Instructions: This form is to be completed by the advisor and submitted to the Practicum Coordinator upon completion of the practicum.

Practicum Site ______________________________
Area of Concentration ______________________________
Preceptor ______________________________
Semester & Year of Practicum ______________________________
Practicum Advisor ______________________________

A - PRACTICUM SITE AND PRECEPTOR EVALUATION

1. The site was satisfactory □ □

2. The preceptor (or delegate) was available to offer adequate supervision for the student during the practicum □ □

3. The preceptor showed adequate professional skills to supervise the student □ □

4. Do you recommend the site for next year? □ □

B - OTHER COMMENTS (opportunities, obstacles, recommendations related to the student/site)
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Signature: ________________________________              Date: ______________________________