

Master of Arts in Counseling
Professional Practice Form
Practicum FINAL EVALUATION

INDIVIDUAL SITE SUPERVISOR FINAL RECOMMENDATION

Student Name: _____

Based on your experience with the student, please indicate your recommendation below:

- The student is competent in all areas assessed. I have no reservations and recommend a passing grade.
- I wish to speak with the faculty supervisor before my final recommendation. (*The faculty supervisor will call you.*)
- I have serious reservations about the student's competence and do not recommend a passing grade.

Individual Site Supervisor Signature: _____ Date: _____