

**STUDENT'S EVALUATION OF PRACTICUM EXPERIENCE**  
**Department of Counseling**  
**Wake Forest University**

Semester and Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Site: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE COMMENT BELOW ON VARIOUS ASPECTS OF THE PRACTICUM:**

1. Orientation. Adequacy of orientation to agency and its work.
  
2. Clarity of purposes, goals and expectations of your work with agency.
  
3. Was your site supervisor available for consultation when needed?
  
4. Helpfulness and cooperation of other staff in agency.
5. Were you given appropriate responsibility?
  
6. Did you have adequate opportunities for one-on-one counseling?

7. Did you have opportunities for group counseling?

8. Comment on ease of obtaining tapes for review:

9. Positive of this site:

10. Negatives of this site:

11. Helpfulness of weekly individual meetings with Faculty group supervisor:

12. Helpfulness of weekly group meetings with faculty supervisor and other students:

**MAJOR LEARNINGS FROM PRACTICUM:**

About **Self** (Skills acquired, needs for further development):

About **Clients**:

About the **Profession of Counseling**;

**SUGGESTIONS FOR IMPROVEMENT:** What could have been done to make  
this a better placement?

By **You**?

By the **Agency**?

By the **Department of Counseling**?

**Would you recommend this site as a practicum to another student?  
As an internship site?**

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_