University of Florida
College of Health and Human Performance Department of TRSM
PRACTICUM EXPERIENCE EVALUATION

Practicum Site Name: _____

City: _____ State: _____

Semester and Year of Practicum: ☐ Fall ☐ Spring ☐ Summer Year _____

5 = Excellent, 4 = Good, 3 = Fair, 2 = Below Average, 1 = Unsatisfactory Not Applicable

Overall, how would you rate the quality of your practicum: 5 4 3 2 1 N/A
Briefly, why did you give it this rating? _____
_____

Quality of the site supervisor: support, helpfulness, and interest in your education and progress: 5 4 3 2 1 N/A

Were you rotated throughout the various departments, offices, positions, or sectors of the agency and/or, did the organization to expose you to multiple aspects of the operation?

Yes, abundantly Yes, a little No

What was the best part of this practicum? _____
_____
_____
_____

What was the worst part of this practicum? _____
_____
_____
_____

Do you believe this experience helped prepare you for future job opportunities in the field?
Yes No

Do you recommend this site for future TRSM practicum students?

Strongly With few reservations No

Why or Why Not? -
_____
_____
_____
_____