## **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) \_\_\_\_\_ Spring Summer Academic Year: Semester (check one): Fall Supervisor (s) \_\_\_\_\_ Nature of the clinical training experience (e.g., individual psychotherapy, neuropsychological assessment, etc.) 1. Was the clinical training experience congruent withyour expectations (e.g., site was described as individual therapy and you have seen multiple patients in individual therapy)? |----| somewhat not at all very congruent Comments: 2. Did the clinical training experience increase your knowledge and clinical skills? somewhat not at all very much so

Comments:

diverse backgrounds adequate?

Comments:

not at all

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

somewhat

very much so

	esources at the site adequate numbers of pat	11 -	clinical training (e.g., t	up-to-date psychological testing	g
1	2	3		5	
not at all	_	somewhat	·	very much so	
Comments:					