

PRACTICUM SITE EVALUATION FORM

Site/supervisor: _____

Semester/year: _____

Level of practicum: _____

Practicum experiences (Please indicate approximate percentage of total time spent in listed activity. NOTE: **the total across categories should not exceed 100%.**)

Assessment

- _____ % Interviewing
- _____ % Observations
- _____ % Standardized (e.g., IQ/Achievement, rating scales)
- _____ % Specialized (e.g., personality, neuropsych)
- _____ % Curriculum-based
- _____ % Applied behavior analysis/functional analysis

Intervention

- _____ % Educational/academic interventions
- _____ % Behavioral interventions
- _____ % Individual counseling
- _____ % Group counseling/skills training

Consultation

- _____ % Teacher
- _____ % Parent
- _____ % Workshops or other presentations
- _____ % Community services

Comments: _____

Supervisory characteristics: Please rate each characteristic by checking under the appropriate description.

Characteristics	Insufficient	Adequate	Exceptional
Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraging and enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gives clear instructions/expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sets tasks that are challenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides sufficient support for success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allows independence when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gives timely and helpful feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____