**Student Practicum Mid-Year Evaluation**

**Student Semester/YR Course**

**Supervisor Rotation**

**Year in program**

Please rate the student on all generic clinical competencies, taking into account her/his developmental level in the program (e.g., 2nd yr, 3rd yr, or pre-intern).

Use the following 3-level scale:

N = Needs improvement; E = Emerging Skill; C = Demonstrates competency

NA = Not applicable/no opportunity to observe

**Supervision Circle ONE Option**

1. Prepares for supervision (i.e., maintains current file, considers questions
and plans in advance of supervision sessions) N E C NA

2. Displays good judgment regarding the need for supervisory assistance N E C NA

3. Is open and receptive to supervisor input N E C NA

4. Understands and maintains appropriate professional boundaries N E C NA

**Charting and Time Management**

5. Understands and adheres to clinic operating procedures and policies N E C NA

6. Timeliness in completing professional tasks (e.g., agency forms, case notes,
written reports, keeping appointments, etc.) N E C NA

7. Organized, disciplined approach to writing and maintaining notes and other
clinic records N E C NA

**Assessment**

1. Ability to conduct an assessment (e.g., select measures) N E C NA
2. Ability to perform a clinical interview N E C NA
3. Knowledge of standardization/psychometric issues related to
assessment strategies N E C NA
4. Ability to integrate assessment data from different sources to facilitate
case conceptualization N E C NA
5. Ability to write an integrated evaluation report considering referral questions,
assessment data, diagnoses, integrated conclusions, and recommendations N E C NA
6. Ability to propose and defend diagnostic conclusions N E C NA

**Intervention**

1. Ability to form a working alliance with patients (i.e., forms and maintains) N E C NA
2. Ability to formulate a treatment plan, based on case conceptualization,
assessment data, and diagnostic formulation N E C NA
3. Construction of collaboratively defined treatment goals with patient N E C NA
4. Active consideration of diversity in assessment, case conceptualization,
and treatment planning N E C NA
5. Uses systematic approaches to gathering data to inform clinical
decision-making N E C NA
6. Continuous assessment of client progress throughout treatment N E C NA
7. Ability to adjust treatment plans and interventions as a function of ongoing
assessment data, therapeutic processes, and/or changes in circumstances N E C NA
8. Affect tolerance and managing conflict during sessions N E C NA
9. Flexibility and problem solving ability with patients N E C NA
10. Ability to use resources to enhance casework (e.g., published material,
manualized protocols, evidence-based practice data base searchers) N E C NA
11. Awareness of one’s own cultural identity, self-concepts, and
self-appraisal as potentially influencing professional interactions N E C NA
12. Knowledge and respectfulness of patient diversity (i.e., ethnicity,
age, gender, sexual orientation, disability, religion, etc.) N E C NA
13. Ability to apply knowledge from psychological science to therapy
(i.e., use of evidence-based practice) N E C NA
14. Handling of ethical/legal issues N E C NA
15. Knowledge of, and sensitivity to, and response to crisis situations N E C NA

Brief Integrated Summary of Student’s Practicum Performance (note: please comment any “N” ratings, including educational action plans for addressing the supervisor’s concern)

Strengths:

Needs improvement:

**Student Self Evaluation**

How do you think you are doing in your rotation?

What are your current strengths in terms of clinical work and assessment?

What are skills you are still working on?

What are your goals for the remainder of the year?

**Review of Evaluation With the Student**

I have carefully read and thoroughly reviewed this evaluation with
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Date)

 Clinical Supervisor Signature

I have discussed my evaluation with my supervisor on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Date)

I have submitted additional written information to be considered when reviewing this

evaluation. Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

 Student Signature