

**Texas Tech University  
College of Education/Counselor Education  
Counseling Site Evaluation**

**Directions: This form is completed by the student**

Student Name: \_\_\_\_\_ Student SS#: \_\_\_\_\_

- Please Check the Type of Supervised Experience at this Site:  
School Practicum Placement: \_\_\_\_\_ School Internship Placement: \_\_\_\_\_  
Agency Practicum Placement: \_\_\_\_\_ Agency Internship Placement: \_\_\_\_\_
- Name of Placement Site: \_\_\_\_\_
- Address of Site: \_\_\_\_\_  
\_\_\_\_\_
- Name of Site Supervisor: \_\_\_\_\_
- List your total direct contact counseling hours accrued at this site: \_\_\_\_\_
- List your total indirect contact counseling hours accrued at this site: \_\_\_\_\_
- List the total number of individual supervision hours received from your site supervisor: \_\_\_\_\_
- List the total number of group supervision you hours received from your site supervisor: \_\_\_\_\_
- Were you able to finish your experience on schedule at this site? \_\_\_\_\_  
If no, please explain: \_\_\_\_\_

*Please circle your response as Satisfactory (S), or Unsatisfactory (U) for the following items. For any item circled as unsatisfactory please write a brief response under comments.*

- |   |   |   |
|---|---|---|
| 1. Availability of clients:                                 | S | U |
| Comments: _____   |   |   |
| _____   |   |   |
| 2. Adequacy of facilities (room space, privacy, etc.):      | S | U |
| Comments: _____   |   |   |
| _____   |   |   |
| 3. Support services for counseling (secretarial help, etc): | S | U |
| Comments: _____   |   |   |
| _____   |   |   |
| 4. On-site supervisory support:                             | S | U |
| Comments: _____   |   |   |
| _____   |   |   |
| 5. Professional atmosphere of site:                         | S | U |
| Comments: _____   |   |   |
| _____   |   |   |

Counseling Site Evaluation

Student Name: \_\_\_\_\_

Student SS#: \_\_\_\_\_

6. Please mark each experience found at your site. Mark all that apply:

\_\_\_ Report Writing

\_\_\_ Intake Interviewing

\_\_\_ Administration and Interpretation of Tests

\_\_\_ Group Counseling

\_\_\_ Staff Presentation/Case Conferences

\_\_\_ Individual Counseling

\_\_\_ Family/Couple Counseling

\_\_\_ Career Counseling

\_\_\_ Psychoeducational Activities

\_\_\_ Consultation

\_\_\_ Others (Please list/described) \_\_\_\_\_

7. What experience/training do you wish you could have experienced at this site but did not?

---

---

---

8. What were the major benefits gained/learned from working at this site?

---

---

---