

Site Supervisor Evaluation – by Student

Name of student:							
Practicum Placement:							
Name and Title of Supervisor:							
Supervisor Email address:		Supervisor Phone number:					
Number of hours per week at site	::	Number of hours per week o	of supervision:				
Describe the client population (gender, ethnicity, socioeconomic status, presenting concerns):							
List activities in which you participated:							
Describe any specialized training you had to undergo at your site prior to seeing clients:							

Student's Evaluation of Practicum Site Supervisor

Please us the following scale to evaluate your experience and your supervisor:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

I received adequate orientation for the site.				
I felt that my level of training and experience adequately prepared me for work with this particular population.				
I had adequate opportunity to develop my intervention skills.				
I received constructive feedback on my performance.				
I received adequate supervision.				
My client load was adequate.				
My client load was manageable.				
I had adequate opportunity to participate in professional activities (e.g., staff meetings, workshops, etc.)				
The work environment at my site was generally supportive and professional.				
The experience has contributed to my professional development.				
My supervisor possessed a sound knowledge in school and applied child psychology.				
My supervisor is knowledgeable about current trends in school and applied child psychology.				
My supervisor was able to communicate their knowledge easily to me.				
My supervisor was readily available and accessible.				
My supervisor provided me with feedback on my growth and progress on a regular basis.				
My supervisor provided me with a minimum one hour of supervision per week.				
My supervisor developed appropriate learning experiences geared towards my individual needs.				
My supervisor had knowledge of external community resources available.				
Overall Evaluation of my Practicum Supervisor				
Please provide any additional comments you feel are necessary:				
Student Signature: Date:				