

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 (circle 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)?

|-----|-----|-----|-----|
1 2 3 4 5
not at all somewhat very congruent

Comments: _____

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

|-----|-----|-----|-----|
1 2 3 4 5
not at all somewhat very much so

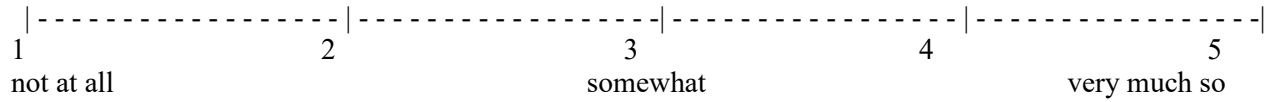
Comments: _____

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

|-----|-----|-----|-----|
1 2 3 4 5
not at all somewhat very much so

Comments: _____

4. Were the resources at the site adequate to support your clinical training (e.g., up-to-date psychological testing materials, adequate numbers of patients, etc.)?



Comments: _____