

Shippensburg University
Department of Counseling & CSP

----- **EVALUATION OF SITE FORM (Counseling Program)** -----
(To be completed by student at end of Semester)

Date Completed: _____

This Site Served as a:

Site/Agency Name: _____

School District (if applicable): _____

Address: _____

Name of Student Completing Evaluation: _____

On a scale of 1- (Very Poor) to 5- (Superior), please rate and comment on the above name site:

		<u>Rating</u>	<u>Comments</u>
1.	Orientation to site:		
	a. Adequacy of orientation	_____	_____
	b. They involved me right away	_____	_____
	c. Orientation continued as needed	_____	_____
2.	Professional Treatment		
	a. Professional expectations	_____	_____
	b. I was included in activities	_____	_____
	c. I was treated with respect, as a peer	_____	_____
	d. They consulted me for ideas	_____	_____
	e. They made me feel welcome	_____	_____
3.	Quality of Supervision		
	a. Supervision was regularly scheduled	_____	_____
	b. Supervision was helpful	_____	_____
	c. Supervision was geared to my level of training	_____	_____
	d. Supervision was supportive	_____	_____
4.	Experiences		
	a. Appropriate clients were	_____	_____

- b. plentiful
I learned the overall agency operation _____
- c. I had appropriately challenging duties _____
- d. I felt that I made a contribution _____
- e. I rarely felt lost, bored, or left out _____

5. Global Evaluation

- a. I learned much at this site _____
- b. I felt well prepared for assignments at this site _____
- c. I would recommend this site for future assignments _____

6. List major activities you engaged in:

7. Name the supervisor(s) you would recommend at this site:

8. What types of clients are available at this site? (age, sex, nature of concerns presented, degree of severity of issues, etc.)

9. Other comments/recommendations/cautions
