MURRAY STATE UNIVERSITY COUNSELING PROGRAM
COUNSELING SUPERVISEE'S EVALUATION OF PLACEMENT SITE

Name of Supervisee:_____

Name of Placement Site:_____

Name of Site Supervisor:_____

Period of Site Placement:_____

Please respond with a "Y" for "yes" or an "N" for "no" to the following statements regarding the placement site.

___ There was a formal orientation or introduction to training at this site.

___ I received adequate introduction to the site's policies and procedures and my duties at this site.

___ I received adequate physical space to provide counseling with appropriate confidentiality at this site.

___ I was regularly assigned clients at this site.

___ I had difficulty getting sufficient clients at this site to complete my direct hours requirement.

___ I had difficulty getting opportunities to participate as a co-leader or a leader of counseling groups at this site.

___ I had difficulty getting the necessary equipment and physical arrangements to video tape at this site.

___ I was made a member of the regular staff at this site.

___ I was treated with professional respect by all staff members at this site.

___ I received adequate management and supervision at this site so I never felt unsupported in my decision making.

___ This site provided me with adequate resources to continue my professional development.

___ This site provided me opportunities to learn about applying various counseling theories and techniques.

___ This site provided me opportunities to work with persons representing diversity in our community.

___ I would recommend this site for other interns of the Murray State University Counseling Program.

Other comments I would like to make about this site include:

_____ _____

Signature of Student Date