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? .......................................................................

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

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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? -

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