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DEPARTMENT OF PSYCHOTHERAPY AND SPIRITUALITY PRACTICUM

FINAL SITE EVALUATION

Student Name	
Clinical Supervisor	
Practicum Site	
Practicum Start Date	
Practicum End Date	

What did you *like* about this practicum placement?

What did you *not like* about this practicum placement?

Tell us about your supervision experience

On a scale of 1-10 (1=poor; 10=excellent), how would you rate your supervision experience? _____

Would you recommend this placement to another student? Why or why not?

On a scale of 1-10 (1=poor; 10=excellent), how would you rate your overall experience at this placement? _____

Thank you for your feedback.
Please forward to CLINICAL DIRECTOR.

Initials Clinical Director _____ Date _____

ACADEMIC OFFICE USE ONLY	
Reviewed by Clinical Director	☐
Recorded in practicum documentation sheet	☐