



PRACTICUM SITE EVALUATION FORM

Department of Multidisciplinary Studies

- Student is responsible for submitting the completed form to the practicum coordinator by **deadline: no later than 1 week from the last day of the semester. Late submissions may compromise your course grade.**

If you have any additional questions please contact the practicum coordinator.

Practicum I

Term & Year _____

Program/Department

Practicum II

Term & Year _____

MACS/DMS

CSA/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: _____

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: _____