



Student Evaluation of Clinical Site – Community Counseling

Instructions: Please enter your information into the appropriate fields, check boxes, or item lists. Once you have entered your information, you may save the data so it will appear the next time you open the form. Choose File > Save As... Create a new name for your copy and save it on your computer.

Directions: Please indicate your level of agreement with each of the following statements regarding the practicum/internship site’s capabilities/performance by circling one of the following numbers:

- 1-2 (i.e. poor or marginal performance);
3-4 (adequate or average performance);
5-6 (good to excellent overall performance);
NA/NO (not applicable or not observed)

Students/trainees should complete this form at the end of each practicum/internship experience and submit to their university supervisor.

Form with sections: STUDENT INFORMATION, CLINICAL SITE INFORMATION, SITE SUPERVISOR INFORMATION, UNIVERSITY SUPERVISOR INFORMATION, ORGANIZATIONAL EVALUATION. Includes fields for name, address, phone, email, and evaluation scales.

1. Amount of on-site supervision	①	②	③	④	⑤	⑥	NA	NO
2. Relevance of experience to career goals	①	②	③	④	⑤	⑥	NA	NO
3. Exposure to and communication of site goals	①	②	③	④	⑤	⑥	NA	NO
4. Exposure to and communication of site policies/regulations/procedures	①	②	③	④	⑤	⑥	NA	NO
5. Exposure to professional roles and functions within the setting	①	②	③	④	⑤	⑥	NA	NO
6. Exposure to information about community resources	①	②	③	④	⑤	⑥	NA	NO
7. Administrative support for the site counseling program	①	②	③	④	⑤	⑥	NA	NO
8. Appropriate supervisee office space and working conditions	①	②	③	④	⑤	⑥	NA	NO
9. Appropriate support by site	①	②	③	④	⑤	⑥	NA	NO
COUNSELING OPPORTUNITIES EVALUATION								
Evaluation Statement	Poor		Adequate		Good		NA/NO	
10. Report writing/record keeping/counseling notes	①	②	③	④	⑤	⑥	NA	NO
11. Intake interviewing	①	②	③	④	⑤	⑥	NA	NO
12. Programming/planning activities	①	②	③	④	⑤	⑥	NA	NO
13. Administration and interpretation of tests	①	②	③	④	⑤	⑥	NA	NO
14. Staff presentations/case conferences/staff development workshops	①	②	③	④	⑤	⑥	NA	NO
15. Individual counseling	①	②	③	④	⑤	⑥	NA	NO
16. Group counseling	①	②	③	④	⑤	⑥	NA	NO
17. Family/couple counseling	①	②	③	④	⑤	⑥	NA	NO
18. Psycho-educational activities	①	②	③	④	⑤	⑥	NA	NO
19. Consultation	①	②	③	④	⑤	⑥	NA	NO
20. Support team, collaboration with other professionals	①	②	③	④	⑤	⑥	NA	NO
21. Career counseling	①	②	③	④	⑤	⑥	NA	NO
22. Program evaluation	①	②	③	④	⑤	⑥	NA	NO
RECOMMENDATION								
23. I wholeheartedly recommend this site for future students	①	②	③	④	⑤	⑥	NA	NO
Subtotals								
Total								
ADDITIONAL COMMENTS AND/OR SUGGESTIONS								

SIGNATURES		
Student Signature	Printed Name	Date