

Carl von Ossietzky University Oldenburg
Department of Psychology

**Internship evaluation sheet in partial fulfillment of the requirements of
module psy251**

Last name: _____

First name: _____

Student number: _____

Email address (university): _____

Email address (other): _____

The information on this page will not be handed out to other students unless the submitting student gives his/her permission. Pages 2 and 3 will be collected by the module coordinator and will be available to other students of the Master's course Neurocognitive Psychology.

My email address can be given to fellow students interested in this internship.
This permission expires automatically after 24 months.

☐ YES

☐ NO

Please also tick the corresponding box on top of page 2.

Date: _____

Signature: _____

Email permission: ☐ YES ☐ NO

Information on the placement:

Institution/facility: _____

Address incl. country: _____

Contact person: _____

Phone number: _____

Email address: _____

Internship dates (start/end): _____

If during your Neurocognitive Psychology master:

Semester: ☐ winter ☐ summer Year _____

Grants: ☐ None ☐ PROMOS ☐ Fernweh
☐ Erasmus ☐ University mobility grant (Mobilitätsschuss)
☐ Study programme mobility grant
☐ Other (specify) _____

Fields of work:

☐ Psychotherapy ☐ Neuropsychology
☐ Research/University ☐ Research/Other
☐ Neurorehabilitation ☐ Other (specify)

Short description of tasks during the internship (max. 600 characters incl. spaces)

_____ / 20 _____
Do not fill in.

Evaluation of the internship:

Supervision at the hosting institution.

- | | |
|---------------------------------------|-------------------------------------|
| ☐ very good | ☐ good |
| ☐ satisfactory | ☐ inadequate |

I had the opportunity to acquire new skills.

- | | | |
|------------------------------|------------------------------------|-----------------------------|
| ☐ yes | ☐ partially | ☐ no |
|------------------------------|------------------------------------|-----------------------------|

I was given the opportunity to work independently.

- | | | |
|------------------------------|------------------------------------|-----------------------------|
| ☐ yes | ☐ partially | ☐ no |
|------------------------------|------------------------------------|-----------------------------|

I could apply knowledge from the Master's course.

- | | | |
|------------------------------|------------------------------------|-----------------------------|
| ☐ yes | ☐ partially | ☐ no |
|------------------------------|------------------------------------|-----------------------------|

My duties had a clear connection to working as a psychologist.

- | | | |
|------------------------------|------------------------------------|-----------------------------|
| ☐ yes | ☐ partially | ☐ no |
|------------------------------|------------------------------------|-----------------------------|

I was given a significant amount of duties that I felt were NOT appropriate for a professional internship.

- | | | |
|------------------------------|------------------------------------|-----------------------------|
| ☐ yes | ☐ partially | ☐ no |
|------------------------------|------------------------------------|-----------------------------|

I was given the opportunity to get to know the institution beyond my immediate placement

- | | | |
|------------------------------|------------------------------------|-----------------------------|
| ☐ yes | ☐ partially | ☐ no |
|------------------------------|------------------------------------|-----------------------------|

Would I recommend the internship?

- | | |
|--|--|
| ☐ yes, definitely | ☐ yes, but with limitations |
| ☐ rather not | ☐ definitely not |

Comments regarding my evaluation (max. 300 characters incl. spaces)

_____ / 20 _____
Do not fill in.