

**Department of Counseling & Student Affairs  
Clinical Mental Health / Marriage, Couple, & Family  
Student Evaluation of Site**

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| --- | --- | --- | --- | --- | --- |
| **Student’s Name** |  | | **Term & Year** |  | |
| **Site Name** |  | | **Dates of Evaluation** |  | |
| **Site Supervisor** |  | | **Faculty Supervisor** |  | |
| **Directions:** Complete this form to provide insight to the department faculty about the effectiveness and experiences of your site. Please rate the site based on your experiences and opportunities according to the following scale: | | | | | |
| (1) Unsatisfactory, did not meet expectations  (2) Below expectations  (3) Satisfactory; meets expectations | | | (4) Above expectations  (5) Outstanding  (NA) Insufficient to judge or not available. | | |

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| **Site Effectiveness** | 1 | 2 | 3 | 4 | 5 | NA |
| Amount of onsite supervision (minimum 1 hour weekly required) |  |  |  |  |  |  |
| Quality and usefulness of onsite supervision |  |  |  |  |  |  |
| Relevance of experience to career goals |  |  |  |  |  |  |
| Exposure to and communication of agency goals |  |  |  |  |  |  |
| Exposure to and communication of agency procedures |  |  |  |  |  |  |
| Exposure to professional roles and functions within the agency |  |  |  |  |  |  |
| Exposure to information about community resources |  |  |  |  |  |  |
| **Site Opportunities Available** |  |  |  |  |  |  |
| Report writing |  |  |  |  |  |  |
| Intake interviews |  |  |  |  |  |  |
| Administration and interpretation of tests |  |  |  |  |  |  |
| Staff presentation/case conferences |  |  |  |  |  |  |
| Individual counseling |  |  |  |  |  |  |
| Group counseling |  |  |  |  |  |  |
| Family/couple counseling |  |  |  |  |  |  |
| Psychoeducational groups & activities |  |  |  |  |  |  |
| Consultation |  |  |  |  |  |  |
| Career counseling |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| **Overall Evaluation of Site** |  |  |  |  |  |  |

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| **Comments and suggestions about the site (i.e., strengths, areas for growth)** |
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| *You are* ***not*** *required to share this with your site supervisor. However, you are encouraged to provide them with this evaluation or ongoing feedback throughout the semester as issues arise.* | | | |
| Student Counselor Signature |  | Date |  |
| Site Supervisor (Optional) |  | Date |  |

\* Adapted from Boylan, Malley, & Petty Reilly (2001).