

SITE SUPERVISOR REPORT
Field Experience
TWU Counseling Psychology

Supervisee Name: _____

Agency: _____

Period of Supervision: From: _____ **To:** _____

Total Hours Completed: _____

Please indicate your overall evaluation of the student for the supervision period.

- 1 = Unsatisfactory**
- 2 = Needs Improvement**
- 3 = Adequate**
- 4 = Good**
- 5 = Excellent**

Please briefly comment on the student's counseling competencies, work ethic, and interpersonal skill:

Site Supervisor's Name: _____

Supervisor's Signature: _____ **Date:** _____