SITE EVALUATION
(Due after completion of 600 hours)

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
   ______ Family/couple counseling
   ______ 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.