Directions:
The Student Field Placement Evaluation provides students with the opportunity to analyze and appraise the field experience. This evaluation is utilized to assess the quality of the experience gained by the student; as well as the achievement of learning objectives identified at the beginning of the term. Completion of this evaluation is a requirement of CPS 790 and CPS 791. It is recommended that prior to the end of the field experience, the student schedule time with the immediate field supervisor to discuss the Evaluation of Field Placement.

1. Describe the therapeutic activities in which you engaged during this field experience. Include the type and number of clients counseled (individual, group, couple, family, workshop, etc.); supervisory sessions attended; staff meetings; in-service training; projects; documentation of therapeutic services; etc., (use additional page, if needed).

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_____________________________________________________________________

_____________________________________________________________________

2. List the learning objectives which you expected to achieve during this field experience and indicate the results obtained.

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_____________________________________________________________________
3. Were you satisfied with the achievement of stated learning objectives?  Yes ____  No ____

If so, in what ways do you believe the setting of this field experience was conducive to achievement of these objectives?

_______________________________________________________________________  
_______________________________________________________________________  
_______________________________________________________________________

If not, what problems have you identified which may have interfered with the achievement of these learning objectives?

_______________________________________________________________________  
_______________________________________________________________________  
_______________________________________________________________________

4. Describe and appraise the supervisory process available. (I.e., Did you work independently or with close supervision? What was the type and frequency of the supervisory sessions conducted between you and the field supervisor? Do you believe there was adequate supervision? Comment on your relationship with your immediate supervisor.  

_______________________________________________________________________  
_______________________________________________________________________  
_______________________________________________________________________

5. What improvements in the field placement do you believe would enhance the quality of this learning experience?

_______________________________________________________________________  
_______________________________________________________________________  
_______________________________________________________________________

6. Do you believe the Counseling Programs’ curriculum provided adequate theoretical background for the type of therapeutic responsibilities which were assigned during this field experience?  
Yes ____  No ____
If not, in what areas did you feel weak?

_______________________________________________________________________
_______________________________________________________________________

Did the placement setting:

1. Accept you in the role of student-counselor?  Yes ___  No ___
2. Offer the opportunity to meet and interact with other professionals?  Yes ___  No ___
3. Provide an atmosphere conducive to cooperative working relations with others?  Yes ___  No ___
4. Provide adequate physical facilities conducive to learning?  Yes ___  No ___
5. Provide opportunities to be innovative and creative?  Yes ___  No ___
6. Provide the opportunity to participate in a variety of learning experiences?  Yes ___  No ___
7. Was there agreement between your expectations of the field experience and the agency’s expectations?  Yes ___  No ___
8. Would you recommend this field experience be assigned to other students in the future?  Yes ___  No ___

Please comment on any item checked “No”. Use additional page if necessary.

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_______________________________________________________________________
_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Student Signature: ___________________________ Date: ________________

Field Supervisor’s Signature: ___________________________ Date: ________________