

Practicum Site Supervisor Evaluation of the BHSS Education & Clinical Training Program

This evaluation is completed by the practicum site supervisor to assess the effectiveness of the BHSS clinical training program in preparing students for practicum-level clinical work. Feedback is used for ongoing program improvement. Please circle the number aligned with your rating of the construct and add any comments to explain the rating.

Student Preparation

The student demonstrated appropriate foundational knowledge and readiness for practicum-level work.

Rating Scale: 1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree

Comments:

Ethical and Professional Behavior

The student demonstrated professionalism, ethical behavior, and accountability.

Rating Scale: 1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree

Comments:

Brief Intervention Skills

The program adequately prepared the student with core helper skills appropriate for practicum.

Rating Scale: 1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree

Comments:

Cultural Responsiveness

The student demonstrated cultural responsiveness interacting with clients/patients, and staff.

Rating Scale: 1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree

Comments:

Documentation and Administrative Skills

The student was prepared to complete required clinical documentation and administrative tasks.

Rating Scale: 1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree

Comments:

Supervision Readiness

The student was receptive to supervision and able to integrate feedback into practice.

Rating Scale: 1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree

Comments:

Overall Program Effectiveness

Overall, the counselor education program effectively prepares students for practicum training.

Rating Scale: 1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree

Comments:

Additional Comments or Recommendations

Site Supervisor Name: _____

Agency/Site: _____

Practicum Student Name: _____

Date: _____