

PACIFICA GRADUATE INSTITUTE

STUDENT EVALUATION OF SUPERVISED PRACTICUM SITE

Please type or print legibly.

MA-L  MA-W  MA-C  MA-D

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Site Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

On-Site Supervisor \_\_\_\_\_

Dates Covered by this evaluation: From \_\_\_\_\_ To \_\_\_\_\_

GENERAL INFORMATION:

1. Type of Supervision Received:

A. One-to-One, Individual: Hours per week \_\_\_\_\_

B. Group Supervision (8 trainees or fewer): Hours per week \_\_\_\_\_

C. Other (Specify): \_\_\_\_\_ Hours per week \_\_\_\_\_

2. Supervision Approach:

- Case Report
- Audio Tape
- Video Tape
- Direct Observation
- Other (Specify) \_\_\_\_\_

3. What type of counseling did you do at this site?

(Please check those that apply and indicate a percentage of your total case load for each.)

Individual \_\_\_\_\_ %  Couples \_\_\_\_\_ %  Children \_\_\_\_\_ %  Families \_\_\_\_\_ %

Other \_\_\_\_\_ % Please Specify \_\_\_\_\_

4. What kinds of presenting problems did you encounter at this site? \_\_\_\_\_

5. Does this agency specialize in a specific type of client and/or diagnosis?

Yes  No Please specify \_\_\_\_\_

**GLOBAL EVALUATION OF SUPERVISED PRACTICUM EXPERIENCE WITH THIS AGENCY:**

**What did you find most personally meaningful in your practicum?**

**What did you find most challenging or difficult, and why?**

**How did the practicum contribute to your development as a clinician?**

**Please describe what you believe are the major strengths and major weaknesses of your practicum experience.**

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**Student's Signature**

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**Date**

**PLEASE RETURN TO:  
Counseling Psychology Practicum Office • Pacifica Graduate Institute  
249 Lambert Road • Carpinteria • CA 93013 • Telephone: 805-879-7379**