



**CLINICAL PROFESSIONAL COUNSELING STUDENT
EVALUATION OF FIELD PLACEMENT SITE
[CNSL 503-PRACTICUM & CNSL 594-INTERNSHIP]**

Department of Counselor Education and Family Therapy

Student Name: _____

Identify Clinical Professional Counseling Course & Semester(s) Taken:

Practicum [CNSL 503] Semester: _____ Year: _____

Internship [CNSL 594] Semester(s): _____ Year: _____

Site Name: _____

Site Location/Contact Information:

- Street Address: _____
- City: _____
- State: _____ Zip Code: _____
- Phone #: _____ Website: _____

Site Contact Name:

- Name: _____
- Title/Position: _____
- Phone #: _____ Fax #: _____
- E-mail: _____

Site Supervisor Name [if different from site contact name]:

- Name: _____
- Title/Position: _____
- Phone #: _____ Fax #: _____
- E-mail: _____

Clientele/Populations Served/Services Provided:

• **Age [select all that apply]:**

- Child
- Adolescent
- Adult
- Older Adult/Geriatric

• **Gender [select all that apply]:**

- Female
- Male
- Co-ed
- Other (specify): _____

• **Services/Facility Type [select all that apply]:**

- Behavioral Health/Psychiatric Inpatient
- Behavioral Health/Psychiatric Residential
- Behavioral Health/Psychiatric Outpatient [specify level(s) of care]:
 - _____
 - _____
 - _____
- Addictions Detox/Inpatient
- Addictions Residential
- Addictions Outpatient [specify level(s) of care]:
 - _____
 - _____
 - _____
- Integrated Care for Co-occurring Mental & Substance Use Disorders [specify level(s) of care]:
 - _____
 - _____
 - _____
- Rehabilitation Counseling
- Vocational/Employment/Career Counseling
- Correctional Center
- Domestic Violence Services
- Assisted Living/Nursing Facility
- University Counseling Center
- Other [specify]:
 - _____

Describe Responsibilities Given To Student At Site:

Describe Strengths Of Field Placement Experience:

Describe How The Field Placement Experience Could Be Improved:

Would You Recommend This Site To Another Counseling Student Seeking Field Placement?

- Yes
- No [briefly explain answer in section below]
- Uncertain [briefly explain answer in section below]

May Other Counseling Students Contact You Regarding Your Experience At This Site?

- No
- Yes [if yes, please provide your preferred contact information]:
 - Phone #: _____
 - E-mail: _____