# Clinical Placement Evaluation Form

**Placement Site:** __________________________________________________

**Academic Year:** _________

**Supervisor(s):** __________________________________________________

**Person Completing this Form:** _____________________________________

**Year in program:** _________

## Client Population/Clinical Setting
1. **Age Range:** ___________
2. **Client Ethnicity (circle all that apply):** Caucasian    African-American/Black    Hispanic-American    Asian-American    Other: ________
3. **DSM-IV Diagnoses/Other Diagnoses:** ___________________________________________________________________________
   ___________________________________________________________________________________________________________
4. **Placement Setting (e.g., inpatient, outpatient, residential, hospital):** ____________________________________________________
   ___________________________________________________________________________________________________________

## Workload
1. **Did you do assessments on this placement?**  YES  NO
   If yes, approximate number of assessments done: ______
   If yes, tests administered: ____________________________________________
   _________________________________________________________________
2. **Did you conduct therapy at this placement?**  YES  NO
   If yes, approximate number of clients seen over the year: ______
   If yes, average number of sessions per client: ______
   If yes, predominant orientation of therapy: _____________________________________________
   If yes, did you conduct the following types of therapy (circle all that apply):
      Individual Family  Group  Couples  Other: __________________________
3. **Were other professional activities encouraged at this site (i.e., case presentations, etc.)?**  YES   NO
   If yes, what? ________________________________________________________________________________________

## Supervision
1. **Number of supervision hours per week:** ______
2. **Did you find the level of supervision to be adequate?**  YES  NO
   If no, please explain: ______________________________________________________________
   _________________________________________________________________

## General Ratings
1. **What was the most challenging part of this placement?** ____________________________________________________________
   ___________________________________________________________________________________________________________
2. **What did you find to be most useful about this placement?** __________________________________________________________
   ___________________________________________________________________________________________________________
3. **Is this placement better for a 3rd year or a 4th year student (if assessment placement, n/a)?** _________________
4. **Other General Comments:** ________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________