**MID-SEMESTER FIELD PLACEMENT STUDENT EVALUATION FORM**

DIRECTIONS: The supervisor completes this form at midterm for field placement. The completed form is to be submitted by the student to the Director of Training who will submit it to the CECP office to be filed in the student’s practicum file. Please note, we have simplified this mid-semester form. Since the student has already completed four semesters of practicum, we consider this student to be an advanced and working on advanced clinical skills, and we want to ensure they are continuing to positively progress in their development. When students are completing field placement experiences, they are seeking to gain additional clinical experience to ready themselves for internship application and to ensure their competitiveness for placement.

Please provide feedback about the performance the supervisee’s core competencies important to health service psychology as noted below. The responses are predominately narrative, and they do not require numerical ratings.

**Direct Observations**: The Standards of Accreditation by the American Psychological Association (APA) require that supervisors directly observe the supervisee’s clinical performance at least once each semester of field placement, although more observations are encouraged. This observation must be performed by the supervisor completing this form, who is legally responsible for clinical cases and the supervision of the student. This form will become part of the student’s record for this course and will be used in assigning grades for the field placement.

Thank you for your supervision of our student.

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates of Evaluation: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Name and Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practicum Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of directly observed student sessions [Supervisees must be directly observed at least once each semester; review of audio or video recordings is sufficient]:**

**\_\_\_\_No \_\_\_\_ Yes; please indicate the number of sessions observed: \_\_\_\_\_\_\_**

**Please reference the following eight profession-wide competencies in the items noted below:**

1. Professional Values, Attitudes, and Behaviors
2. Communication and Interpersonal Skills
3. Ethical and Legal Standards
4. Individual and Cultural Diversity
5. Assessment
6. Intervention
7. Consultation and Interprofessional/Interdisciplinary Skills
8. Professional Behavior On-Site
9. **Based on the eight profession-wide competencies noted above, what would you identify as this student’s areas of strength?**
10. **Based on the eight profession-wide competencies noted above, what areas should this student seek to improve?**
11. **Would you recommend that this student be allowed to continue with practicum training? \_\_\_\_No \_\_\_\_ Yes**

**Please explain:**

1. **Would you like the Director of Training to call you to with regard to this student? \_\_\_\_\_\_ No \_\_\_\_\_\_\_Yes**

**If yes, please list your telephone number:**

Supervisor’s Signature/Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Student’s signature acknowledges that the student has reviewed the evaluation but does not necessarily indicate agreement with the evaluation.