Site Supervisor Evaluation Practicum Experience

Name of Graduate Studentlimdustrial/Organizatinal Psychology Program to be evaluated:

Student's Graduate	Program (Cir ole e):	M.A.	M.S.	Ph.D.	
Site Name:					
Site Address:					
Site Supervisor:					
Phone Number:					
Dates of Practicum	:				
Please use the follo	•	evaluate the co	ompetencie sh o	f graduate stud	dent you supervised.
5 = Excellent	4 = Very Good	3 = Good	2 = Fair	1 = Poor	NO = Not Observed
Dimensions/Comment Section					Rating
1 Written Commun	nication Skills				