

PACIFICA GRADUATE INSTITUTE

STUDENT EVALUATION OF SUPERVISED PRACTICUM SITE

Please type or print legibly.

MA-C MA-D MA-V MA-W

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.

Student's Signature

Date

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