

SITE EVALUATION FORM

Directions: Student completes this form at the end of the practicum and/or internship. This should be turned in to the university supervisor or internship coordinator as indicated by the university program

ASU Student Name: _____

Site: _____

Dates of placement: _____

Site supervisor: _____

Rate the following questions about your site and experiences with the following scale:

A = Very satisfactory

B = Moderately satisfactory

C = Moderately unsatisfactory

D = Very unsatisfactory

1. _____ Amount of on-site supervision
2. _____ Quality and usefulness of on-site supervision
3. _____ Usefulness and helpfulness of faculty liaison
4. _____ Relevance of experience to career goals
5. _____ Exposure to and communication of practicum/internship site goals
6. _____ Exposure to and communication of practicum/internship site procedures
7. _____ Exposure to professional roles and functions within the practicum/internship site
8. _____ Exposure to information about community resources

Rate all applicable experiences that you had at your site:

- | | |
|-------|-----------------------------|
| _____ | Individual counseling |
| _____ | Group counseling |
| _____ | Professional presentations |
| _____ | Career counseling |
| _____ | Consultation services |
| _____ | Collaborative team approach |
| _____ | Consumer/Family conferences |
| _____ | Family counseling |
| _____ | Referral services |
| _____ | Testing interpretation |
| _____ | Other _____ |

9. _____ **Overall evaluation of the site**

Comments: Include any suggestions for improvements in the experiences you have rated moderately (C) or very unsatisfactory (D).