

HOFSTRA UNIVERSITY

PSY.D. PROGRAM IN SCHOOL-COMMUNITY PSYCHOLOGY

Student's Evaluation of School Psychology Internship

Intern's Name \_\_\_\_\_ Date \_\_\_\_\_

Placement \_\_\_\_\_

Principal Supervision \_\_\_\_\_

Please indicate the approximate amount of time that you spend in each activity:

Psychological Testing \_\_\_\_\_

Counseling of Students \_\_\_\_\_

Consultation Activities \_\_\_\_\_

Parent Conferences \_\_\_\_\_

Report Writing \_\_\_\_\_

CSE Meetings \_\_\_\_\_

Curriculum Planning \_\_\_\_\_

**Grades Served:** K-6 \_\_\_; 7-9 \_\_\_; 10-12 \_\_\_

Hours of Supervision you received each week \_\_\_\_\_

Quality of Supervision: Excellent \_\_\_; Good \_\_\_; Fair \_\_\_; Poor \_\_\_

Would you recommend this placement to other students? Yes \_\_\_; Maybe \_\_\_; No \_\_\_

Please provide any written comments which you believe would help in evaluating the quality of this internship placement. \_\_\_\_\_

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