
CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Student Assessment of Clinical Training Site
***Effective Spring 2020 – Form is now an on-line survey**

Date: _____

Class: 530 _____ 584 _____ 590 _____ 591 _____ Spring _____ Fall _____ Sum _____

Agency Name: _____

Supervisor's Name: _____

On a scale of 1 to 5, (1 being poor and 5 excellent):

How would you rate your placement overall? (circle one)

1 2 3 4 5

How would you rate your learning experience? (circle one)

1 2 3 4 5

What would you most want to change about your placement, if anything?

Would you suggest this placement to other students in the future? Explain briefly.

What was the most valuable part of your experience at this placement?

How much contact did you have with individuals from various cultural backgrounds? How did you react?
