

Santa clara university - School of EDUCATION & COUNSELING PSYCHOLOGY

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

| Student Name:                             | ent ID#:                  | nt ID#:             |                    |
|---|---------------------------|---------------------|--------------------|
| Placement Agency:                         |                           | _                   |                    |
| Agency Clinical Supervisor:               |                           | Quarter:            | 20                 |
| University (333) Instructor:              |                           | _                   |                    |
| Modalities: What percentage o modalities? | f your time at the agency | was spent in the fo | llowing counseling |
| Individual                                | Group                     |                     |                    |
| Couple                                    | Milieu                    |                     |                    |
| Family                                    | Other:                    |                     |                    |
| Community                                 |                           |                     |                    |
| Indicate what population(s) yo            | u worked with:            |                     |                    |
| Adult                                     | Alcohol                   |                     |                    |
| Adolescent                                | Drug                      |                     |                    |
| Children                                  | Psychosis                 |                     |                    |
| Women                                     | Neurosis                  |                     |                    |
| Aging                                     | Other:                    |                     |                    |



Student: \_\_\_\_\_

Agency: \_\_\_\_\_\_

Please read through the entire evaluation before answering the questions. This form must be completed and returned to the Graduate office by **WEEK 10** 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?

3. What did you especially like about the placement?



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|-----------|--|--|--|
|           |  |  |  |
| 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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Student: \_\_\_\_\_\_

Agency: \_\_\_\_\_\_

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.