



**Counseling Psychology**  
**STUDENT EVALUATION FORM**

**Student** \_\_\_\_\_ **Student ID#** \_\_\_\_\_

**Placement Agency** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

**For the** \_\_\_\_\_ **Quarter 200** \_\_\_\_\_

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 in placement \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

# of hours in placement \_\_\_\_\_

## Student Evaluation

Student \_\_\_\_\_

Agency \_\_\_\_\_

Please read through the entire evaluation before answering the questions. This form must be completed and returned to the Graduate office by the end of the quarter to fulfill your Field Placement course agreements and requirements. Thank you.

A. Evaluation of the facility:

1. What did your placement facility offer you as a student? Please indicate a description of the training program if applicable.

2. What suggestions could you offer to improve the quality of your experience at this placement?

## Student Evaluation

**Student** \_\_\_\_\_

**Agency** \_\_\_\_\_

3. What did you especially like about the placement?

4. On the following scale, please rate the degree to which this facility was an effective placement:

Least ... 1 ... 2 ... 3 ... 4 ... 5 ... 6 ... 7 ... 8 ... 9 ... 10 ... Most

What are the strengths and weaknesses of the program in the services and training it offers, including the supervision?

## Student Evaluation

**Student** \_\_\_\_\_

**Agency** \_\_\_\_\_

5. What did this supervisor have to offer you as a student?

6. What could be done to improve the supervision?

7. Would you recommend this supervisor to other SCU students? Why/Why not?

