

Case Western Reserve University
Department of Psychology
Student Evaluation of Clinical Placement

Person Completing this Form: _____ Year in Program: _____

Placement Site: _____

Supervisor(s): _____

Date of Placement: from _____ to _____ Average Number of Hours per Week: _____

I. ACTIVITIES WHILE ON PLACEMENT

A. Assessment

Number of assessments completed at placement site:

Cognitive: ____ Personality: ____ Other: ____

Tests administered: _____

Description of Client Population for Assessments:

Age range: _____

Client Ethnicity: _____

DSM-IV Diagnoses/Other Diagnoses: _____

B. Psychotherapy

Number of clients seen at placement site: _____

Average number of sessions per client: _____

Description of Client Population for Psychotherapy:

Age range: _____

Client Ethnicity: _____

DSM-IV Diagnoses/Other Diagnoses: _____

C. Other Activities

1. Did you participate in the following activities while on this placement:

If yes, number of hours:

Seminars	Yes	No	_____
Workshops	Yes	No	_____
Case Presentations	Yes	No	_____
Team Conference	Yes	No	_____

2. Did you prepare & present cases at this placement? Yes No If yes, how many? ____

3. Was your case presentation(s) adequately supervised? Yes No

4. Did you participate in any other activities? Yes No If yes, please describe:

II. PREPARATION OF SITE

1. Did you feel that your placement was adequately prepared for a student trainee? Yes No
If no, please explain: _____

2. Did you feel that you were adequately oriented to your placement site? Yes No
If no, please explain: _____

3. How long were you at this placement site before you saw your 1st client/conducted your 1st assessment? _____
4. Did you have adequate space to see clients? Yes No
5. Did you have adequate space to conduct your paperwork? Yes No

III. SUPERVISION (general)

1. Average number of supervision hours (not including group supervision) per week: _____
2. Did you have regularly scheduled supervision time? Yes No
3. Did you have sufficient time with your supervisor to discuss your cases? Yes No
If no, please explain: _____

4. Did you have adequate opportunity to work independently? Yes No
If no, please explain: _____

5. Did you feel that your supervisor was adequately prepared to supervise you? Yes No
If no, please explain: _____

IV. SUPERVISION (specific ratings)

Please rate your supervisor(s) using the following scale:				
1	2	3	4	5
poor	below average	average	above average	outstanding (one of the best)

Name of Supervisor #1: _____

Theoretical Orientation: _____

Professionalism _____	Comments: _____ _____ _____
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Availability for your training	_____	Comments: _____ _____ _____
Provision of effective & constructive feedback	_____	Comments: _____ _____ _____
Supportiveness for your training	_____	Comments: _____ _____ _____
Overall rating	_____	Comments: _____ _____ _____

Name of Supervisor #2: _____

Theoretical Orientation: _____

Professionalism	_____	Comments: _____ _____ _____
Availability for your training	_____	Comments: _____ _____ _____
Provision of effective & constructive feedback	_____	Comments: _____ _____ _____
Supportiveness for your training	_____	Comments: _____ _____ _____
Overall rating	_____	Comments: _____ _____ _____

Name of Supervisor #3: _____

Theoretical Orientation: _____

Professionalism	_____	Comments: _____ _____ _____
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Availability for your training	_____	Comments: _____ _____ _____
Provision of effective & constructive feedback	_____	Comments: _____ _____ _____
Supportiveness for your training	_____	Comments: _____ _____ _____
Overall rating	_____	Comments: _____ _____ _____

Did you have any conflicts or problems with your supervisors? Yes No
 If yes, please explain: _____

V. OVERALL RATING OF PLACEMENT

Please circle one:						
1	2	3	4	5	6	7
poor			average			outstanding (one of the best)

1. Would you recommend this placement to other students? Yes No
 Why or why not? _____

2. What type of background should students have before going to this placement? _____

3. What are the strengths of this setting? _____

4. What are the weaknesses of this setting? _____

