6. Site Visit Form for Practicum & Internship COUN 669, 667, 668, & 869 Old Dominion University, Graduate Counseling Program

Student Name:	Date of Site Visit:
Site Visited:	Site Supervisor:
Course: COUN 669 COUN 667 COUN 668 COUN 869	Semester & Year:
To be filled out by the university group supervisor wher Fill out this form for additional site visits, as needed, ba	
	Yes No
Met with on-site supervisor	
Phone call/video conference with site supervisor	
Co-conducted supervision session* Observed student's work on site*	
Noted one hour supervision session taking place weel	
Taping permitted	Ny
*If engaging in one of these activities during the si supervision session and/or observation. You may	
BRIEF DESCRIPTION OF STUDENT'S TASKS AND F	RESPONSIBILITES AT SITE:
COMMENTS FROM SITE SUPERVISOR	
Students' strengths:	
Growth areas for student:	
Growth areas for student.	
COMMENTS FROM UNIVERSITY SUPERVISOR	
Additional reflections on student's progress during pra	octicum or internship:
3,	
Concerns about the student or the site (please bring a	any concerns to the attention of the Clinical Coordinator):
Section about the stadent of the site (ploude bling a	, solitorno to the attention of the offined Goordinatory.
University Supervisor	Date