

**(Please Print or Type)**

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

Practicum Site Supervisor Name: \_\_\_\_\_

Semester(s) and year(s) of Practicum: \_\_\_\_\_

Please check the appropriate box.

- 1 = Very Poor
- 2 = Needs Improvement
- 3 = Average
- 4 = Above Average
- 5 = Outstanding

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|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Provided opportunities for face-to-face client contact (at least 50 hours)                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. Provided adequate supervision for each student  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. Maintained and promoted ethical standards in compliance with LPC regulations.                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. Offered a clinical environment suitable for the student's level of training                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. Placed appropriate expectations and requirements on students in training                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. Provided appropriate support and guidance for procedural administrative and counseling duties | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 7. Overall evaluation  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Additional Comments:

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