Practicum in Applied Psychology

Site Evaluation

Student Name: _____

Practicum Site: _____

Semester (please indicate year): ☐ Fall ☐ Spring ☐ Summer

On-Site Supervisor: _____

EVALUATION:

1. Do you feel this practicum provided a valuable opportunity to practice and develop your psychological skills?

   Not at all  ☐  A little bit  ☐  Some  ☐  Pretty much  ☐  A lot  ☐

2. Do you feel that you achieved the objectives of this practicum?

   Too low  ☐  Low  ☐  Just right  ☐  High  ☐  Too high  ☐

3. Do you feel that the level of supervision was appropriate?

   ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5

4. Do you feel the amount of time spent on this practicum was appropriate?

   ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5

Please rate the practicum’s overall value for developing your:

5. clinical/client contact skills?

   ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5

6. research skills?

   ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5

7. assessment skills?

   ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5

Comments: _____

Student’s Signature: ____________________________ Date: __ __ / __ __/ __ __