



### Student Site Evaluation – School 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 or School 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 |  |
| <b>Subtotals</b>   |      |   |              |   |      |      |       |    |  |
| <b>Total</b>   |      |   |              |   |      |      |       |    |  |
| ADDITIONAL COMMENTS AND/OR SUGGESTIONS                               |      |   |              |   |      |      |       |    |  |
|  |      |   |              |   |      |      |       |    |  |
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|  |      |   |              |   |      |      |       |    |  |
|  |      |   |              |   |      |      |       |    |  |
| SIGNATURES   |      |   |              |   |      |      |       |    |  |
| Student Signature  |      |   | Printed Name |   |      | Date |       |    |  |