

# LCU COUNSELING PRACTICUM/INTERNSHIP SITE EVALUATION

**Name**

First

Last

**Site Supervisor**

First

Last

**Site**

Site Name Here

**Course**

Course

*Choose course in which you are currently enrolled*

**Semester**

Semester

*Choose semester in which you are currently enrolled*

**Year**

Year

*Choose year in which you are currently enrolled*

## Rating Scale

**1 = Very Satisfactory**

**3 = Moderately Unsatisfactory**

**2 = Moderately Satisfactory**

**4 = Very Unsatisfactory**

**N/A = Not Applicable**

**Rate the following questions about your site and experiences using the scale above:**

	1	2	3	4	N/A
1. Amount of on-site supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. Rate all applicable experiences which you had at your site:**

	1	2	3	4	N/A
a. Report writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Intake interviewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Administration and interpretation of tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Staff presentations/case conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Individual counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Group counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Family/couple counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h. Psycho/Educational activities	○○○○ ○
i. Consultation	○○○○ ○
j. Career counseling	○○○○ ○
	1234 N/A
3. Quality and usefulness of on-site supervision	CCCC ○
4. Usefulness and helpfulness of practicum coordinator	CCCC ○
5. Relevance of experience to career goals	CCCC ○
6. Exposure to and communication of agency goals	CCCC ○
7. Exposure to and communication of agency procedures	CCCC ○
8. Exposure to professional roles and functions within the agency	CCCC ○
9. Exposure to information about community resources	CCCC ○
10. Overall evaluation of the site	CCCC ○

**Additional Comments:**

Type your text here

**Signature**

*Please use your mouse, or your touchscreen if you have those capabilities, and sign your name.*