



Trainee Evaluation of Clinical Training Site

Academic Year Practicum II Practicum III Predoctoral Internship

Trainee Name _____ ID # _____

Training Site _____

Please use the following scale to evaluate your placement. If your evaluation is 1 or 2 in any section, please elaborate in the "Comments" section. You may also use the "Comments" section for any additional information you wish to provide.

1 = unacceptable 2 = below expectations 3 = meets expectations 4 = above expectations 5 = outstanding

1. Interpersonal Relations with Staff 1 2 3 4 5

E.g.: Staff was helpful, professional and supportive; regarded my contributions as important; accepted me as a team member.

Comments on interpersonal relations:

2. Breadth of Experience 1 2 3 4 5

E.g.: Ethnic and diagnostic diversity among clients, provision of diversity training, appropriateness of training to doctoral trainees, inclusion of practice in multiple psychological roles (consultant, educator, therapist, researcher, etc.)

Comments on breadth of experience:

3. Training Expectations 1 2 3 4 5

E.g.: Training experience consistent with what is written about site and appropriate to training goals, appropriate communication of training expectations, clear communication of site policy and procedure, provision of space and materials necessary to complete assigned tasks, trainings focused on clientele served by site.

Comments on training expectations:

1 = unacceptable 2 = below expectations 3 = meets expectations 4 = above expectations 5 = outstanding

4. Training Opportunities

1 2 3 4 5

E.g.: Training included clinical theory, application of theory to specific issues, diagnosis, assessment, treatment planning, legal and ethical issues, psychopharmacological issues, research in the area of clientele served by the site, accessing resources for clients, consultation with other service providers, advocacy, program development, evaluation of services/programs.

Comments on training opportunities:

5. Supervision

1 2 3 4 5

E.g.: Supervisor related well and supported me as an individual. Responded to my questions and dilemmas, was respectful, clarified expectations, recognized and encouraged my strengths, was on time and available for scheduled hours and in cases of emergency.

Comments on supervision:

Overall Site Rating

1 2 3 4 5

Additional comments:

Trainee's Signature: _____

Date: _____

I authorize the Training Department of the PsyD Program to share this evaluation with other students.

(please check and complete if appropriate)

I am willing to speak with other trainees about my experience at this site and can be reached at one of the following:

phone number _____

OR

email address _____