



Practicum Form: Student Evaluation of Site – 5 pages

Student Name: _____ **Student ID#** _____

Placement Agency: _____

Agency Supervisor: _____ **Quarter:** _____ **20** _____

University Instructor: _____ **Practicum Professor:** _____

Modalities: What percentage of your time at the agency was spent in the following counseling modalities?

_____ Individual _____ Group
_____ Couple _____ Milieu
_____ Family _____ Other: _____
_____ Community

Indicate what population(s) you worked with:

_____ Adult _____ Alcohol
_____ Adolescent _____ Drug
_____ Children _____ Psychosis
_____ Women _____ Neurosis
_____ Aging _____ Other: _____

Of Weeks and Dates in placement for quarter: _____

Student: _____

Agency: _____

4. On a scale from 1 (Least Effective) to 10 (Most Effective), how would you rate the degree to which this facility is an effective placement: _____
5. What are the strengths and weaknesses of the program in the services and training it offers, including the supervision?

Cont'd next page

Student: _____

Agency: _____

B. Evaluation of Supervision

Please indicate the kind of training tools you used with your supervisor. Assess the value of each experience on a scale from 1 (Least Valuable) to 10 (Most Valuable)

	Rating
Audio Tapes	
Video Tapes	
Direct Observation	
Discussion	
Written Case Summary	
Other	

End Student Site Evaluation Form.