



UNC CHARLOTTE
Health Psychology Ph.D. Program
Student Evaluation of Practicum Site Form
Clinical Concentration/Program

Student name: _____ F W Sp Su Year _____

Site name: _____

Supervisor(s): _____

Hours per week of supervision (by this supervisor): _____

Method of supervision: _____ Individual _____ Group _____ Observation _____ Tapes

Rating scale

1	2	3	4	5
Unsatisfactory or Disagree		Neutral		Exceptional or Strongly Agree

Supervision

(If you had more than one supervisor, and there was extensive variability in supervision, note the range on the Likert scales, and elaborate in the Comments section).

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|---|---|---|---|---|---|
| 1. Amount of supervision/availability of supervisor | 1 | 2 | 3 | 4 | 5 |
| 2. Assistance with content of interviews | 1 | 2 | 3 | 4 | 5 |
| 3. Assistance with process issues, such as reactions to clients | 1 | 2 | 3 | 4 | 5 |
| 4. Assistance with therapeutic techniques/interventions | 1 | 2 | 3 | 4 | 5 |
| 5. Feedback on reports and notes | 1 | 2 | 3 | 4 | 5 |
| 6. Supervisor is open to student input | 1 | 2 | 3 | 4 | 5 |
| 7. Supervisor is prepared/on time | 1 | 2 | 3 | 4 | 5 |
| 8. Supervisor assists with emergency or urgent situations | 1 | 2 | 3 | 4 | 5 |
| 9. Supervisor creates atmosphere of trust | 1 | 2 | 3 | 4 | 5 |
| 10. Supervisor recommends other resources as needed (e.g., books) | 1 | 2 | 3 | 4 | 5 |
| 11. Supervisor serves as a professional model | 1 | 2 | 3 | 4 | 5 |
| 12. Supervisor is ethical | 1 | 2 | 3 | 4 | 5 |
| 13. Overall quality of supervision | 1 | 2 | 3 | 4 | 5 |

Comments:

Training experiences

14. Use of scientist-practitioner approach	1	2	3	4	5
15. Emphasis on health psychology	1	2	3	4	5
16. Presenting problems (e.g., severe mental illness) were as expected	1	2	3	4	5
17. Populations (e.g., adults) were as expected	1	2	3	4	5
18. Modalities (i.e., individual therapy) were as expected	1	2	3	4	5
19. Appropriate ratio of clinical to clerical/case management work	1	2	3	4	5
20. Flexibility of schedule	1	2	3	4	5
21. Sufficient quantity of clinical work	1	2	3	4	5
22. Adequate office space available	1	2	3	4	5
23. Computers available for report writing, test scoring, etc.	1	2	3	4	5
24. Overall quality of training experience	1	2	3	4	5

Comments:

Summary

25. Overall rating of site	1	2	3	4	5
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Would you recommend this training site to another student?	Yes	No	Uncertain
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Strengths and weaknesses of site, comments to future students, etc.:

Signature of student and date: _____

Please return this form to the Director of Clinical Training (Amy Peterman). After at least two students have finished at a site, responses will be collated and sent to the site. Your responses will not be individually identified to the site, unless you specifically request to do so.