) 282-6233</td>
<td>ourhsc.org/</td>
<td>Provides a wide range of services to individuals with mental illness and developmental disabilities</td>
</tr>
<tr>
<td>Illinois Veteran’s Home</td>
<td>792 North Main Street Anna, IL 62906-1627 (608)833-6302</td>
<td><a href="https://www.illinois.gov/veterans/homes/Pages/default.aspx">https://www.illinois.gov/veterans/homes/Pages/default.aspx</a></td>
<td>Providing for the social and emotional needs of Illinois veterans in a facility that provides 24 hour care.</td>
</tr>
<tr>
<td>Illinois Youth Center – Harrisburg</td>
<td>1201 W. Poplar P.O. Box 300 Harrisburg, IL 62946 (618) 252-8681</td>
<td>illinois.gov/idjj/Pages/Harrisburg_IYG.aspx</td>
<td>Drug education and counseling for youth offenders.</td>
</tr>
<tr>
<td>Agency</td>
<td>Address/Phone</td>
<td>Website</td>
<td>Services Provided</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------------------</td>
<td>---------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>J. R.’s Centre</td>
<td>P.O. Box 181, Anna, IL 62901 (618) 833-1883</td>
<td>None Available</td>
<td>Provides a vocational program for individuals with developmental disabilities.</td>
</tr>
<tr>
<td>Lutheran Social Services</td>
<td>1616 W. Main Marion, IL 62959 (618) 997-9196</td>
<td>lssi.org/</td>
<td>Works with abused children and supervises family visits.</td>
</tr>
<tr>
<td>MAP Training Center</td>
<td>504 E. 7th St., Karnak, IL 62956 (618) 634-9401</td>
<td>None Available</td>
<td>Developmental disabilities, vocational program</td>
</tr>
<tr>
<td>Menard Correctional Center</td>
<td>711 Kaskaskia Street Menard, IL 62259 (618) 836-1141</td>
<td>illinois.gov/idoc/facilities/Pages/menardcorrectionalcenter.aspx</td>
<td>Assessment, drug education self-help programs, substance programs for adult offenders.</td>
</tr>
<tr>
<td>Neuro Restorative</td>
<td>752 W. Mill Carbondale, IL 62902 (800) 743-6802</td>
<td>neurorestorative.com/locations/illinois/carbondale</td>
<td>Services for persons with Traumatic Brain Injury Services include: Neuro behavioral, Adult/ Transitional and Adolescent.</td>
</tr>
<tr>
<td>Oak Terrace</td>
<td>4219 Lincolnshie Dr., Mt. Vernon, IL 62864 (618) 242-2117</td>
<td>None Available</td>
<td>Residential program for adults with developmental disabilities</td>
</tr>
<tr>
<td>Our Directions</td>
<td>800 E. Herrin St., Herrin, IL 62948 (618) 242-2117</td>
<td>None Available</td>
<td>Day workshop for senior citizens with disabilities.</td>
</tr>
<tr>
<td>River to River</td>
<td>400 Lou Ann Dr., Herrin, IL (618) 988-9540</td>
<td>rivertorivercorp.org</td>
<td>Senior assisted living and supportive residential living</td>
</tr>
<tr>
<td>Residential Community -</td>
<td>751 Ullin Ave., Ullin, IL (618) 845-9065</td>
<td>rivertorivercorp.org</td>
<td>Senior assisted living and supportive residential living</td>
</tr>
<tr>
<td>Hurricane Creek Apartments</td>
<td>5 N. Shawnee Drive Murphysboro, IL 62966 (618) 684-5818</td>
<td>rivertorivercorp.org</td>
<td>Senior assisted living and supportive residential living</td>
</tr>
<tr>
<td>River to River</td>
<td>1515 E. DeYoung St., Marion, IL (618) 993-3505</td>
<td>rivertorivercommunities.com</td>
<td>Senior assisted living and supportive residential living</td>
</tr>
<tr>
<td>Residential Community of</td>
<td>151 Denny Drive, Anna, IL (618) 833-5495</td>
<td>rivertorivercommunities.com</td>
<td>Senior assisted living and supportive residential living</td>
</tr>
<tr>
<td>Marion</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>River to River</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Community of</td>
<td></td>
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<td></td>
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<tr>
<td>Anna</td>
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<tr>
<td>Agency</td>
<td>Address/Phone</td>
<td>Website</td>
<td>Services Provided</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Senior Adult Services</td>
<td>409 North Springer Street Carbondale IL 62901</td>
<td>None Available</td>
<td>Provides services to older adults</td>
</tr>
<tr>
<td>Shawnee Alliance for Older Adults</td>
<td>6355 Brandhorst Drive Carterville, IL 62918</td>
<td>shsdc.org/index.php?page=senior_services</td>
<td>Providing services for individuals 60 years old or older. Home health care for adults living independently.</td>
</tr>
<tr>
<td>SIBS (Southern Illinois Behavioral Services)</td>
<td>1110 Cedar Court Carbondale, IL 62901</td>
<td>None Available</td>
<td>Provides outpatient psychiatric services.</td>
</tr>
<tr>
<td>SICIL (Southern Illinois Center for Independent Living)</td>
<td>2135 W. Ramada Ln P.O. Box 627 Carbondale, IL 62901</td>
<td>sici1.org/</td>
<td>Advocacy, information, referral, and supported employment.</td>
</tr>
<tr>
<td>Southern Illinois Regional Social Services</td>
<td>604 E. College Carbondale, IL 62901</td>
<td>None Available</td>
<td>A community mental health center. Includes: Adult residential program, psychosocial rehabilitation, and residential services.</td>
</tr>
<tr>
<td>Specialized Training for Adult Rehabilitation (START)</td>
<td>20 N 13st Murphysboro IL 62966 618-687-2378</td>
<td>startinc.org</td>
<td>Provides comprehensive rehabilitation services to people with developmental disabilities.</td>
</tr>
<tr>
<td>TRADE Industries</td>
<td>RR. 5 P.O. Box 70 McLeansboro, IL 62859 618-643-4321</td>
<td>tradeindustries.org/</td>
<td>Vocational rehabilitation services for people with developmental disabilities.</td>
</tr>
<tr>
<td>Trinity Services Inc.</td>
<td>301 Veterans Parkway New Lenox, IL 815-485-6197</td>
<td>trinity-services.org/</td>
<td>Vocational rehabilitation independent living services for people with developmental disabilities</td>
</tr>
<tr>
<td>United Methodist Children’s Home</td>
<td>2023 Richview Road Mt. Vernon, IL 62864</td>
<td>None Available</td>
<td>Community based services for children and families: including prevention, intervention, and reunification.</td>
</tr>
<tr>
<td>Union County Counseling Services (UCCS)</td>
<td>294 South Street Anna, IL 62901 618-833-8551</td>
<td>uccsinc.org/</td>
<td>UCCS provides counseling and psychological services to children and adults with mental illness.</td>
</tr>
<tr>
<td>Washington County Vocational Workshop</td>
<td>781 East Holzhauer Drive Nashville, IL 62263 618327-4461</td>
<td>None Available</td>
<td>Provides a vocational program for individuals with developmental disabilities.</td>
</tr>
<tr>
<td>Wellness and Health Promotion Services at SIU</td>
<td>374 East Grand Ave. MC 6740 Carbondale, IL 618-536-4441</td>
<td>shc.siu.edu/wellness_center /</td>
<td>Provide services and education regarding: sexual health, nutrition, and alcohol &amp; drug education.</td>
</tr>
</tbody>
</table>
Appendix I: Confirmation of Internship Placement and Required Paperwork

I ____________________(Agency Supervisor), confirm that ____________________ (Student) has been accepted as an undergraduate intern for the _____________ semester and has completed all the necessary paperwork, background checks, drug testing, and any additional tests required by ______________________, which is the facility where the intern will be completing their undergraduate internship.

By signing this form I am confirming that ____________________ (Student) has completed all the necessary paperwork and is ready to begin her/his undergraduate internship at __________________________________________________________________ for the _____________ semester.

__________________________________________________________________________

Signatures:

_________________________________________  Date
Agency Supervisor

_________________________________________  Date
Student

_________________________________________  Date
Internship Coordinator
Appendix J: Rehabilitation Services Graduating Information

Semester Graduated _____________

Name: __________________________

SIU Dawg Tag: __________________________

Current Address: __________________________

Current phone: __________________________

Current e-mail: __________________________

Do you plan to leave Carbondale immediately after graduation?  Yes  No

If yes, please provide an address, phone number and email address where you can be reached.

Forwarding Address: __________________________

If you are not leaving immediately, what are your plans?

________________________________________________________________________

________________________________________________________________________

Please provide a permanent address etc., where we will be able to reach you and/or send information to you (e.g., parents address):

Permanent Address: __________________________

________________________________________________________________________

________________________________________________________________________

Have you obtained employment after graduation? If yes, please list your employer, job title, and address of your new employer.

________________________________________________________________________

________________________________________________________________________

Do you have plans on continuing your education? If yes, please list the institution, degree and when you plan to begin this degree.

________________________________________________________________________
Appendix K: Student Evaluation of Internship Experience

Student Name: ________________________________________________________
Internship Site: ________________________________________________________
Direct Supervisor: ________________________________________________________
Department/Area: ________________________________________________________

Please answer the following questions regarding your internship experience. Circle the one that best describes your overall experience with your agency this semester.

1. My supervisor maintained an attitude of encouragement and showed interest in my progress.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

2. My supervisor made him/herself available when needed.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

3. My supervisor was willing to help me if professional problems developed during my internship experience.

<table>
<thead>
<tr>
<th>A</th>
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<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
Please answer the following questions as openly and honest as possible. There are no right or wrong answers. These questions are simply to help us make internships in the future as positive an experience as possible. This form is for internal use only and will not be seen by any of the internship sites.

What did you like **most** about your internship experience?
________________________________________________________________________
________________________________________________________________________

What did you like **least** about your internship experience?
________________________________________________________________________
________________________________________________________________________

Would you recommend using this site again? Yes _______ No ________
If no, why not?
________________________________________________________________________
________________________________________________________________________

What suggestions (if any) do you have to make it a better internship experience if another student should go there?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you feel as though the agency you were placed at provided “best practice” regarding rehabilitation? (e.g., Did they follow similar procedures and practices in everyday work that you learned in classes?) Yes _________ No _________

Do you feel that the amount of contact throughout the semester from the internship coordinator was enough? Yes _________ No _________
If no, why not?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other comments: _________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Notes