



Student Site Evaluation – Community Counseling

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.

| STUDENT SITE EVALUATION | | | | | | | | | |
|--|------|---|----------|---|------|--------|-------|----|--|
| STUDENT INFORMATION | | | | | | | | | |
| Student Name: | | | | | | | | | |
| Banner ID: | | | | | | | | | |
| Evaluation Period: From _____ to _____ | | | | | | | | | |
| PRACTICUM/INTERNSHIP SITE INFORMATION | | | | | | | | | |
| Agency/Organization Name: | | | | | | | | | |
| City: | | | County: | | | State: | | | |
| Zip: | | | Phone: | | | Fax: | | | |
| Site Supervisor Name: | | | | | | | | | |
| University Supervisor Name: | | | | | | | | | |
| ORGANIZATIONAL EVALUATION | | | | | | | | | |
| Evaluation Statement | Poor | | Adequate | | Good | | NA/NO | | |
| 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 of the supervisee | ① | ② | ③ | ④ | ⑤ | ⑥ | NA | NO | |



| COUNSELING OPPORTUNITIES EVALUATION | | | | | | | | | |
|--|------|---|--------------|---|------|------|-------|----|--|
| Evaluation Statement | Poor | | Adequate | | Good | | NA/NO | | |
| | ① | ② | ③ | ④ | ⑤ | ⑥ | 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 | | | | | | | | | |
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| SIGNATURES | | | | | | | | | |
| Student Signature | | | Printed Name | | | Date | | | |