NAME: ____________________________________________

TERM & YEAR: ____________________________________________

EXTERNSHIP NAME (include judge, dept./division): ________________________

__________________________________________________________

SUPERVISOR(S): ____________________________________________

At the completion of your externship, please complete this form as candidly and thoroughly as possible. It will not be shown to your supervisor. The information will be used by the faculty and administration to evaluate your externship experience and to assist future students. CREDIT WILL NOT BE GRANTED FOR YOUR EXTERNSHIP WORK UNTIL THIS FORM IS COMPLETED AND RETURNED TO THE CLINIC. OUR FAX IS (412) 396-5287.

1. PLEASE DESCRIBE YOUR WORK IN THE EXTERNSHIP PLACEMENT:

2. WHAT COURSES DID YOU FIND HELPFUL IN PREPARING YOU FOR THIS EXTERNSHIP?

3. WHAT COURSES, IF ANY, DO YOU THINK MIGHT HAVE BETTER EQUIPPED YOU TO LEARN FROM THIS EXTERNSHIP?

4. WAS YOUR WORK ASSIGNED BY ONE SUPERVISOR OR BY VARIOUS SUPERVISORS INDEPENDENTLY FROM ONE ANOTHER?

5. DID YOU EXPERIENCE DIFFICULTIES IN GETTING WORK ASSIGNED TO YOU? IF SO, PLEASE EXPLAIN:
6. PLEASE IDENTIFY YOUR SUPERVISORS AND COMMENT ON THE CLARITY OF THEIR GUIDANCE OR INSTRUCTION; THE TIMING AND HELPFULNESS OF THEIR FEEDBACK AND THEIR ACCESSIBILITY TO YOU AND THEIR ABILITY OR DESIRE TO DELEGATE SUFFICIENT RESPONSIBILITY AND INDEPENDENCE TO ENABLE YOU TO HAVE A MEANINGFUL LEARNING EXPERIENCE:

7. PLEASE DESCRIBE THE ATMOSPHERE (E.G. FORMAL? BUSY? RELAXED? INTENSE?) OF THE PLACEMENT:

8. PLEASE DESCRIBE YOUR WORKLOAD (TOO LIGHT? TOO HEAVY? WELL MANAGED?)

9. WHAT DO YOU FEEL ARE THE MOST SIGNIFICANT THINGS YOU LEARNED IN THIS EXTERNSHIP?
   • ABOUT THE PROFESSION?
   • ABOUT YOURSELF?
   • OTHER?
10. WOULD YOU RECOMMEND CONTINUING THIS PLACEMENT IN THE EXTERNSHIP PROGRAM? PLEASE EXPLAIN YOUR ANSWER.

11. HOW WOULD YOU RATE THIS EXTERNSHIP EXPERIENCE COMPARED TO OTHER COURSES?

   _____ One of the best in school
   _____ Good
   _____ Average
   _____ Below Average
   _____ Unacceptable

12. WHAT ADVICE WOULD YOU OFFER A STUDENT CONSIDERING THIS PLACEMENT?

13. WHAT CHANGES, IF ANY, WOULD YOU SUGGEST BE MADE IN THE EXTERNSHIP PROGRAM?
   • CLINICAL STAFF AND ADMINISTRATION?
   • REQUIRED CONCURRENT COURSE, IF ANY?
   • FACULTY ADVISORS, IF ANY?

(412) 396-5287 fax