

**Clinical Placement Evaluation Form
Student Reference**

Placement Site: _____
Supervisor(s): _____
Person Completing this Form: _____

Academic Year: _____
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: _____

