Name of Counselor Trainee: ____________________________________________

Name of Site Supervisor: ____________________________________________

Dates of Placement: _________________________ to _________________________

Name of Site: ________________________________________________________

Rate the following questions about your site and experiences using the following scale:
A = Very satisfactory
B = Moderately Satisfactory
C = Moderately unsatisfactory
D = Very unsatisfactory

1. _______ Amount of on-site supervision
2. _______ Quality and usefulness of on-site supervision
3. _______ Relevance of experience to career goals
4. _______ Exposure to information about community resources
5. _______ Rate all applicable experiences that you had at your site:
   _______ Report writing
   _______ Intake interviewing
   _______ Administration and interpretation of tests
   _______ Staff presentations/case conferences
   _______ Individual counseling
   _______ Group counseling
   _______ Live supervision and/or video/audio recording of sessions
   _______ Psychoeducational activities
   _______ Consultation
   _______ Career counseling
   _______ Other
6. _______ Overall evaluation of the site

COMMENTS: Include on the back of this sheet any suggestions for improvements in the experiences you have rated moderately unsatisfactory or very unsatisfactory.