



Student Practicum Evaluation Form

Please provide below the information requested for the clinical practicum you have been involved in during the semester.

Student Name (optional) _____

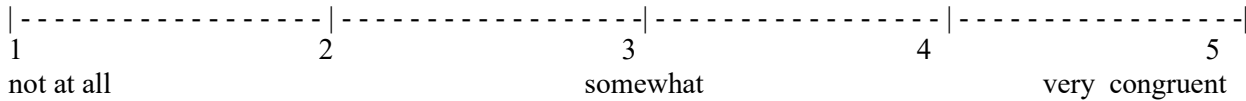
Semester (check one): Fall Spring Summer Academic Year: _____

Practicum site _____

Supervisor (s) _____

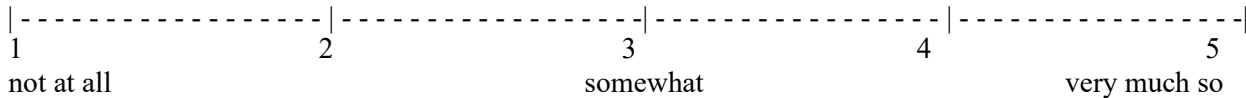
Nature of the clinical training experience (e.g., individual psychotherapy, neuropsychological assessment, etc.)

1. Was the clinical training experience congruent with your expectations (e.g., site was described as individual therapy and you have seen multiple patients in individual therapy)?



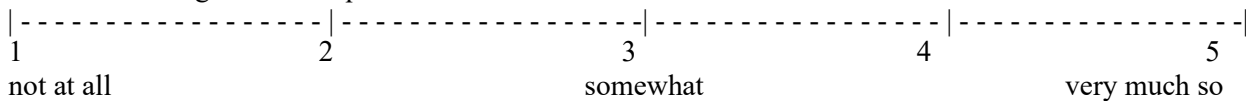
Comments: _____

2. Did the clinical training experience increase your knowledge and clinical skills?



Comments: _____

3. Was the experience (both clinical and didactic) you received with regard to working with clients from diverse backgrounds adequate?



Comments: _____

