

POST INTERNSHIP SURVEY

1. Name of Intern _____ Psy.D. ____ Ph.D. ____

2. Internship Name _____

3. Internship's Address _____

4. Patient populations worked with (e.g., chronically mentally ill, rehabilitation patients, eating disordered) and percentage of internship time devoted to each:

<u>Population</u>	<u>%</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

5. Name and Title of Supervisor(s):

<u>Name</u>	<u>Title</u>
1. _____	_____
2. _____	_____
3. _____	_____

6. Dates of Internship:

Beginning Date _____ Ending Date _____

Total Number of Hours Worked _____

7. Internship Activities (average hours/week):

a) Patient Contact:

1. Testing: _____ hrs/week

2. Therapy: _____ hrs/week

3. Consultation/Education: _____ hrs/week

4. Other (please specify): _____ hrs/week

b) Supervision: _____ hrs/week

c) Case conferences/staffings _____ hrs/week

d) Research _____ hrs/week

e) Supervision of others: _____ hrs/week

f) Other (please specify) _____ hrs/week

8. Evaluations

a) Overall rating of internship a learning experience (circle one):

1-poor 2-fair 3-good 4-very good 5-excellent

b) Rating of overall quality of supervision (circle one):

1-poor 2-fair 3-good 4-very good 5-excellent

9. Comment on the positive aspects of this internship:

- _____ complete my program requirements
- _____ return to the south Florida area
- _____ remain in the area of my internship
- _____ relocate to another area (please specify): _____

16. My address upon completion of internship will be:

Phone number: _____

17. Where are you planning to be employed after internship? (Please specify if Post-doc)

Employer name: _____

Address: _____

Position/Title: _____

Full-time _____ Part-time _____

18. Please specify what percentage of your time will be devoted to each of the following activities:

Academic/Teaching: _____

Academic/Research: _____

Clinical: _____

Administrative: _____

Other (please specify): _____

19. Using the following scale, please rate both your doctoral training at Nova and your internship training regarding your preparation for each of the following activities:

1 2 3 4 5
poor fair adequate good excellent

NOVA

INTERNSHIP

teaching	_____	_____
research	_____	_____
clinical	_____	_____
administrative	_____	_____
supervision	_____	_____
consultation	_____	_____
other (specify)	_____	_____

Student's Signature _____

Date _____

Return to: Alan D. Katell, Ph.D.
 Director of Clinical Training
 Nova Southeastern University
 3301 College Avenue
 Ft. Lauderdale, FL 33314