

DEPARTMENT OF COUNSELING MINISTRIES**STUDENT EVALUATION OF
LIFE COACING PRACTICUM PLACEMENT SITE SUPERVISION** **Midterm** **Final**

Please select the appropriate course that corresponds with your degree program:

 M.A. in Human Services, HSC 580/ HSC 581 **Ph.D. Counseling and Psychological Studies, MHPS 680/ MHPS 681**

The purpose of this evaluation is to allow the student to evaluate site supervision during the practicum and to assess the progress of supervision as they learn how one becomes an effective helper/leader. This evaluation also allows the student to commend the site supervisor and/or express concerns regarding site supervision. Please include additional comments on this form or on a separate page that you think would help Regent University assess your experience. Comments will not affect your grade for the practicum course.

Student Name: _____

Site Name: _____

Site Supervisor Name: _____

Site Supervisor Email and Phone Number: _____

I. Please answer the following questions about your practicum site supervision:

1. How many hours have you received in weekly one-to-one supervision? _____

2. Do you receive supervision in a group with other practicum students? Yes No

a. If so, how many students are in the group? _____

b. How many hours per week? _____

3. Please describe the content and manner of your supervision sessions: (i.e., content = what is covered; manner = feedback, how is it provided)-

4. How would you describe your satisfaction with your supervision?

Excellent Fair Poor

A. If, on question# 6, you answered "fair" or "poor," please explain why you answered this way and provide some reasonable recommendations that would be useful to the site supervisor and to the Department of Counseling Ministries (**indicate strengths and weaknesses of site and/or supervisor experience**):

B.H ave you discussed your level of satisfaction regarding your practicum site with the:

Site Supervisor: Yes No Faculty Supervisor: Yes No

5. How many TOTAL hours have you accumulated at your site as of the date of this form (i.e., direct, indirect, and supervision)? _____

II. Please rate quality of supervision

1. Quality of supervision and feedback provided by supervisor (Check One):

Well Below

Somewhat Below

Appropriate Level

Somewhat Above

Well Above

2. Supervisor responds to questions, concerns, emails, etc. in a timely manner (Check One):

Well Below

Somewhat Below

Appropriate Level

Somewhat Above

Well Above

3. Supervisor treats me with respect and allows autonomy in my work (Check One):

Well Below

Somewhat Below

Appropriate Level

Somewhat Above

Well Above

4. Procedural matters, agency policy, etc., are clearly communicated to me by my supervisor or other site staff (Check One):

Well Below

Somewhat Below

Appropriate Level

Somewhat Above

Well Above

5. I receive timely feedback from my supervisor (Check One):

Well Below

Somewhat Below

Appropriate Level

Somewhat Above

Well Above

6. Supervisor is emotionally supportive and provides positive reinforcement of my successes and efforts (Check One):

Well Below

Somewhat Below

Appropriate Level

Somewhat Above

Well Above

7. My supervisor utilizes effective organizational and management skills (Check One):

Well Below

Somewhat Below

Appropriate Level

Somewhat Above

Well Above

8. My supervisor is available to me when I request assistance (Check One):

Well Below

Somewhat Below

Appropriate Level

Somewhat Above

Well Above

9. My supervisor is realistically demanding of me as a student professional (Check One):

Well Below

Somewhat Below

Appropriate Level

Somewhat Above

Well Above

10. Please provide any additional comments you would like to share with your Faculty Supervisor about your Site Supervisor:

Student Signature _____

Date: _____