



**ST STEPHEN'S COLLEGE**

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**DEPARTMENT OF PSYCHOTHERAPY AND SPIRITUALITY  
PRACTICUM**

**STUDENT PRACTICUM FEEDBACK**

<b>Student Name</b>	
<b>Practicum Supervisor(s)</b>	
<b>Practicum Site</b>	
<b>Practicum Start Date</b>	
<b>Practicum End Date</b>	

What did you *like* about this practicum placement?

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

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Tell us about your supervision experience

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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?

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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 the CLINICAL DIRECTOR.**

\_\_\_\_\_  
Signature, Clinical Director

\_\_\_\_\_  
Date

**ACADEMIC OFFICE USE ONLY**

Recorded in practicum documentation sheet