

## Practicum/Internship Site Evaluation

Return to: Practicum Coordinator

Site: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

Student (completing the evaluation): \_\_\_\_\_

Approximately what percentage of your time did you spend in the following activities?

Personal counseling	_____	Supervision	_____
Group counseling	_____	Report writing/paperwork	_____
Career/academic counseling	_____	Other (specify)	_____
Assessment/testing	_____	_____	_____
Workshop/programming	_____	_____	_____
Consultation/outreach	_____		

List the best opportunities for training/experience this site offers:

What training/experience opportunities could the site improve upon?

Would you recommend the site to other students?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Don't Know