Clinical Area Internal/External Practicum and Internship Student Evaluation Form

Department of Psychology, York University

Interim ( ) or Final ( )
(Revised May, 2014)

Instructions to students:
- Complete Part A before giving this form to your supervisor.
- Each supervisor you worked with during the current practicum should complete a separate form.

Part A: Description of clinical activities (to be completed by student):
The description below refers to work completed under the supervision of the supervisor completing the present evaluation.

Practicum Student name: _____________________
Practicum I (6430P): _____   Practicum II (6440P): _______   Practicum III (6460P): ____
Internship (6840): ________

Name and type of setting: ____________________________
(e.g., outpatient/inpatient; mental health center, private practice, etc.)

Date practicum began: ________________    Today's Date: ________________

Total number of clients: ______
   No. of Inpatients: _____
   No. of Outpatients: ___

Presenting problems and/or diagnoses of your cases: _____________________________
_______________________________________________________________________

Total hours of direct service (assessment): ____
Total hours of direct service (intervention): ___
Total hours of direct service (other; specify): _____
Total hours of indirect service (assessment): ___
Total hours of indirect service (intervention): ___
Total hours of indirect service (other; specify): ___
Total hours of individual, face-to-face supervision: ____
Total hours of peer supervision/case discussion: ___
Total hours of other supervision (e.g., group; peer, etc.): _____
Other hours (e.g., clinical research, staff training, etc.): ___
Part B: Evaluation of Core Competencies (completed by clinical supervisor)

Student Name: __________________________________________
Supervisor Name: _______________________________________
Today’s date: ________________________________

Instructions for supervisors:

Based on the work this practicum student has completed under your supervision, please evaluate him/her within each of the core competencies listed on this form. Please use the definitions provided below as a guide for your ratings.

In addition, please complete the section on work habits, provide an overall rating of satisfactory/unsatisfactory at the end of the practicum evaluation form, and review your evaluation with the student you are supervising. Finally, please assure that both you and the student sign the form.

<table>
<thead>
<tr>
<th>RATING</th>
<th>DEFINITION OF RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory</td>
<td>Supervisee has demonstrated an insufficient proficiency in a specific skill/knowledge area compared to other practicum students at a similar level of training (i.e., he/she would have to exhibit considerable improvement in this area in order to attain a rating of competent).</td>
</tr>
<tr>
<td>Conditional</td>
<td>Supervisee has demonstrated some proficiency in a specific skill/knowledge area compared to other practicum students at a similar level of training, but requires further instruction and/or experience to attain a rating of competent.</td>
</tr>
<tr>
<td>Competent</td>
<td>Supervisee has demonstrated an acceptable proficiency in a specific skill/knowledge area compared to other practicum students at a similar level of training.</td>
</tr>
<tr>
<td>Exceptional</td>
<td>Supervisee has demonstrated an outstanding proficiency in a specific skill/knowledge area compared to other practicum students at a similar level of training.</td>
</tr>
</tbody>
</table>

Please rate the student on each of the major areas of evaluation that follow in this form. Please review each area regardless of whether the practicum is an assessment or intervention practicum. Please note that if an item and/or area do not apply, mark N/A (not appropriate).
**Interpersonal Relationships with Clients:**

Please use the following rating scale when rating the following core competency area:

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
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<th>Exceptional</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
</tbody>
</table>

- Demonstrates the ability to develop and maintain a constructive working alliance
  - Rating: 1 2 3 4  NA
- Demonstrates knowledge of theories and empirical data related to the professional relationship
  - Rating: 1 2 3 4  NA
- Demonstrates effective communication skills
  - Rating: 1 2 3 4  NA
- Demonstrates a good awareness of his/her personal values/biases and their influence in clinical work
  - Rating: 1 2 3 4  NA
- Demonstrates sensitivity to cultural and other individual differences (e.g., gender, religion)
  - Rating: 1 2 3 4  NA
- Understands and uses counter-transference reactions productively
  - Rating: 1 2 3 4  NA
- Maintains appropriate professional boundaries
  - Rating: 1 2 3 4  NA
- Recognizes and is sensitive to verbal and nonverbal cues
  - Rating: 1 2 3 4  NA
- Other: (specify) ________________________________
  - Rating: 1 2 3 4  NA

**Overall rating of interpersonal relationships with clients:** 1 2 3 4  NA

*Supervisor comments:*
**Assessment and Evaluation**

Please use the following rating scale when rating the following core competency area:

<table>
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- Demonstrates knowledge of assessment issues
- Proficiently administers psychological tests
- Demonstrates competency in scoring and interpreting psychological tests
- Demonstrates sound, useful conceptualizations of cases from assessment data
- Gathers relevant interview data appropriately
- Produces well organized, well written, accurate and informative psychological reports
- Demonstrates the ability to determine which assessment methods are best suited to the task at hand
- Selects appropriate assessment methods based on research literature
- Demonstrates effective listening and observational skills during assessments.
- Is aware of standards for psychological tests and Measurements
- Effectively communicates assessment results and recommendations to client(s)
- Under supervision, effectively communicates diagnosis to client(s)
- Professional case presentation of assessment findings
- Other: (specify) _______________________________

<table>
<thead>
<tr>
<th>Overall rating of assessment and evaluation:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>NA</th>
</tr>
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Has the student completed any specialized training in assessment, evaluation, or diagnosis during this practicum? (If yes, please specify nature and extent of training)

**Supervisor comments:**
Intervention and Consultation

Please use the following rating scale when rating the following core competency area:

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Formulates appropriate therapeutic treatment goals in collaboration with the client(s) 1 2 3 4 NA
Conducts interventions that are well-timed and effective 1 2 3 4 NA
Demonstrates knowledge of intervention approaches and techniques 1 2 3 4 NA
Is aware when to make referrals 1 2 3 4 NA
Is aware of when to consult with other professionals 1 2 3 4 NA
Quality of consultations with other professionals 1 2 3 4 NA
Selects appropriate intervention methods 1 2 3 4 NA
Demonstrates basic empathy skills 1 2 3 4 NA
Demonstrates effective listening and observational skills during treatment 1 2 3 4 NA
Demonstrates an understanding of the structures of treatment and uses these appropriately 1 2 3 4 NA
Demonstrates an understanding of the process of treatment and uses this information appropriately 1 2 3 4 NA
Maintains informative notes of treatment sessions 1 2 3 4 NA
Reviews treatment progress when appropriate 1 2 3 4 NA
Case presentation of intervention process & outcome 1 2 3 4 NA
Other: (specify) ____________________________ 1 2 3 4 NA

Overall rating of intervention and consultation: 1 2 3 4 NA

Note: If the student has also had experience in providing supervision during the practicum, please also comment on the student’s abilities in this domain.

Supervisor Comments:
## Research

Please use the following rating scale when rating the following core competency area:

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- Demonstrates knowledge of effectiveness of available treatment options
- Seeks out professional writings as needed
- Is able to critically evaluate research findings
- Shows sound critical reasoning skills
- Other: (specify) _______________________________

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<th>3</th>
<th>4</th>
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_Supervisor Comments:_


**Ethics and Standards**

Please use the following rating scale when rating the following core competency area:

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</table>

| Demonstrates good knowledge of ethical principles and applies them appropriately | 1 | 2 | 3 | 4 | NA |
| Demonstrates good knowledge of standards of professional conduct | 1 | 2 | 3 | 4 | NA |
| Demonstrates the ability to resolve ethical dilemmas | 1 | 2 | 3 | 4 | NA |
| Proactively identifies potential ethical dilemmas and addresses these appropriately | 1 | 2 | 3 | 4 | NA |
| Demonstrates knowledge of factors that may influence the professional relationship (e.g. boundary issues) | 1 | 2 | 3 | 4 | NA |
| Is aware of professional responsibilities to clients | 1 | 2 | 3 | 4 | NA |
| Is aware of professional responsibilities to mental health professionals | 1 | 2 | 3 | 4 | NA |
| Is aware of professional responsibilities to psychology as a discipline | 1 | 2 | 3 | 4 | NA |
| Is aware of professional and legal responsibilities to Society | 1 | 2 | 3 | 4 | NA |
| Is aware of jurisprudence and local policies & procedures relevant to psychological assessment and intervention | 1 | 2 | 3 | 4 | NA |
| Is aware of own professional limits and acts accordingly | 1 | 2 | 3 | 4 | NA |
| Deals with problematic ethical situations responsibly, including challenging others when appropriate | 1 | 2 | 3 | 4 | NA |
| Other: (specify) _______________________________ | 1 | 2 | 3 | 4 | NA |

| Overall rating of ethics and standards: | 1 | 2 | 3 | 4 | NA |

*Supervisor comments:*
**Use of Supervision & Professional Development**

Please use the following rating scale when rating the following core competency area:

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Recognizes own limits and seeks help from supervisor when necessary

Recognizes own limits and seeks help from peers or others when necessary

Attempts to improve self professionally/educate self

Willing to alter practice based on new learning

Receives and utilizes constructive criticism appropriately

Makes efficient use of supervision time (e.g., comes to supervision prepared)

Manages practicum time effectively

Is able to work independently

Demonstrates appropriate initiative

Demonstrates ability to work collaboratively with other professionals

Demonstrates the ability to work collaboratively with peers

Completes written work in a timely manner

Demonstrates positive coping strategies to manage personal and professional stressors

Other: (specify) ________________________________

<table>
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<tr>
<th>Overall rating of use of supervision &amp; professional development:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>NA</th>
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**Supervisor comments:**
**Work Habits**

Please use the following rating scale when rating the student's work habits:

<table>
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<tr>
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- Punctuality: 1 2 3 4 NA
- Time management: 1 2 3 4 NA
- Ability to prioritize tasks: 1 2 3 4 NA
- Task completion/follow through: 1 2 3 4 NA
- Ability to work with other staff: 1 2 3 4 NA
- Motivation: 1 2 3 4 NA
- Adaptability/flexibility: 1 2 3 4 NA
- Trustworthiness: 1 2 3 4 NA
- Record keeping ability: 1 2 3 4 NA
- Dependability, reliability: 1 2 3 4 NA
- Planning ability: 1 2 3 4 NA
- Ability to work independently: 1 2 3 4 NA
- Other (specify): _____________________: 1 2 3 4 NA
- Other (specify): _____________________: 1 2 3 4 NA
- Other (specify): _____________________: 1 2 3 4 NA
- Other (specify): _____________________: 1 2 3 4 NA

**Overall rating of work habits:** 1 2 3 4 NA

*Supervisor comments:*
SUMMARY PAGE

Supervisee’s Strengths:

Priority Areas for Development:

OVERALL RATING: Pass: ____ or Fail: ____

Supervisor Name ____________________________________________
Signature: ___________________________ Date: ______________________

*Student Name _______________________________________________
Signature: ___________________________ Date: ______________________

*: student signature indicates that student has reviewed the practicum evaluation with his/her practicum supervisor.

Please return this form to:

Clinical Training Coordinator,
c/o Graduate Psychology Office,
Behavioural Sciences Building - Room 297,
York University,
4700 Keele St.,
Toronto, Ont., M3J 1P3.
This section completed by York University Clinical Area Director

FINAL GRADE:  ______

CLINICAL AREA DIRECTOR SIGNATURE _________________________________