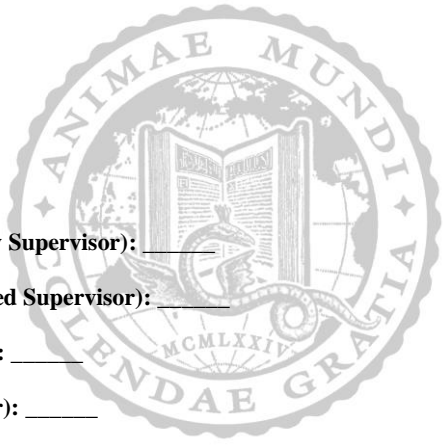




STUDENT INFORMATION			
Student Name:		Telephone:	
Program:	<input type="checkbox"/> PhD <input type="checkbox"/> PsyD	Today's Date:	
This form is to be completed upon the completion of each practicum and internship placement. Students are expected to keep records of their hours throughout the course of each placement. Please be mindful in your calculations to ensure the final hours on this form are an accurate representation of your work and time.			
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 80%;"> <p>_____</p> <p>Name of Student</p> <p>_____</p> <p>Name of Site</p> <p>_____</p> <p>Start Date</p> <p>_____</p> <p>Termination Date</p> <p><input type="checkbox"/> Planned separation <input type="checkbox"/> Unplanned separation*</p> <p>Hours of individual supervision (Primary Supervisor): _____</p> <p>Hours of individual supervision (Delegated Supervisor): _____</p> <p>Group supervision (Primary Supervisor): _____</p> <p>Group supervision (Delegated Supervisor): _____</p> <p>Intervention services: _____</p> <p>Assessment services: _____</p> <p>Indirect services (administration, didactic, etc.): _____</p> <p>Total Hours: _____</p> <p>* Please describe circumstances on a separate attachment.</p> </div> <div style="width: 15%; text-align: center;"> <p><input type="checkbox"/> Practicum</p> <p><input type="checkbox"/> Internship</p> </div> </div>			





PACIFICA

GRADUATE INSTITUTE

Site Completion Packet

CTG07-Revised 2/16/2023

Complete this form and submit at completion of any practicum or internship placement.

BACKGROUND INFORMATION			
Student Name:		Telephone:	
Training Site:		Date of evaluation:	
		Date separated from site:	
Student training level:	<input type="checkbox"/> Diagnostic Practicum <input type="checkbox"/> Therapy Practicum <input type="checkbox"/> Internship	Primary Supervisor:	
Briefly describe the work you did at this site:			
Please describe a typical day on the site:			

I release this form for review by other students in a public Practicum/Internship Notebook.

Signature _____ **Date:** _____



<p>For each item please indicate whether you Strongly Agree, Somewhat Agree, Somewhat disagree, Strongly Disagree, or N/A - Rating does not apply.</p>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	N/A
The site provided adequate practice opportunities for growth.					
This clinical site has resources to support student training.					
Supervision was appropriately challenging.					
Supervision was appropriately supportive.					
I was able to use an empirically-validated theoretical model to guide my practice in the clinical site.					
Level of autonomy was appropriate for my level of training.					
The training site did not use my services beyond that which was stipulated in the initial supervision agreement.					
I was evaluated fairly and objectively by my clinical supervisor.					
Patients are variable in age, diagnoses, and numbers.					
The site provided access to a broad range of clients with differing cultural backgrounds.					
The site supported and reinforced culturally competent practice.					
The site has a professional atmosphere.					
The trainee is treated with respect by fellow staff.					
Site provides appropriate resource and reference materials.					
Site staff shows sensitivity to my developmental needs emotionally, experientially and professionally.					
Disagreements are discussed in an open, non-threatening manner.					
The training site models and reinforces ethical practice.					



Summary of Training Experience (if needed, please add additional sheet for comments)

1. Describe the experiences you had at this site that contributed most to your professional growth.

2. Describe any factors at this site that may have hampered your professional growth.

3. Was your training adequate for your level of experience? Yes No

Rate the **Site** overall by circling the appropriate number.

Inadequate 1 2 3 4 5 Excellent

Rate your **Supervisor** overall by circling the appropriate number.

Inadequate 1 2 3 4 5 Excellent

Final Comments:

Students:
Return completed form to
clinicaltraining@pacifica.edu