Rehabilitation Services Undergraduate Internship Manual

2022-2023

Rehabilitation Services
REHB 495
Counseling and Rehabilitation Education
Southern Illinois University
Carbondale, IL 62901-4609

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

Placement Process

The semester before 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 concerning 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 suggest 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. 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 before 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 as soon as the internship paperwork is reviewed and signed. Do not start an internship without a signed agreement as those hours will not count toward the 450 total. The counting of internship hours begins after the agreement is signed by all parties. If a meeting to review and sign the paperwork cannot be scheduled before the planned internship start date, the student may begin only after receiving verbal approval from the CI and the Internship supervisor. Starting paperwork includes Appendix A, the Internship Checklist, for specific dates).

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 the site to determine what times and days of the week are acceptable to complete internship hours). This form is to be turned in to 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 timesheets 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 every week. Failure to send this form (in addition to the timesheet) 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 before the internship coordinator had any knowledge of the problems. Therefore, these forms must be completed promptly and honestly, so the internship coordinator can be kept aware of your efforts to solve the issue (see step 5 Responsibilities of the Counseling and Rehabilitation Education Program).

**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, as attachments to an email, or fax them to (618-453-8271).

Please note that the paperwork must be returned within 7 days of the week worked. If the timesheet 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 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 about 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 allowed 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 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 before 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

No exemptions will be allowed for Rehabilitation Services students from REHAB 495: Student Internship. Each student must complete the internship 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 professionally and ethically 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 places 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, YouTube, etc.).

Conflict Resolution

Any student experiencing 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 before 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 any time 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 that 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**

Typically, 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 workweek may be that the student works three days full-time and two days half-time, or four full days.

**Attendance**

Part of professional behavior includes the student’s demonstrated reliability. Students must attend as agreed with the internship site. If the absence is required for illness or another emergency, the internship site should be contacted in advance and the CI should also be notified. It is expected that there will be no unexcused absences. If the student does not attend and does not notify the internship site or the CI, they will forfeit their internship, and all hours accrued before termination will not be counted toward the final 450 hours.

**Vacation and Holidays**
All students are obligated to fulfill the 450-hour requirement to complete the internship. Once students begin their internships, they are to abide by that agency's calendar concerning 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 before 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 vehicles to travel to their prospective agencies are liable in the event they are involved in a traffic accident. Neither the Counseling and Rehabilitation Education Program 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 vehicles while working at their internship site; however, students are permitted to perform errands for their supervisor while at the agency.

**Counseling and Rehabilitation Education Program and Student Responsibilities**

**Responsibilities of the Counseling and Rehabilitation Education Program**

It is the responsibility of the Counseling and Rehabilitation Education Program 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 the 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 Counseling and Rehabilitation Education Program, 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 Counseling and Rehabilitation Education Program;

6. Conduct evaluations of the student’s 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 regularly 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 professionally and ethically 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 before attending an individual meeting with the 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
Step 11: Obtain all necessary background checks and complete all paperwork before the first week of the internship semester

Step 12: Make final arrangements with site as to official start date o When do you begin accruing hours_____/_______/__________

Students should bring this checklist to all meetings that occur before 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 the first week’s paperwork, 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 a 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 a significant internship at a 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 a team of 25 including 11 professional engineers and researchers; the 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 the 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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# Appendix E: Student Internship Weekly Time Sheet

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

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<th>Name</th>
<th>Site</th>
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<tr>
<th>Week #</th>
<th>Dates</th>
<th>(Start time – Stop time) and (Total hours minus lunch break)</th>
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<th>Total for Week</th>
<th>Total for the semester</th>
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**Activities/Accomplishments:**

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- 
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- 

**X**

Student Inter/Date
Appendix F: Student Internship Weekly Feedback Sheet

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

Name:________________________________________

Week #:________________________________________

I feel as though the level of supervision I am receiving is appropriate.

   Strongly Agree  Agree  Disagree (explain why below)

I feel as though the variety of tasks I am being assigned is appropriate.

   Strongly Agree  Agree  Disagree (explain why below)

I feel as though the level of responsibility that I am given at my internship site is appropriate.

   Strongly Agree  Agree  Disagree (explain why below)

I feel that the duties I am asked to do are appropriate for a bachelor's level experience.

   Strongly Agree  Agree  Disagree (explain why below)
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 a 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 the 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.

There are three categories, each with a separate form attached. Please complete the attached forms, sign, and date. These can be returned via fax (618-453-8271) or email to the internship coordinator. Thank you for your time.

**Rating Categories:**
- I Personal Qualities
- II. Interpersonal Skills
- III. Professional Knowledge and skills
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>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keeps appointments or cancels when necessary</td>
<td></td>
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<tr>
<td>Respects confidentiality</td>
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<tr>
<td>Uses acceptable language and displays appropriate behavior for environment</td>
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<tr>
<td>Maintains personal appearance appropriate for setting</td>
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</tr>
</tbody>
</table>

X ____________________________  X ____________________________

Internship Site Supervisor/Date  SIUC Internship Coordinator/Date
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>
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</tr>
<tr>
<td>Understands consumer problems, needs, and stressors</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Demonstrates verbal and nonverbal communication skills with consumers</td>
<td></td>
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</tr>
<tr>
<td>Conveys to the consumers in a nonthreatening manner the standards of behavior and expectations for performance</td>
<td></td>
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</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 a supervisor or other staff when appropriate</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Creates an atmosphere based on honesty and trust with the consumer and family</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Communicates with other staff in a professional manner</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

X

Internship Site Supervisor/Date

X

SIUC Internship Coordinator/Date
### 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>
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</tr>
<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>
<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>
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<td></td>
</tr>
<tr>
<td>Adheres to Agency policies and procedures</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Is knowledgeable of various programs/services offered by the Agency</td>
<td></td>
<td></td>
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<td></td>
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</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>
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<tr>
<td>-------------------------------------------------</td>
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<tr>
<td>Completes written documentation in an organized, concise, and clear manner</td>
<td></td>
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</tr>
<tr>
<td>Understands treatment plans and the development of consumer objectives/goals</td>
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</tr>
<tr>
<td>Integrates report and/or evaluation information into service delivery</td>
<td></td>
<td></td>
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<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 by ethical and legal standards</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

X

SIUC Internship Coordinator/Date

X

SIUC Internship Coordinator/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><strong>ADAPT of Illinois</strong></td>
<td>430 S. Front St. Cobden, IL 62920 (618) 893-2810</td>
<td>None Available</td>
<td>Geropsychiatric rehabilitation. Provides specialized services to elderly people with serious and persistent mental illness.</td>
</tr>
<tr>
<td><strong>Alzheimer’s Association</strong></td>
<td>320 E. Walnut St. Suite A Carbondale, IL 62901 (618) 985-1095</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><strong>Brehm Options</strong></td>
<td>101 S. Lewis Lane Carbondale, IL 62901 (608) 549-4201</td>
<td><a href="http://experienceoptions.org/">experienceoptions.org/</a></td>
<td>Serves adolescents with learning disabilities and behavioral issues. Focus on vocational and educational preparation</td>
</tr>
<tr>
<td><strong>Centerstone</strong></td>
<td>3111 Williamson County Pkwy. Marion IL 62959 (618) 997-5336</td>
<td><a href="http://centerstone.org/">centerstone.org/</a></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><strong>Century Assisted Living</strong></td>
<td>701 S. Lewis Lane Carbondale, IL 62901 (618) 549-9898</td>
<td><a href="http://centuryassisted.com/">centuryassisted.com/</a></td>
<td>Assisted living for older adults. Providing 24-hour care, transportation, social events, and medical assistance</td>
</tr>
<tr>
<td><strong>Child and Family Connections</strong></td>
<td>P.O. Box 1180 Carbondale IL 62901 (608) 529-3147</td>
<td><a href="http://cfconnection.org/">cfconnection.org/</a></td>
<td>Early intervention services for families with children with developmental disabilities.</td>
</tr>
<tr>
<td><strong>Choate Mental Health &amp; Developmental Center</strong></td>
<td>1000 N. Main St. Anna, IL 62906 (618) 833-5161</td>
<td><a href="http://dhs.state.il.us/page.aspx?item=58712">dhs.state.il.us/page.aspx?item=58712</a></td>
<td>Inpatient hospitalization services that assist in providing psychiatric services for individuals with mental illnesses and developmental disabilities.</td>
</tr>
<tr>
<td><strong>Coleman Tri-County</strong></td>
<td>22 Veterans Dr. Harrisburg, IL 62946 (618) 252-0275</td>
<td><a href="http://colemantricounty.tripod.com/">colemantricounty.tripod.com/</a></td>
<td>Providing services to individuals with developmental disabilities</td>
</tr>
<tr>
<td><strong>Community Health &amp; Emergency Services</strong></td>
<td>1250 Cedar Court Carbondale IL 62901 (608) 457-0450</td>
<td><a href="http://chesi.org/">chesi.org/</a></td>
<td>Assist in providing services to adolescents dealing with substance abuse.</td>
</tr>
<tr>
<td>Agency</td>
<td>Address/Phone</td>
<td>Website</td>
<td>Services Provided</td>
</tr>
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<td>---------------------------------------------</td>
<td>-----------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Comprehensive Connections</td>
<td>16338 N, Illinois Hwy. 37 Mt. Vernon, IL 62864 (618) 437-5300</td>
<td>compconnect.org/</td>
<td>Provides substance abuse and mental health services for incarcerated individuals</td>
</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/serviceprograms/evaluationdevelopment/</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 serve 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>FranklinWilliamson Human Services</td>
<td>902 W. Main St. West Frankfort, IL 62896 (618) 997-3647</td>
<td>healthcenters.healthgrove.com/l/2 00/Franklin-williamsonHuman-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/drugrehab-centers/southernillinois/carbondale/</td>
<td>Provide substance abuse treatment to adults and adolescents men and women.</td>
</tr>
<tr>
<td>Agency</td>
<td>Address/Phone</td>
<td>Website</td>
<td>Services Provided</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Gold Plate Program of Perry County</strong></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><strong>Good Samaritan House</strong></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><strong>Herrin Hospital - Acute Rehabilitation Center</strong></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><strong>Human Service Center</strong></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><strong>Illinois Veteran's Home</strong></td>
<td>792 North Main Street Anna, IL 62906-1627 (608) 833-6302</td>
<td><a href="https://www.illinois.gov/vetearns/homes/Pages/default.aspx">https://www.illinois.gov/vetearns/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><strong>Illinois Youth Center – Harrisburg</strong></td>
<td>1201 W. Poplar P.O. Box 300 Harrisburg, IL 62946 (618) 252-8681</td>
<td>illinois.gov/idjj/Pages/Harrisburg_IYC.aspx</td>
<td>Drug education and counseling for youth offenders.</td>
</tr>
<tr>
<td><strong>Lutheran Social Services</strong></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><strong>MAP Training Center</strong></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><strong>Menard Correctional Center</strong></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>Agency</td>
<td>Address/Phone</td>
<td>Website</td>
<td>Services Provided</td>
</tr>
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</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 Neurobehavioral, Adult/ Transitional and Adolescent.</td>
</tr>
<tr>
<td>Oak Terrace</td>
<td>4219 Lincolnshire 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 (866) 827-1020</td>
<td>None Available</td>
<td>Day workshop for senior citizens with disabilities.</td>
</tr>
<tr>
<td>River to River Residential Community - Hurricane Creek Apartments</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>River to River Residential Community - Cache Valley Assisted Living</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>River to River Residential Community - Big Muddy River 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 Community of Marion</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>River to River Community of Anna</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>Senior Adult Services</td>
<td>409 North Springer Street Carbondale IL 62901 (618) 549-6441</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 (618-457-4144</td>
<td>None Available</td>
<td>Provides outpatient psychiatric services.</td>
</tr>
<tr>
<td><strong>SICILY (Southern Illinois Center for Independent Living)</strong></td>
<td>2135 W. Ramada Ln P.O. Box 627 Carbondale, IL 62901 (618) 457-3318</td>
<td>sicil1.org/</td>
<td>Advocacy, information, referral, and supported employment.</td>
</tr>
<tr>
<td><strong>Southern Illinois Regional Social Services</strong></td>
<td>604 E. College Carbondale, IL 62901 (618) 457-6703</td>
<td>None Available</td>
<td>A community mental health center. Includes: Adult residential program, psychosocial rehabilitation, and residential services.</td>
</tr>
<tr>
<td><strong>Specialized Training for Adult Rehabilitation (START)</strong></td>
<td>20 N 13th 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><strong>TRADE Industries</strong></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><strong>Trinity Services Inc.</strong></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><strong>United Methodist Children’s Home</strong></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><strong>Union County Counseling Services (UCCS)</strong></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><strong>Washington County Vocational Workshop</strong></td>
<td>781 East Holzhauer Drive, Nashville, IL 62263 (618)327-4461</td>
<td>None Available</td>
<td>Provides a vocational program for individuals with developmental disabilities.</td>
</tr>
<tr>
<td><strong>Wellness and Health Promotion Services at SIU</strong></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.

Signatures:

__________________________________________________________
Agency Supervisor                                                    Date

__________________________________________________________
Student                                                        Date

__________________________________________________________
Internship Coordinator                                               Date

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>
<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>

Please answer the following questions as openly and honestly 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