

## Work Site Visit

Site Supervisor \_\_\_\_\_ Date of Visit \_\_\_\_\_

Site Name \_\_\_\_\_ Tel. # \_\_\_\_\_

Site Address \_\_\_\_\_

Opportunities available\* \_\_\_\_\_

---

---

---

Description of Facilities\*\* \_\_\_\_\_

---

---

---

Amount and type of Supervision \_\_\_\_\_

---

---

General Impressions \_\_\_\_\_

---

---

\*Individual and group counseling, age range of clients, type of problems . . .

\*\*Access to rooms for individual and groups, resources . . . .

Name of Site Visitor \_\_\_\_\_