

## Practicum Form: Student Evaluation of Site – 5 pages

Student Name:		Student ID#	
Placement Agency:			
Agency Supervisor:		Quarter:	20
University Instructor:		_ Practicum Profes	ssor:
Modalities: What percentage of modalities?	your time at the agency	y was spent in the fo	llowing counseling
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 placem	ent for quarter:		

Student:
Agency:
Please read through the entire evaluation before answering the questions. This form must be completed and returned to the Graduate office by <b>WEEK 10</b> of the quarter to fulfill your Field Placement course agreements and requirements. Thank you.
A. Evaluation of the facility:
<ol> <li>What did your placement facility offer you as a student? Please indicate a description of the training program if applicable.</li> </ol>
2. What suggestions could you offer to improve the quality of your experience at this placement?
3. What did you especially like about the placement?

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?

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6.	What did this supervisor have to offer you as a student?
7.	What could be done to improve the supervision?
8.	Would you recommend this supervisor to other SCU students? Why/Why not?

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.