

**MURRAY STATE UNIVERSITY COUNSELING PROGRAM
COUNSE**

Name of Supervisee: _____

Name of Placement Site: _____

Name of Site Supervisor: _____

Period of Site Placement: _____

Please respond

___ There was a formal orientation or introduction to training at this site.

my duties at this site.

___ I received adequate physical space to provide counseling with appropriate confidentiality at this site.

___ I was regularly assigned clients at this site.

___ I had difficulty getting sufficient clients at this site to complete my direct hours requirement.

___ I had difficulty getting opportunities to participate as a co-leader or a leader of counseling groups at this site.

___ I had difficulty getting the necessary equipment and physical arrangements to video tape at this site.

___ I was made a member of the regular staff at this site.

___ I was treated with professional respect by all staff members at this site.