

**Department Of Counselor Education
Student Evaluation of Site Experience**

Name of Student _____ Semester/Year _____

Site Name _____ Site Phone _____

Site Address _____

Site Director _____

Immediate Site Supervisor(s) Name _____ Title _____

Name _____ Title _____

EVALUATION

Circle the number that best represents your site experience in the categories below:

- Key: 0=Insufficient opportunity to experience
1=Needs much improvement
2=Needs some improvement
3=Meets expectations
4=Superior Experience

	<u>Circle One</u>
1. Orientation upon arrive to site	0 1 2 3 4
2. Facilities and space	0 1 2 3 4
3. Exposure to variety of client problems	0 1 2 3 4
4. Exposure to variety of professional activities	0 1 2 3 4
5. Quality of supervision	0 1 2 3 4
6. Summary rating of your experience	0 1 2 3 4

Would you recommend this organization to other counselors for field experience?

YES NO (circle one)

What could be done to improve the clinical experiences at this site?

Additional Comments

If you need more space to write, please use the other side of this paper.