

**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 3<sup>rd</sup> year or a 4<sup>th</sup> year student (if assessment placement, n/a)? \_\_\_\_\_
4. Other General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_