**PRACTICUM/FIELD PLACEMENT STUDENT EVALUATION FORM**

DIRECTIONS: The supervisor completes this form both at midterm and at the end of each semester of practicum. For field placement experiences: at mid-semester complete the mid-semester field placement form and this form is completed at the end of each semester of field placement. The completed form is to be submitted by the student to the COPS 8965 Instructor (or DOT, in the case of Field Placement), who will submit it to the CECP office to be filed in the student’s practicum file.

Please provide feedback about the performance the supervisee’s core competencies important to health service psychology. Where possible, provide narrative comments to support your 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 practicum, 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 practicum.

Please answer each item using the scale provided. Space is provided for specific comments following each area of competency. There is also space at the end of this form for general comments. Please note: Most students would likely begin their first semester of practicum with ratings of a “2.” In their final semester of practicum, students should achieve a rating of “4” which indicates they have achieved the “minimal level of achievement” (MLA) for all items that are able to be rated. Achieving this MLA rating is an indication that the student comprehends more complexity in clinical situations, is increasingly demonstrating independence of practice, and is thus ready for internship. See the rating scale below for details on rating evaluation items.

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: \_\_\_\_\_\_\_**

**Rating Code for Competency Items for Practicum Students in Training**

NA. Not Applicable or not enough information to form a judgment

 **1** = Requires remediation (The student does not appear to fully understand the competency and they need specific

 remedial work before they are able to advance in this practicum setting).

 **2** = Continued intensive and close supervision is required (Supervision is routine, but intensive supervision is required

 for the student to be successful in this practicum setting).

 **3** = Requires routine supervision (Student meets the expectations of the professional activity although is learning about

 the complexity of clinical practice).

 **4** = Less routine supervision is necessary, and the student is demonstrating some independence of practice (Student

 exceeds expectations and is regularly seeing the complexity of clinical practice; depth of supervision varies as student

 learns to address and manage more complexity).

 **5** = Approaching independent professional practice (Student demonstrates competency and requires a minimal amount of

 supervision to be successful).

1. **Professional Values, Attitudes, and Behaviors**
	1. \_\_\_\_\_ Behaves in ways that reflect the values and attitudes of health service psychology
	2. \_\_\_\_\_ Engages in self-reflection to maintain and improve performance and professional effectiveness
	3. \_\_\_\_\_ Actively seeks and demonstrates openness and responsiveness to feedback and supervision
	4. \_\_\_\_\_ Appropriately implements supervisor feedback
	5. \_\_\_\_\_ Responds professionally to increasingly complex situations

Comment:

1. **Communication and Interpersonal Skills**
2. **\_\_\_\_\_** Develops and maintains effective relationships with a wide range of individuals (e.g., clients, colleagues, other

 professionals)

1. \_\_\_\_\_ Produces and comprehends oral and written communications that are informative and well-integrated
2. \_\_\_\_\_ Demonstrates effective interpersonal skills and the ability to manage difficult communications

Comment:

1. **Ethical and Legal Standards**
2. **\_\_\_\_\_** Acts in accordance with the APA Ethical Principles of Psychologists and the Code of Conduct
3. \_\_\_\_\_ Acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology
4. \_\_\_\_\_ Acts in accordance with relevant professional standards and guidelines
5. **\_\_\_\_\_** Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve
6. \_\_\_\_\_ Conducts self in an ethical manner in all professional activities

Comment:

1. **Individual and Cultural Diversity**
	1. **\_\_\_\_\_** Acts with understanding of how her/his personal/cultural history, attitudes, and biases may affect her/his

understanding and interaction with people different from her-/himself

* 1. \_\_\_\_\_ Demonstrates knowledge of current theoretical and empirical knowledge as it relates to addressing diversity
	2. \_\_\_\_\_ Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in clinical work
	3. **\_\_\_\_\_** Shows the ability to articulate an approach to working effectively with diverse individuals and groups

Comment:

1. **Assessment**
	1. **\_\_\_\_\_** Uses current diagnostic classification systems and considers client strengths and psychopathology
	2. \_\_\_\_\_ Integrates an understanding of human behavior within its context (e.g., familial, cultural, social, societal)
	3. \_\_\_\_\_ Applies knowledge of functional and dysfunctional behavior to assessment and diagnostic processes
	4. **\_\_\_\_\_** Selects and applies multiple assessment methods based on empirical literature and knowledge of psychometrics
	5. \_\_\_\_\_ Interprets assessment results following professional standards while guarding against decision-making bias
	6. **\_\_\_\_\_** Orally communicates assessment findings and implications accurately and with sensitivity
	7. \_\_\_\_\_ Communicates in writing assessment findings and implications accurately and with sensitivity

Comment:

1. **Intervention**
	1. **\_\_\_\_\_** Establishes and maintains effective relationships with recipients of psychological services
	2. \_\_\_\_\_ Develops evidence-based intervention plans specific to service delivery goals
	3. \_\_\_\_\_ Implements interventions informed by current research, assessment findings, diversity characteristics, and contextual variables
	4. **\_\_\_\_\_** Applies relevant literature to clinical decision-making
	5. \_\_\_\_\_ Modifies and adapts evidence-based approaches effectively when clear evidence-base is lacking
	6. **\_\_\_\_\_** Evaluates intervention effectiveness and adapts interventions goals and methods based on such evaluation

Comment:

1. **Consultation and Interprofessional/Interdisciplinary Skills**
	1. **\_\_\_\_\_** Is knowledgeable and respectful of the roles and perspectives of other professions
	2. \_\_\_\_\_ Demonstrates knowledge of consultation models and practices

Comment:

1. **Professional Behavior On-Site**
	1. \_\_\_\_\_ Arrives on time consistently
	2. \_\_\_\_\_ Uses time effectively
	3. \_\_\_\_\_ Informs supervisor and makes arrangements for absences
	4. \_\_\_\_\_ Completes required total number of hours or days on site
	5. \_\_\_\_\_ Is responsive to site norms about clothing, language, etc.
	6. \_\_\_\_\_ Reliably and accurately keeps records in a timely manner

Comment:

**Overall, what would you identify as this student’s areas of strength?**

**What would you identify as areas in which this student should improve?**

**Would you recommend that this student be allowed to continue with practicum training? \_\_\_\_No \_\_\_\_ Yes**

**Please explain:**

**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.