

APPENDIX K

THE COLLEGE OF NEW JERSEY
DEPARTMENT OF COUNSELOR EDUCATION

EVALUATION OF CLINICAL PROGRAM BY SITE SUPERVISOR

AGENCY _____ DATE _____

ADDRESS _____

Purpose: To assist faculty in revising and improving clinical experiences.

Please indicate your rating of the Clinical Process with a check at the appropriate point on the scale. 1 is the lowest rating and 5 is the highest rating.

	1	2	3	4	5
1. Student understanding of clinical responsibilities	_____	_____	_____	_____	_____
2. Quality of service provided by student counselor	_____	_____	_____	_____	_____
3. Degree to which student assisted the institution in meeting its goals	_____	_____	_____	_____	_____
4. Degree to which faculty visits were helpful	_____	_____	_____	_____	_____
5. Ease of communication with CE faculty	_____	_____	_____	_____	_____
6. Opportunity to contribute to student evaluations	_____	_____	_____	_____	_____
7. Usefulness of Site Supervisor Manual	_____	_____	_____	_____	_____
8. Would you be willing to serve as a site supervisor in the future?	Yes	_____		No	_____

Comments / Suggestions for improvement:

Return to:
(Faculty Supervisor)
Department of Counselor Education
The College of New Jersey
PO Box 7718
Ewing, NJ 08628
Fax: 609-637-5166

Evaluator: _____

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