

Field Experience Site Evaluation by Students

Student Name: _____ **Date** _____

Field Experience Classes: 946 948 949

Agency: _____ **Phone:** _____

Agency Address: _____

Site Supervisor name and licensure: _____

Supervisor's Title: _____

Describe the work that you performed at this site:

What types of clients did you serve? (check all that apply)

Adults Teens Children Couples Families

What type of work did you perform? (check all that apply)

Psychoeducation Assessments Individual Therapy
Couples Therapy Family Therapy Writing Progress Notes
Facilitating Groups Treatment Planning

Describe your opportunity to work with diverse populations:

What cultural contexts were in play for the clients that you served? (check all that apply)

Immigrant Experience Refugee Experience Poverty
Homelessness Domestic Violence Sexual Violence
Legal Issues Developmental Disability LGBT
Intellectual Disability Physical Disability Substance Abuse
Adoption African American Asian American
Caucasian Latin or Hispanic Native American

Describe your experience with your supervisor:

What types of supervision were provided (group, individual, direct observation with feedback)?

| Please rate how well your supervisor met your needs and expectations in the following ways. | Did not meet (1) | Met expectations (2) | Exceeded expectations (3) |
|--|--------------------------|-----------------------------|----------------------------------|
| Supervision sessions were consistent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervision sessions were at least one hour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervisor met when scheduled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervisor was available when needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encouraged awareness of professional values | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encouraged professional behavior consistent with values | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sensitivity to contextual issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge of client population | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Treatment planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Record keeping/case notes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adheres to field experience contractual agreement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional administrative practices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of presentation/discussion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

List the supervisor's strengths:

List the ways your experience with the supervisor could have been improved:

Describe your overall experience with this site:

Please list the strengths of this site for interns:

Please comment on limitations of this setting in relation to your learning:

Were all of your clients provided informed consent forms stating that they would be working with a student?

Were you able to video record client sessions for use in your courses?

What suggestions do you have for improving the overall quality and effectiveness of this site?

Would you recommend that students be placed in this agency in the future? Why or why not?

Signature: _____

Date: _____