



SIENA HEIGHTS UNIVERSITY
CSV PRACTICUM / MDP - SOUTHFIELD
STUDENT EVALUATION OF PRACTICUM SITE

Practicum Site Name: _____

Date Evaluation Completed: _____

Name of Site Practicum Supervisor: _____

Semester: _____

Instructor's Name: _____

Rate the Practicum Site on the following areas with: **Poor, Average, Good or Excellent:**

The Practicum Site accommodated my needs. _____

The Practicum Site offered me opportunities to expand knowledge of community services. _____

The Practicum Site offered me new experience in the area of service delivery.

The Practicum Site gave me opportunities to be creative.

I feel that the practicum site was a good match with my interests.

I was involved with meetings (please be specific, i.e. staff, coalition, etc.).

I received an orientation to the Agency (yes or no). _____

The Orientation was helpful (yes or no); please state in what ways it was or was not.

I received supervision (please indicate yes or no)_____

How many times? _____

Please state specifically what lessons you learned from the practicum experience.

Please state the strengths and/or weaknesses of the practicum placement.

Would you recommend this site to others (yes or no)? _____

Additional comments: Use other side if needed.

Student's Signature (optional)_____