STUDENT'S EVALUATION OF FIELD TRAINING
WRIGHT STATE UNIVERSITY
SCHOOL OF PROFESSIONAL PSYCHOLOGY

Trainee

Placement Site (one evaluation for each site)

Date of Evaluation

***If you need room for additional comments, feel free to use the back of this form***

1. Comment on the site's adequacy in developing a relevant training experience for you:
   - Not relevant
   - Relevant
   - Exactly what I needed
   1 2 3 4 5 6 7
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

2. Comment on the availability and amount of supervisory hours (individual hours & group hours):
   - Not nearly enough
   - Adequate
   - More than adequate
   1 2 3 4 5 6 7
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

3. Please evaluate the overall quality of services at the site:
   - Quality was poor
   - Average
   - Quality was excellent
   1 2 3 4 5 6 7
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

4. Please evaluate the overall range of services at the site:
   - Service range was poor
   - Average
   - Service range was excellent
   1 2 3 4 5 6 7
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

5. Comment on the site's value of training, i.e., the site's support of flexible and professional role development, allocation of human and material resources.
   - Poor
   - Adequate
   - Excellent
   1 2 3 4 5 6 7
   ___________________________________________________________
   ___________________________________________________________

6. Other comments and/or suggestions for improvement:
   ___________________________________________________________
   ___________________________________________________________

Please submit to Office of Clinical Training
Student may keep a copy