



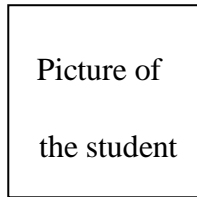
FINAL INTERNATIONAL UNIVERSITY

**FACULTY OF ARTS AND SCIENCES
DEPARTMENT OF PSYCHOLOGY
INTERNSHIP FOLDER**

Faculty of Arts and Sciences

Department of Psychology

Internship Folder



Name and Surname :.....

Faculty/Program :.....

Grade :.....

Student Number :.....

Name and Address
of the Training Institution :.....

Internship Number :.....

Starting day of the training :.....

Ending day of the training :.....

RULES FOR FILLING OUT THE INTERNSHIP FILE

- 1.** Internship File includes the desired reports of the internship, the evaluation form of the student's internship location, the report prepared by the student about the institution in which the student is interning, and the evaluation form of the student internship of the faculty member.
- 2.** The student's picture should be placed in the relevant section on the first page of the internship file. The information on the first page of the internship file should be filled in open-legible, uppercase letters and ballpoint pen.
- 3.** It should be noted that the articles in the internship file are written with a ballpoint pen with legible handwriting, with no scribbling on the pages.
- 4.** Daily reports on each page, weekly schedules are approved and stamped by the relevant manager of the internship department.
- 5.** After completing their internships, the students evaluate the institution they are interning in line with the criteria and questions in the evaluation form in the internship file and transfer their basic information such as the history, management and organization, activity topics and affiliated enterprises of the organization they are interning to the page titled "General Report on the Organization" at the back of the file.
- 6.** After completing their internships, students must fill out the form titled "Student's Internship Location Evaluation Form" on the back of the internship file and the information of the student at the top of the latest page.
- 7.** When submitting the internship files, the "Internship Evaluation Form of the Institution", signed by the authorized person in the institution and filled by printing the institution stamp, should be brought with the file in a closed envelope. The envelope must be re-signed and stamped from the place where it was closed.
- 8.** The internship file and related evaluation forms should be submitted to the Internship Commission in a complete and regular manner by the students who have completed their internship within the period specified in the internship directive.

WHAT TO PAY ATTENTION TO IN GENERAL DURING INTERNSHIP

1.SHORT DESCRIPTION OF THE INSTITUTION:

→ **Contact information of the institution:**

- a. Name/title of the institution
- b. Your Observer /Supervisor
- c. Address/phone number

→ **Information about how the organization works:**

- a. Goals/objectives of the institution
- b. Programs provided by the institution
- c. Characteristics of the target groups of the institution

2.INFORMATION ABOUT THE INSTITUTION :

- Books
- Posters
- Brochures
- Journals
- Newspapers

3. A SUMMARY OF YOUR ACTIVITIES / PROJECTS:

→ **Working Hours:**

- a. What days/times?
- b. How many weeks/hours?

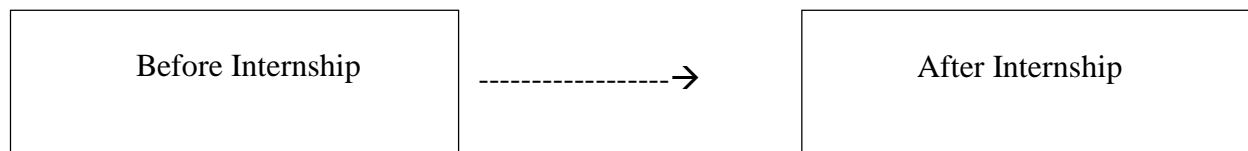
→ **Your Experiences:**

- a. What did you do at the institution? (Roles/Responsibilities)Sizin kuruma katkılarınız?
- b. About your help to clients
- c. Why did you choose this institution

4.EVALUATION OF THE PERSON RESPONSIBLE FOR YOU:

→ A table with the signature of the person responsible

5. What this experience brings you



WHAT TO LOOK OUT FOR WITH THE INSTITUTION

- **Physical characteristics of the clinic**

- ✓ Detached building / Apartment floor
- ✓ Garden / Gardenless
- ✓ Boarding / Daytime
- ✓ Adequate therapy room
- ✓ Cleaning and layout of the building
- ✓ The importance of privacy

- **Characteristics of employees in the organization**

- ✓ Type of personnel in the institution (manager, psychiatrist, clinical psychologist, psychological counselor, secretary, assistant staff...)
- ✓ Number and ratio of employees
- ✓ Number of daily clients
- ✓ Client / Advisor ratio
- ✓ Year of service of employees
- ✓ Number of men / women

- **Administrative functioning in the clinic**

Personalized
appointment
Preliminary evaluation
Others

- **Methods /programs applied in the clinic**

Individual / Group / Child Substance abuse
Family support programs Intervention Seminars Target audience

- **Intern's duties / responsibilities in this clinic**

- ✓ What days / how many hours?
- ✓ What the Intern did?
- ✓ What was intern's contribution to the institution
- ✓ How did intern's help clients and consultants?
- ✓ Why do you prefer this institution?

- **What the internship has added to you, what kind of experience you have gained?**

INTERNSHIP CONTINUATION FORM

Dear Institute Representative,

The student must continue the internship for 20 working days. For each working day, the authorized person and the student must sign this form during the internship.

Student's First Name Last Name:

Internship Institution:.....

Institute Representative:

Internship Start Date:/...../..... Internship End Date:/...../.....

	DATE	DAY	YAPILAN İŞLER	WORKING HOURS	NAME OF INSTITUTE REPRESENTATIVE AND SIGNATURE	SIGNATURE OF THE STUDENT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

12						
13						
14						
15						
16						
17						
18						
19						
20						

Total Number of Days Interned: _____

Approval of the Authorized Advisor to the Student in the Internship Institution:

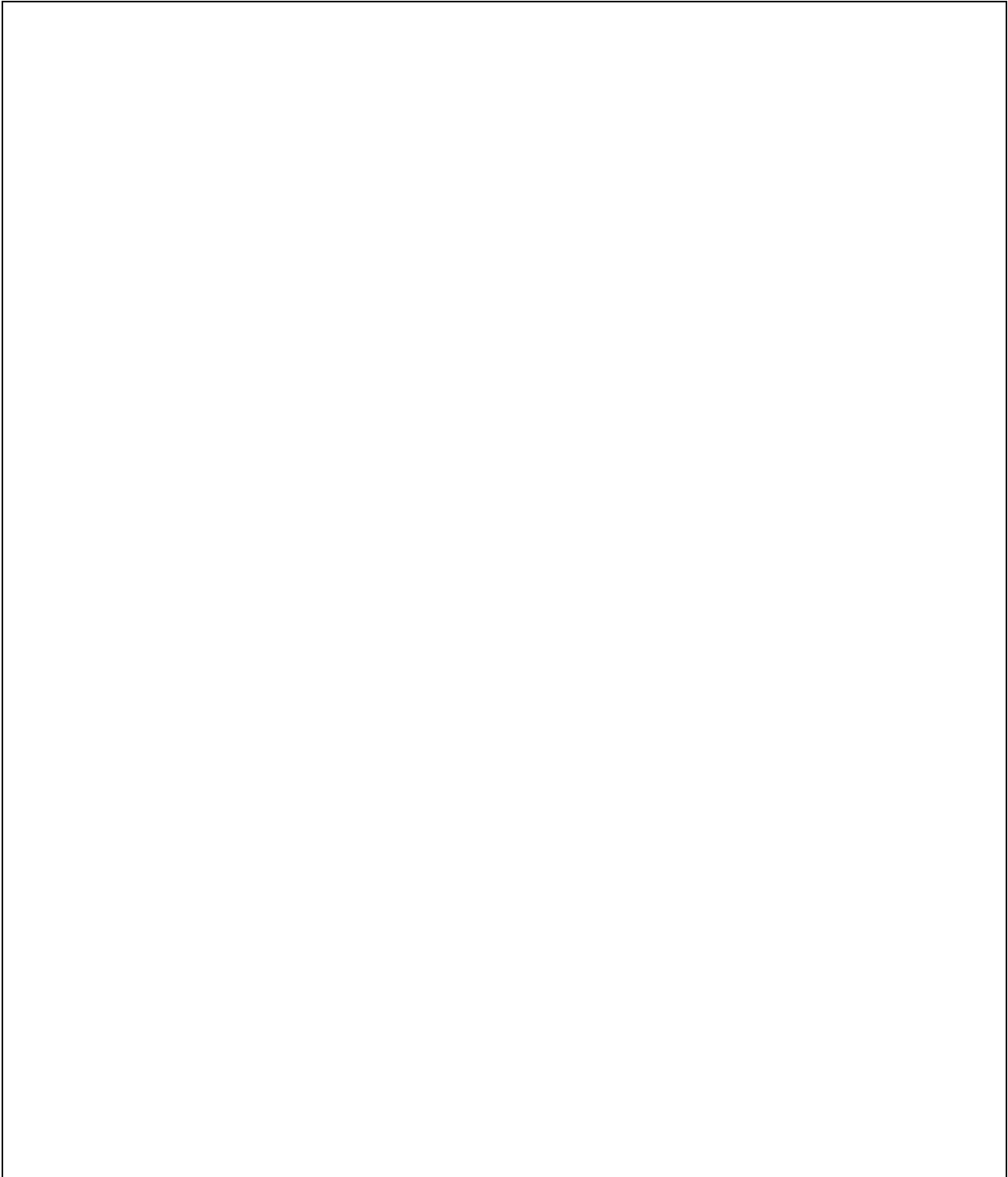
Interning at my institution..... I
confirm the accuracy of the continuation form.

Name and Surname:.....

Signature:

General Report About Institution

(It will be checked and prepared in the section about what to look out for regarding the institution.)

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It is intended for the user to write their general report about the institution.

WHAT TO NOTE IN THE CLIENT OBSERVATION

Name of the institution:	
Internship dates:	
Areas observed:	
Total number of cases observed	

In your observations about clients, write in your own sentences what you have learned for each client observed to address the following topics.

Topic	Information to be Included in the Individual Report
1. Client anamnesis	Write a short case story – who is the client (gender, age, profession, etc.) and why did they come to the institution? What problem/complaint did they tell you? Is this the first time they been here?/ How frequently the come? When and how did they realize the problem existed? How long has it been going on? Has he received professional help/support for the problems/problems S/he mentioned earlier? What are the current diseases/diseases? Is S/he on medication?
2. General mood of the client (mini mental status)	What was the general mood of the client? Was it in line with what S/he was saying, or wasn't it in line with what S/he was saying? What kind of impression was made of that?
3. What's been done so far? Was it successful?	What initiatives has the client taken regarding the problems he has conveyed so far? How did these attempts turn out?
4. Coping strategies	How has the client dealt with this problem/problems so far? How has the client dealt with this problem/problems so far/ Yes, No and Why?
5. Family Dynamics	Explain the family dynamics of the client. Explain the general structure of the family, the view of the client in general regarding this situation, whether it is supportive or not, and how close and strong the family ties are.
6. Social Life	How was the client's social life before and after this problem and how was it affected? A group of friends? Business life? Relationships with peers, elders and younger ones? Social activities, etc.
7. Hastalık Algısı	What is the client's perception of the disease? Positive? Negative? Fatalistic? What is the source of this perception? What's his/her approach?
8. Risky Behaviors	Did the client engage in risky behavior before and during this process? Yes, what kind of risky behavior did s/he do? (drinking alcohol, smoking, substance use, driving without a seatbelt, etc.)
9. Overall Quality of Life	What was the quality of life before this process and how did it happen after the process? If there is a decrease in quality of life, what or what caused this decline.
10. Level of Hope	Is the client hopeful of this treatment process? Describe.
11. End of Session	How was the client before the session started and how was it after the session was over? Was there a difference? Reason?
12. Personal Analysis	What do you think of the client's story and his general condition? Has the client given up or is S/he making an effort to recover/rehabilitate? Does the support network allow this? Do you have enough resources? How do you see the prognosis?

* The table can be expanded as needed.

* For each client, this observation table will be filled in and reported.

DAILY REPORT

(DATE:.....)

DAILY REPORT

(DATE:.....)

DAILY REPORT

(DATE:.....)

DAILY REPORT

(DATE:.....)

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DAILY REPORT

(DATE:.....)

DAILY REPORT

(DATE:.....)

STUDENT'S INTERNSHIP PLACE EVALUATION FORM

Institution Evaluation Criteria	Very Good	Good	Medium	Unsatisfactory
Manager's approach to interns				
Employees approach to interns				
Adequacy of the working environment (humidity, noise, airlessness, hygienic conditions, etc)				
Suitability of working conditions (permanently standing, sitting, narrow or wide space, indoor and outdoor, irregular working hours, breaks, etc)				
Adequacy of social opportunities offered to employees				
Adequacy of tools and systems used during work				
Support of superiors in the development of subordinates				
Communication of between employees				

1. Are the studies carried out at the unit or units concerning internship done according to adequate and proper procedures? Explain:

2. Did you receive the necessary support from the relevant managers and employees during the internship? Explain:

3. Please indicate the advantage and disadvantages of having completed your internship at this institution?

4. Please indicate the opportunities provided by the institution during the internship

Fee
 Insurance
 Accomodation
 Food
 Transportation

STUDENT INTERNSHIP EVALUATION FORM

Your student

Name and surname :

Number :

Internship Institution :

Internship Start and End:

Evaluation Criteria	Very Good	Good	Medium	Unsatisfactory
Proper use of internship folder				
Effectiveness of daily reports				
Öğrencinin Staj Yerine Yönelik Yaptığı Değerlendirmeler Student Internship evaluation of institution				

Internship Evaluation

SATISFACTORY	
UNSATISFACTORY	

Name and surname of Faculty Member

Department:

Signature:

Date:

Internship Commission:

Name and Surname, Title	Signature - Date
1-	
2-	
3-	

INSTITUTIONAL INTERNSHIP EVALUATION FORM

Evaluating Institute :

Supervisor:

Duties:

Telephone no.:

Name and surname of the evaluated student:

Your evaluation of the general performance and skills of our student who has completed their internship in your institution is very important to us. For this reason, you are asked to evaluate our student's knowledge, skills, attitudes and behaviors based on the observations you have made during the internship, within the framework of the items presented below. Thank you for your contribution.

I.

Evaluation Dimensions	Very Good	Good	Medium	Unsatisfactory	Very Poor
Taking responsibility					
Motivation					
Knowledge application skills					
Ability to use initiative					
Quality of work					
Appropriate behavior of corporate environment					
Compatibility of interpersonal relationships					

In general, evaluate the student's performance at your institution:

_____Successful_____Unsuccessful

Sign:.....

CONFIRMATION PAGE

(At the end of the internship, it is approved by the institution representative.)

Your studentat our
institution.....completed their internship for days
and prepared this file.

APPROVED

Name and surname:

Duty:

Company Name:

SIGNATURE:

Date :..... /..... / 20....