STUDENT EVALUATION OF THE TRAINING SITE (end of semester only)
Fall / Spring / Summer (circle one) Semester 20______

Name of Student:__________________________________________________________

Name of the Site and Supervisor:___________________________________________

List activities in the contract that were performed.
________________________________________________________
________________________________________________________
________________________________________________________

List activities in the contract that were not performed but you would have liked to have tried.
________________________________________________________
________________________________________________________

Rate the Practicum in terms of your Learning Experience on the 10-Point Scale Below.

1 2 3 4 5 6 7 8 9 10   (Circle One: 1 = Poor and 10 = Excellent)

Rate the Supervision provided by the training site on the 10-Point Scale Below.

1 2 3 4 5 6 7 8 9 10   (Circle One: 1 = Poor and 10 = Excellent)

Please give a brief description of your experiences with your site supervisor. Be sure to mention any notable examples and any suggestions/recommendations for practicum site improvement:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student ____________________________
Signature:______________________________

Date:______________________________

Note to Student: This form is only required at the end of the semester, to be submitted during final exam week. Students should NOT be sharing this evaluation with their practicum site unless they explicitly wish to.