REHB 495:

Internship in Rehabilitation

Student Handbook, 2015-2016

Rehabilitation Services
Rehabilitation Institute
College of Education and Human Services
Southern Illinois University
Carbondale, IL 62901-4609

http://ehs.siu.edu/rehab/undergraduate/rehab-services/index.php

Instructor: Dr. Stacia L. Robertson
Internship Coordinator(s): Randall Boen
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Internship 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 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 a group meeting with the Internship Coordinator (IC) and all other internship students. 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 group meeting, students should schedule individual meetings with the Internship Coordinator to confirm their interests. There are folders with descriptions and brochures from internship agencies available in the ICs office. Once the student has suggested 2-3 agencies where he/she would like to be placed, the Internship Coordinator will contact the site to determine agency interest in having an internship student. If the agency is willing to consider sponsoring a student, the SIUC coordinator will provide the student with the person to contact at the prospective agency, to set up the 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. A copy will be sent to the student.

The internship begins the first day of the semester. Prior to the first day of the semester, the Internship Coordinator will send a packet with the required paperwork for the internship (this information is IN THE MANUAL and can be downloaded from the Rehabilitation Administration website). The student, and only 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
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](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, Internship Coordinator, 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.

**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. If the agency is closed in observance of a holiday, the student will get credit for that day according to the hours on his/her permanent schedule.

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 cite; 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

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. Failure to do so may result in a failing grade.

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: Attend Mandatory Group Meeting
Completed □ IC initials ________

Step 3: Schedule individual meeting with internship coordinator
Completed □ IC initials ________

Step 4: 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 5: Attend individual meeting with internship coordinator
Completed □ IC initials ________

Step 6: Develop individualized internship objectives to take to interviews
Completed □ IC initials ________

Step 7: Contact sites to set up interviews. This step can only be completed AFTER receiving contact information for the sites from the internship coordinator.
Completed □ IC initials ________

Step 8: Go on interviews
Completed □ IC initials ________
Step 9: Review individualized objectives with each site interviewer, review site policy on background checks or any other necessary paperwork required by the agency

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Completed □</th>
<th>IC initials ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Necessary Paperwork</td>
<td>Completed □</td>
<td>IC initials ________</td>
</tr>
</tbody>
</table>

Step 10: Choose final site

| Completed □ | IC initials ________ |

Step 11: Meet with internship coordinator to discuss selected site and discuss paperwork that will be necessary for internship

| Completed □ | IC initials ________ |

Step 12: Obtain all necessary background checks and complete all paperwork PRIOR to the first week of the internship semester

| Completed □ | IC initials ________ |

Step 13: Make final arrangements with site as to official start date (i.e., 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.
During the Internship Semester

Step 1: Attend the internship on the official start date
Completed☐ IC initials _________

Step 2: Meet with the internship coordinator during the FIRST WEEK 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 supervisors 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 midterm 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: Student Résumé Worksheet

I. Personal Data
Name: __________________________________________
Date of Birth: ______________________________________
Address: ____________________________________________
____________________________________________________
Phone: _____________________________________________
Email: _______________________________________________
Permanent Address: __________________________________
____________________________________________________
Expected Date of Graduation: ___________________________
Driver’s License Number: _______________________________
Do you have access to a vehicle? _________________________

II. Education
College or University: _________________________________
Dates of Attendance: _________________________________
    Major: _____________  Degree: ________________
College or University: _________________________________
Dates of Attendance: _________________________________
    Major: _____________  Degree: ________________
High School: _________________________________________
    Graduation Date: ________________________________
III. Work Experience: (Previous employment, starting with the MOST recent)

1. Employer: ____________________________________________
   Address: ____________________________________________
   Supervisor’s name/phone: ________________________________
   Job title and employment dates: __________________________
   Job duties: _____________________________________________

2. Employer: ____________________________________________
   Address: ____________________________________________
   Supervisor’s name/phone: ________________________________
   Job title and employment dates: __________________________
   Job duties: _____________________________________________

3. Employer: ____________________________________________
   Address: ____________________________________________
   Supervisor’s name/phone: ________________________________
   Job title and employment dates: __________________________
   Job duties: _____________________________________________

IV. Other experience or volunteer activities related to rehabilitation
   (include agency name, dates, and duties or tasks).

1. ______________________________________________________
   ______________________________________________________
   ______________________________________________________
2. 

3. 

V. References: Please list three (including one SIUC Rehab faculty member). Please include: name, address, title, email and phone.

1. 

2. 

3. 

VI. Please list any courses that you have taken that you feel are relevant to this internship experience.
Sample Resume

Student Name

Local Address: 312 W. United
Carbondale, IL  62901
(618) 123-4567
myemail@siu.edu

Permanent Address
PO Box 1234
Washington, MO  12345
(314) 123-4567

Objective  A Bachelor’s level internship position working with people with disabilities

Education

Bachelor of Science
Prospective graduation date: May 2009
Southern Illinois University at Carbondale
Major: Rehabilitation Services

Related Course Work

<table>
<thead>
<tr>
<th>Introduction to Behavior Analysis</th>
<th>Introduction to Rehabilitation</th>
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<tr>
<td>Vocational Placement &amp; Development</td>
<td>Introduction to Staff Supervision</td>
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<tr>
<td>Basic Practices in Rehabilitation</td>
<td>Emotionally Disturbed</td>
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<tr>
<td>Introduction to Alcoholism &amp; Drug Abuse</td>
<td>Community-based Employment</td>
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<tr>
<td>Introduction to Aging &amp; Rehabilitation</td>
<td>Developmental Disabilities</td>
</tr>
<tr>
<td>Behavior Change Applications</td>
<td>Disability, Diversity &amp; Society</td>
</tr>
</tbody>
</table>

Work Experience

Life skills therapist - 2005 to present
Center for Comprehensive Services, Carbondale, Illinois
Duties include: Assisting, supervising, and training individuals with traumatic brain injury in basic and advanced living skills, facilitate leisure planning with participants, assist with the fulfillment of program guidelines developed by the multi-disciplinary team.

Volunteer Experience

AIDS Walk 2007, walked and assisted with registration

Professional Memberships

STARS (Students Together Advocating Rehabilitation Services) member
NRA (National Rehabilitation Association) member

References available upon request
Appendix C: Individualized Student Objectives

**Individualized Student Objectives** (completed by Student and Internship Coordinator in week 2-4)

1.

2.

3.

4.

5.

Comments: __________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature

__________________________________________

Student/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: ___________________________

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respects confidentiality</td>
<td></td>
<td></td>
<td></td>
<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>
<td></td>
<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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands consumer problems, needs, and stressors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates verbal and non-verbal communication skills with consumers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</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>
<td></td>
<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>
<td></td>
<td></td>
<td></td>
<td></td>
</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>
<td></td>
<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>
</tr>
<tr>
<td>Meets deadlines for paperwork</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands medical and psychosocial aspects of disability relative to the population served by the Agency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands and supports the purpose of the Agency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</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>
<td></td>
<td></td>
</tr>
<tr>
<td>Is knowledgeable of various programs/services offered by the Agency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes written documentation in an organized, concise, and clear manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands treatment plans and the development of consumer objectives/goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrates report and/or evaluation information into service delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitors consumer progress and maintains accurate records</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs in accordance with ethical and legal standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Signatures

________________________
Student/Date

________________________
SIUC Internship Coordinator/Date

________________________
Agency Supervisor/Date
### Appendix H: Internship Sites

<table>
<thead>
<tr>
<th>Agency</th>
<th>Programs we have worked with</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAPT of Illinois</td>
<td>Geriopsychiatric rehabilitation. Provides specialized services to elderly people with serious and persistent mental illness.</td>
</tr>
<tr>
<td>430 S. Front St. Cobden, IL 62920</td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s Association</td>
<td>Provide services to individuals and families dealing with Alzheimer’s and its effects.</td>
</tr>
<tr>
<td>320 E. Walnut St. Suite A</td>
<td></td>
</tr>
<tr>
<td>320 E. Walnut St. Carbondale, IL 62901</td>
<td></td>
</tr>
<tr>
<td>Big Muddy River Apartments</td>
<td>Assisted/independent living services for aging adults</td>
</tr>
<tr>
<td>5 N. Shawnee Drive Murphysboro, IL 62966</td>
<td></td>
</tr>
<tr>
<td>Brehm Options</td>
<td>Serves adolescents with learning disabilities and behavioral problems.</td>
</tr>
<tr>
<td>101 S. Lewis Lane Carbondale, IL 62901</td>
<td></td>
</tr>
<tr>
<td>Century Assisted Living</td>
<td>Assisted living for older adults.</td>
</tr>
<tr>
<td>701 S. Lewis Lane Carbondale, IL 62901</td>
<td></td>
</tr>
<tr>
<td>Child and Family Connections</td>
<td>Early intervention services for families with children with developmental disabilities.</td>
</tr>
<tr>
<td>2751 West Main P.O. Box 1180 Carbondale IL 62901</td>
<td></td>
</tr>
<tr>
<td>Choate Mental Health &amp; Developmental Center</td>
<td>Assist in providing psychiatric services for individuals with mental illnesses and developmental disabilities.</td>
</tr>
<tr>
<td>1000 N. Main St. Anna, IL 62906</td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Services Provided</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Coleman Tri-County</td>
<td>Providing services to individuals with developmental disabilities</td>
</tr>
<tr>
<td>22 Veterans Dr. Harrisburg, IL 62946</td>
<td></td>
</tr>
<tr>
<td>Community Health &amp; Emergency Services</td>
<td>Assist in providing services to adolescents dealing with substance abuse.</td>
</tr>
<tr>
<td>13245 Kesler Rd. Box 11 Cairo, IL 62914</td>
<td></td>
</tr>
<tr>
<td>Delta Center</td>
<td>Assist in providing behavioral health services.</td>
</tr>
<tr>
<td>1400 Commercial Ave. Cairo, IL 62914</td>
<td></td>
</tr>
<tr>
<td>Egyptian Mental Health Department</td>
<td>HIV education, substance abuse, mental health, and rehabilitation</td>
</tr>
<tr>
<td>1412 US 45 North Eldorado, IL 62930</td>
<td></td>
</tr>
<tr>
<td>Evaluation and Developmental Center</td>
<td>Independent living skills training for young adults with developmental disabilities.</td>
</tr>
<tr>
<td>Mail Code 6704 500 Lewis Lane Carbondale, IL 62901-6704</td>
<td>vocational training.</td>
</tr>
<tr>
<td>Family Counseling Center</td>
<td>Various programs serving people in need of mental health services.</td>
</tr>
<tr>
<td>408 Vine St. Vienna, IL 62995</td>
<td></td>
</tr>
<tr>
<td>Fellowship House</td>
<td>Substance abuse services.</td>
</tr>
<tr>
<td>P.O. Box 682 Anna, IL 62906</td>
<td></td>
</tr>
<tr>
<td>Five Star Industries</td>
<td>Vocational development for individuals with developmental disabilities.</td>
</tr>
<tr>
<td>P.O. Box 60 DuQuoin, IL 62832</td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Franklin-Williamson Human Services</strong></td>
<td>A comprehensive community mental health center.</td>
</tr>
<tr>
<td>Rehabilitation Center</td>
<td>902 W. Main St. West Frankfort, IL 62896</td>
</tr>
<tr>
<td><strong>Friendship Care center</strong></td>
<td>Skilled nursing facility. Case management, person centered planning.</td>
</tr>
<tr>
<td>1900 N. Park Ave</td>
<td>Herrin, IL 62948</td>
</tr>
<tr>
<td><strong>Gateway Foundation</strong></td>
<td>Provide substance abuse treatment to adolescents</td>
</tr>
<tr>
<td>1080 E. Park St.</td>
<td>Carbondale, IL 62901</td>
</tr>
<tr>
<td><strong>Gold Plate Program of Perry County</strong></td>
<td>Provides services for seniors and people with developmental disabilities</td>
</tr>
<tr>
<td>721 N. Hickory</td>
<td>Du Quoin, IL 62832</td>
</tr>
<tr>
<td><strong>Good Samaritan House</strong></td>
<td>Provides services to individuals with drug and alcohol addictions</td>
</tr>
<tr>
<td>701 S. Marion Street</td>
<td>Carbondale, IL 62901</td>
</tr>
<tr>
<td><strong>H-Group</strong></td>
<td>Provides mental health and substance abuse services to adults.</td>
</tr>
<tr>
<td>3111 Williamson County Pkwy</td>
<td>Marion, IL 62959</td>
</tr>
<tr>
<td><strong>Herrin Hospital</strong></td>
<td>Acute rehabilitation for neurological and orthopedic injuries</td>
</tr>
<tr>
<td>Acute Rehabilitation Center</td>
<td>201 South 14th St. Herrin, IL 62948</td>
</tr>
<tr>
<td><strong>Human Service Center</strong></td>
<td>Provides a wide range of services to individuals with mental illness and developmental disabilities.</td>
</tr>
<tr>
<td>Organization</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Illinois Veteran’s Home</strong></td>
<td>Provides a home for Illinois veterans who are unable to care for themselves.</td>
</tr>
<tr>
<td>792 North Main Street</td>
<td></td>
</tr>
<tr>
<td>Anna, IL 62906-1627</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attempts to identify and meet social and emotional needs of veterans.</td>
</tr>
<tr>
<td><strong>Illinois Youth Center – Harrisburg</strong></td>
<td>Drug education and counseling for youth offenders.</td>
</tr>
<tr>
<td>1201 W. Poplar</td>
<td></td>
</tr>
<tr>
<td>P.O. Box 300</td>
<td></td>
</tr>
<tr>
<td>Harrisburg, IL 62946</td>
<td></td>
</tr>
<tr>
<td><strong>Illinois Youth Center- Murphysboro</strong></td>
<td>Drug education and counseling for youth offenders.</td>
</tr>
<tr>
<td>636 Elza Brantley Dr.</td>
<td></td>
</tr>
<tr>
<td>P.O. Box 1507</td>
<td></td>
</tr>
<tr>
<td>Murphysboro, IL 62966</td>
<td></td>
</tr>
<tr>
<td><strong>Jefferson County Comprehensive Services</strong></td>
<td>Provides services for individuals with developmental disabilities.</td>
</tr>
<tr>
<td>P.O. Box 428</td>
<td></td>
</tr>
<tr>
<td>Mt. Vernon, IL 62864</td>
<td></td>
</tr>
<tr>
<td><strong>J. R.’s Centre</strong></td>
<td>Provides a vocational program for individuals with developmental disabilities.</td>
</tr>
<tr>
<td>P.O. Box 181</td>
<td></td>
</tr>
<tr>
<td>Anna, IL 62901</td>
<td></td>
</tr>
<tr>
<td><strong>Lutheran Social Services</strong></td>
<td>Works with abused children and supervises family visits.</td>
</tr>
<tr>
<td>1616 W. Main</td>
<td></td>
</tr>
<tr>
<td>Marion, IL 62959</td>
<td></td>
</tr>
<tr>
<td><strong>MAP Training Center</strong></td>
<td>Developmental disabilities, vocational program.</td>
</tr>
<tr>
<td>504 E. 7thSt.</td>
<td></td>
</tr>
<tr>
<td>Karnak, IL 62956</td>
<td></td>
</tr>
<tr>
<td><strong>Menard Correctional Center</strong></td>
<td>Assessment, drug education self-help programs, substance programs for adult offenders.</td>
</tr>
<tr>
<td>711 Kaskaskia Street</td>
<td></td>
</tr>
<tr>
<td>Menard, IL 62259</td>
<td></td>
</tr>
</tbody>
</table>
Nero Restorative
752 W. Mill
P.O. Box 2825
Carbondale, IL 62902

Services for people with TBI.

Oak Terrace
4219 Lincolnshie Dr.
Mt. Vernon, IL 62864

Residential program for adults with developmental disabilities.

Our Directions
800 E. Herrin St.
Herrin, IL 62948

Day workshop for senior citizens with disabilities.

Psychiatric Institute of Southeastern IL
100 Drive Warren Tuttle Dr.
P.O. Box 428
Harrisburg, IL 62946

Adult inpatient psychiatric unit

River To River Residential Communities
Hurricane Creek Apartments
400 Lou Ann Dr.
Herrin, IL
618-988-9540

Senior assisted living and supportive residential living

Cache Valley Apartments
751 Ullin Ave.
Ullin, IL.
618-845-9065

Big Muddy Apartments
Big Muddy West Apartments
5 N Shawnee Drive
Murphysboro, IL
618-684-5818
River to River Community of Marion  
1515 E.DeYoung St.  
Marion, IL.  
6180993-3505

River to River Community of Anna  
151 Denny Drive  
Anna, IL. 618-833-5495

**Riverview Terrace**  
Provide services to individuals with developmental disabilities.  
201 Spring St.  
Rosiclare, IL 62982

**Senior Adult Services**  
Provides services to older adults  
409 North Springer Street  
Carbondale IL 62901

**Shawnee Alliance for Seniors**  
Attempts to enable older adults to live at home as long as possible by providing case management and other services.  
6355 Brandhorst Drive  
Carterville, IL 62918

**SIBS (Southern Illinois Behavioral Services)**  
Provides outpatient psychiatric services.  
1110 Cedar Court  
Carbondale, IL 62901

**SICIL (Southern Illinois Center for Independent Living)**  
Advocacy, information, referral, and supported employment.  
2135 W. Ramada Ln  
P.O. Box 627  
Carbondale, IL 62901

**SIRSS**  
A community mental health center. Includes: Adult residential program, psycho-social rehab, and residential services.  
604 E. College  
Carbondale, IL 62901
START
P.O. Box 938
20 N. 13th St.
Murphysboro, IL 62966
Provides comprehensive rehabilitation services to people with developmental disabilities.

St. Mary’s Hospital
400 N Pleasant
Centralia, IL 62801
Case management and discharge planning for individuals with mental illness.

TASC
810 Locust St.
Murphysboro, IL 62966
Substance abuse services.

TRADE Industries
RR. 5 P.O. Box 70
McLeansboro, IL 62859
Vocational rehabilitation services for people with developmental disabilities.

Trinity Services Inc.
Corporate Center or Employee Services
301 Veterans Parkway
New Lenox, IL
815-485-6197

Union County Counseling
204 South St.
Box 548
Anna, IL 62901
Psychosocial Rehab for people with psychiatric disorders.

United Methodist Children’s Home
2023 Richview Road
Mt. Vernon, IL 62864
Community based services for children and families: including prevention, intervention, and reunification.

Washington County Voc.
477 E. Maple St.
Assist with case management
Nashville, IL 62263

Warren G.
Murray Developmental Center
1535 W McCord
Centralia, IL 62801

Wellness Center at SIU
215 Kesner Hall
Carbondale IL 62901

Assist individuals with developmental disabilities.

Appendix I: Confirmation of Internship Placement and Required Paperwork

I ___________________ confirm that _________________ has been accepted as an undergraduate intern for the _________ semester and has completed all the necessary paperwork, background checks, blood work, 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 ______________ has completed all the necessary paperwork and is ready to begin their undergraduate internship at ______________ for the _________ semester.

Signature and Date:

__________________________________________  Date

Agency Supervisor  

__________________________________________  Date

Student
Appendix J: Rehabilitation Services Graduating Information

Rehabilitation Services Graduating Student Information Sheet

Semester Graduated

Name: ____________________________________________

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:

______________________________________________

Future Phone: _____________________________
Future e-mail: _____________________________

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

__________________________

What will your address, etc. be during this time?

Temporary Address: ____________________________________________

__________________________
Temporary Phone: __________________________

Temporary e-mail: __________________________

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: _____________________________________________________________

________________________________________________________

Permanent Phone: __________________________

Permanent e-mail: __________________________

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.

   A   B   C   D   E
   Strongly Agree   Agree   Disagree   Strongly Disagree   Not Applicable

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

   A   B   C   D   E
   Strongly Agree   Agree   Disagree   Strongly Disagree   Not Applicable

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

   A   B   C   D   E
   Strongly Agree   Agree   Disagree   Strongly Disagree   Not Applicable

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?
___________________________________________________________
___________________________________________________________
___________________________________________________________

Would you have liked a mid-term meeting with all of the internship students?
Yes _________ No _________

Other comments:
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

_________________________
Notes