

**PESS 261-Practicum in Exercise Physiology
Supervisor Evaluation of Student**

Name of Student: _____

Name and Address/Location of Facility (site of practical experience):

Total number of hours the student spent at the facility: _____

Short statement about quality of the student's experience, including any problems or concerns:

In your opinion, should the student receive credit for this experience? (Please circle)

Yes or No

If not, please explain:

Supervisor Name (printed): _____

Supervisor Signature: _____