

## Appendix A

Forward to:  
Internship Coordinator  
Rehabilitation Programs  
314 CEDAR Building  
University Park, PA 16802

Internship approved \_\_\_\_\_  
Number of credits \_\_\_\_\_  
Do you plan to graduate? \_\_\_\_\_  
Current Audit attached? \_\_\_\_\_

### INTERNSHIP SCHEDULING SHEET

#### REHABILITATION INTERN INFORMATION:

Name: \_\_\_\_\_  
(please print legibly)

Address Where You Will Be Living While on Internship (Not Your Site Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

Permanent  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

#### **SEMESTER REGISTERING FOR YOUR INTERNSHIP AND COURSE NUMBER**

Fall, 20\_\_\_\_ Spring, 20\_\_\_\_ Summer, 20\_\_\_\_  
REHAB 495A \_\_\_\_\_ CN ED 595C \_\_\_\_\_

Student has met all requirements except for internship credits: \_\_\_\_\_  
(Advisor's initials)

#### **INTERNSHIP SITE INFORMATION:**

Supervisor Name: (Dr., Mr., Ms.): \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address (**full address including zip code**): \_\_\_\_\_  
\_\_\_\_\_

County agency is located: \_\_\_\_\_ Population agency serves: \_\_\_\_\_

Site (Supervisor) Phone No: \_\_\_\_\_  
Agency Accreditation or Licensure (e.g., CARF, JCAH, PARF, M.A.): \_\_\_\_\_  
Is there a required written contract with the facility? \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ ID#: \_\_\_\_\_  
PSU Email: \_\_\_\_\_ Other Email address: \_\_\_\_\_

## SITE CLINICAL SUPERVISOR INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Office telephone : \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Graduate Degree: \_\_\_\_\_

Year Earned: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

Years of Full-Time Professional Experience: \_\_\_\_\_

List Certificates/Licenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Appendix B

### Student Acknowledgement of Completion of Pre-Internship Responsibilities

This statement acknowledges that:

1. I have reviewed my transcript with my academic advisor and, with exception of the internship, I have completed all degree requirements. I understand that it is my responsibility to call with my intent to graduate (814-863-9000) within the first two weeks of the stated semester in which I am doing my internship.
2. I understand that in the event that I do not satisfactorily complete courses the semester prior to internship, I will not be able to begin internship. It is my responsibility to notify the internship coordinator and on-site field supervisor if this situation occurs. Any deficiency must be satisfactorily completed before I begin internship.
3. I have submitted the following materials as part of my internship application:
  - Typed-written statement of internship goals
  - Typed-written statement of internship job duties/job description
  - Current resume
  - Internship registration form (blue sheet contained in the internship manual)
  - Recent degree audit (unofficial transcript for master's students) showing all requirements have been met
4. Depending on individual internship settings, I have ascertained from the internship supervisor (field supervisor) or appropriate agency representative whether the following forms are needed, at least 60 days prior to the internship starting date:
  - Child Abuse Background Check form (Act 151 Clearance)
  - Criminal Background Check form (Act 34 Clearance)
  - Malpractice insurance form
5. If any forms are required as noted in statement #4, I verify that I have completed all necessary forms.
6. I have received assurance from the perspective clinical supervisor that this person has a minimum of a bachelor's degree and, at least two years of experience in the field for which I am seeking training (Note: Master's students are required to identify clinical supervisors who have a master's degree and two years clinical experience; if possible certification as a CRC is desirable but not required).

This signed and dated form must accompany all forms as contained in this statement of acknowledgment. Please note that failure to submit all necessary documentation by the required deadlines will result in subsequent delays. Consequently, students who are delinquent in submitting internship materials according to the designated due dates may not be able to start the internship as planned, which would affect graduation, and they will receive one letter grade deduction on their final grade.

**My signature below indicates that I have read and understand this statement.**

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Student Name (Signature)

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Date

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Student Name (Print)

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Student Identification Number

**Appendix C (Cont.)**

**WEEKLY INTERNSHIP LOG (yellow sheet)**  
**THE PENNSYLVANIA STATE UNIVERSITY**  
**REHABILITATION INTERNSHIP PROGRAMS**  
327 CEDAR BUILDING  
UNIVERSITY PARK, PA 16802

Agency: \_\_\_\_\_

Student: \_\_\_\_\_

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Monday: \_\_\_\_\_(Date)

Hours: \_\_\_\_\_.

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Tuesday: \_\_\_\_\_(Date)

Hours: \_\_\_\_\_.

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Wednesday: \_\_\_\_\_(Date)

Hours: \_\_\_\_\_

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Thursday: \_\_\_\_\_(Date)

Hours: \_\_\_\_\_

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Friday: \_\_\_\_\_(Date)

Hours: \_\_\_\_\_

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General Feeling/Comments:

Total hours this week: \_\_\_\_\_

Total hours overall: \_\_\_\_\_

**Appendix F**  
**PENN STATE UNIVERSITY**  
**INTERN EVALUATION REPORT**  
**General Skills (Undergraduate Student)**

Student Intern Name (Please Print)

Agency Name

On-site Supervisor Name (Please Print)

Date

	WORK QUALITIES	N/A	Unsatisfactory	Fair	Good	Very Good	Excellent
1.	DEPENDABILITY Degree to which intern can be relied upon to work steadily and effectively; Punctuality; Regularity of attendance; Perseverance; Care for equipment and supplies.	N/A	1	2	3	4	5
2.	RELATIONSHIPS WITH PEOPLE Ability to get along with others; Sense of humor; Friendliness; Effectiveness in dealing with the public.	N/A	1	2	3	4	5
3.	QUALITY OF WORK Completeness; Accuracy; Neatness; Professionalism.	N/A	1	2	3	4	5
4.	QUANTITY OF WORK Amount of work performed; Rate of performing work.	N/A	1	2	3	4	5
5.	ORGANIZATION Ability to plan work efficiently and to anticipate problems; Foresight.	N/A	1	2	3	4	5
6.	INITIATIVE Self-motivation; Resourcefulness; Versatility; Originality; Appropriate use of supervision.	N/A	1	2	3	4	5
7.	ANALYTIC ABILITY Thoroughness and accuracy of analysis of data, rules, and procedures; Judgment; Ability to write and/or present meaningful reports.	N/A	1	2	3	4	5

**INTERN EVALUATION REPORT**  
**Specific Skills**

	N/A	Unsatisfactory	Fair	Good	Very Good	Excellent
1. Ability to maintain case records and interpret client-related data.	N/A	1	2	3	4	5
2. Ability to determine appropriate client services.	N/A	1	2	3	4	5
3. Ability to help clients develop treatment plans (e.g., IPE, IHP, IEP)	N/A	1	2	3	4	5
4. Ability to develop and maintain a facilitative relationship with clients.	N/A	1	2	3	4	5
5. Ability to develop and maintain professional relationships with peers and supervisors.	N/A	1	2	3	4	5
6. Ability to use community resources to provide integrated, comprehensive treatment programs for clients.	N/A	1	2	3	4	5
7. Ability to apply academic preparation to field work responsibilities.	N/A	1	2	3	4	5
8. Ability to be empathic and demonstrate sincere client advocacy.	N/A	1	2	3	4	5
9. Demonstrated interest in the rehabilitation professions and is involved in appropriate activities such as professional organizations, research, in-service training, consumer groups, etc.	N/A	1	2	3	4	5
10. Demonstrates self-development capabilities; Defines own goals and learning needs; Critically evaluates own performance.	N/A	1	2	3	4	5
11. Accepts constructive criticism from peers and supervisors, and modifies behavior accordingly.	N/A	1	2	3	4	5
12. Maintains a professional appearance via appropriate attire, grooming, and demeanor.	N/A	1	2	3	4	5

## COMMENTS

Space is provided below for comments concerning additional performance factors or general feelings and impressions. Please be sure to record supervisor and intern signatures as noted below.

Supervisor's Comments:

Student's Comments:

Supervisor's signature: \_\_\_\_\_ Date \_\_\_\_\_

Intern's signature: \_\_\_\_\_ Date \_\_\_\_\_

Internship Coordinator's signature: \_\_\_\_\_ Date \_\_\_\_\_



**Appendix I**  
**Penn State University**  
**INTERNSHIP SITE AND SUPERVISOR EVALUATION FORM**

Student's Name \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_  
 Placement Site \_\_\_\_\_  
 Site Address \_\_\_\_\_ City \_\_\_\_\_  
 Site Phone \_\_\_\_\_ Site Supervisor \_\_\_\_\_  
 Type of Clientele \_\_\_\_\_

Please rate your *site* on the following areas from 1 (very poor) to 5 (very good).

- |                                                                |   |   |   |   |   |     |
|----------------------------------------------------------------|---|---|---|---|---|-----|
| 1. Adequate assistance in meeting university requirements      | 1 | 2 | 3 | 4 | 5 | n/a |
| 2. Staff acceptance of you as a counselor trainee              | 1 | 2 | 3 | 4 | 5 | n/a |
| 3. Support and cooperation of the administrative staff         | 1 | 2 | 3 | 4 | 5 | n/a |
| 4. Physical facilities (space to work in, phone, etc.)         | 1 | 2 | 3 | 4 | 5 | n/a |
| 5. Flexibility of site in meeting student's and client's needs | 1 | 2 | 3 | 4 | 5 | n/a |
| 6. Site requirements were reasonable                           | 1 | 2 | 3 | 4 | 5 | n/a |

Please rate your *site supervisor* on the following areas from 1 (infrequently) to 5 (infrequently).

- |                                                            |   |   |   |   |   |     |
|------------------------------------------------------------|---|---|---|---|---|-----|
| 1. He/she offered constructive feedback                    | 1 | 2 | 3 | 4 | 5 | n/a |
| 2. He/she provided support when needed                     | 1 | 2 | 3 | 4 | 5 | n/a |
| 3. He/she provided assistance                              | 1 | 2 | 3 | 4 | 5 | n/a |
| 4. He/she allowed adequate time for individual supervision | 1 | 2 | 3 | 4 | 5 | n/a |
| 5. He/she helped me integrate theory and practice          | 1 | 2 | 3 | 4 | 5 | n/a |
| 6. Over-all evaluation of supervision                      | 1 | 2 | 3 | 4 | 5 | n/a |

What did you especially like or dislike about the site or supervision?

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Please describe how the practicum was a learning experience for you?

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Other comments:

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