**Feedback from Students about Practicum Settings (optional)**

*The ability to provide feedback is an important skill to develop. But we recognize that the power imbalance between student and practicum supervisor can make this challenging. Therefore, feedback on Practicum Sites or supervisors will be treated as confidential by the DCT and Practicum Coordinator. You may discuss possible limits on confidentiality at any time and any decisions to share information will be collaborative. Any feedback provided to a site or supervisor based on student feedback will be conveyed in a manner that does not reveal the identity of the student providing the feedback, if possible. You are always welcome to talk with the DCT or Practicum Coordinator about your practicum experience or to fill out this form. We are eager to have your feedback on strengths, and challenges, so that we can help create the best experience possible for you and other students at the site in the future.*

**Name of Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Setting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Dates of Practicum/Internship:** From \_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_

**Total Number of Hours:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Number of Hours in Direct Clinical Service:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Number of Hours of Supervision:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Types of Clients Seen:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Types of Activities** **Completed:**

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**Please provide a brief description of the strengths and challenges of the practicum or internship setting from your point of view (continue on a separate page if necessary). You may wish to reflect on aspects of supervision (e.g., availability, professional issues, structure of supervision) as well as aspects of the site (e.g., how prepared you felt for the placement, breadth of experience, workload). Please feel free to include any recommendations you may have for change.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please provide one copy of the completed form to the Practicum Coordinator or Director of Clinical Training.***