



NOVA SOUTHEASTERN UNIVERSITY

College of Arts, Humanities, and Social Sciences

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PRACTICUM SITE EVALUATION FORM

- Student is responsible for submitting the completed form to the practicum coordinator by **deadline: no later than the last day of the term. Late submissions may compromise your course grade.**

If you have any additional questions please contact the practicum coordinator, see contact information above.

<input type="checkbox"/> Practicum I	Term & Year _____	Program/Department
<input type="checkbox"/> Practicum II	Term & Year _____	<input type="checkbox"/> DCRS (MS or Ph.D)
<input type="checkbox"/> Teaching & Training	Term & Year _____	<input type="checkbox"/> MACS/DMS
		<input type="checkbox"/> CSA/DMS
		<input type="checkbox"/> NSA/DMS

Please print or type.

Date Submitted to Practicum Coordinator: _____

Student Name: _____ N# _____ NSU E-mail: _____

Address: _____

Work Phone: _____ Home Phone: _____ Mobile: _____

Practicum Professor: _____

Practicum Site: _____

Site Supervisor: _____ Title _____

Telephone: _____ Fax: _____ Email: _____

Site Address: _____ Website: _____

Supervisor's Email: _____

For office use only: Received _____

Part II

Indicate the number that best corresponds to your thoughts on the following statements.

- a. This practicum experience helped me learn to apply what I have learned in the program.

Strongly Disagree		Neither Agree nor Disagree		Agree
1	2	3	4	5

- b. The practicum site supervisor helped me achieve my learning contract goals.

Strongly Disagree		Neither Agree nor Disagree		Agree
1	2	3	4	5

- c. This practicum site was an adequate organization for achieving my learning goals.

Strongly Disagree		Neither Agree nor Disagree		Agree
1	2	3	4	5

Additional Comments/Suggestions:

Print Student Name: _____

Student Signature: _____ Date: _____