

**Practicum in Applied Psychology
Site Evaluation**

Student Name: _____

Practicum Site: _____

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

On-Site Supervisor: _____

EVALUATION:

	Not at all	A little bit	Some	Pretty much	A lot
1. Do you feel this practicum provided a valuable opportunity to practice and develop your psychological skills?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Do you feel that you achieved the objectives of this practicum?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	Too low	Low	Just right	High	Too high
3. Do you feel that the level of supervision was appropriate?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. Do you feel the amount of time spent on this practicum was appropriate?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Please rate the practicum's overall value for developing your:					
5. clinical/client contact skills?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. research skills?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. assessment skills?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Comments: _____

Student's Signature: _____ Date: ___/___/___