Practicum Student Evaluation

Part A should be completed by the student and then the evaluation form should be passed on to the supervisor.

Part B should be completed by the supervisor(s), outlining their evaluation of the student’s clinical competencies.

Part C provides space for the supervisor to summarize their feedback, the student to write a brief reaction to the feedback, and both the supervisor(s) and student to sign the evaluation. The evaluation form should be dated and signed by the supervisor(s) completing the form.

Upon completing Part B of the evaluation form, we recommend that the supervisor meet in person with the student to go over their evaluation. The student should be given an opportunity to write their response to the evaluation (in Part C) and sign the form. The student will then submit the final evaluation to the clinical program Practicum Coordinator.

The completed form can be returned to the Practicum Placement Coordinator by email to clinprac@uvic.ca . Please scan and email as a PDF if completed by hand.

Part A: Nature of student-supervisor contact

**Note: This section should be completed by the student and provided to the supervisor. However, the supervisor should verify the accuracy of this information.**

1. Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Student Number: \_\_\_\_\_\_\_\_\_\_\_
2. Practicum Level (503,505,603): \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Practicum Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Supervisors:
	1. Primary Supervisor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Other Supervisors’ names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: This evaluation form may be completed by the primary supervisor in consultation with the other supervisors or collaboratively by all supervisors or each supervisor may complete an evaluation form. If more than one evaluation form is completed at a site, all information in this section (e.g., nature of student-supervisor contact) should be the same.

1. Starting and ending dates of Practicum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Activities performed by student (assessment, therapy, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Client contact Hours (i.e., in-person contact involving assessment, intervention, etc. May include live observation although observation should only be a small portion of these hours. Should not include indirect contact such as paperwork or administrative contacts such as telephone contacts scheduling appointments)
	1. Total hours of “client contact” at practicum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Total hours of assessment contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Total hours of therapy contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Supervision Hours (The primary supervisor must be a Ph.D. registered psychologist who meets with the student regularly. At times more than one psychologist may share this role. Other supervisors may be Masters level psychologists and/or other health care professionals. The primary supervisor must meet with the student weekly and must provide over 50% of the supervision hours. Supervision may be done individually between the student and supervisor OR in group format between the supervisor and a group of students including this student. However, group supervision should not exceed 25% of the total supervision.)
5. Total hours of supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of the total hours of supervision listed in (a), please indicate how many of these hours were:

1. individual supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. group supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. With the primary supervisor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. With other supervisors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Nature of supervision by this supervisor: \_\_\_live \_\_\_audiotape \_\_\_videotape \_\_\_\_discussion other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Population(s) seen at this practicum (e.g., child, adolescent, adult, geriatric, couple, family): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Theoretical approach(es) taken at this practicum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part B: Supervisor’s Evaluation**

**Part B -** **Area 1: Current skills of the student**

**Basis of your evaluation:**

\_\_\_\_ My observations/supervision or \_\_\_\_ My and other supervisors’ observations/supervision

Description of training experience & setting (optional): (Supervisors are invited to describe the training experience offered to this practicum student, if so desired) ***(expand as needed)***

**Amongst the many qualities on which one can comment, please consider:**

1. Clinical knowledge and skills for assessment, case conceptualization, diagnosis, intervention, etc.

**Assessment:**

**\_\_\_\_\_\_\_** Student met appropriate levels of competency relative to level of training

\_\_\_\_\_\_\_ Student showed growth towards meeting appropriate levels of competency

**\_\_\_\_\_\_\_** Student does not yet met appropriate levels of competency relative to level of training

**\_\_\_\_\_\_\_** Was not part of this practicum experience

**Case Conceptualization:**

**\_\_\_\_\_\_\_** Student met appropriate levels of competency relative to level of training

\_\_\_\_\_\_\_ Student showed growth towards meeting appropriate levels of competency

**\_\_\_\_\_\_\_** Student does not yet met appropriate levels of competency relative to level of training

**\_\_\_\_\_\_\_** Was not part of this practicum experience

**Diagnostic Skills:**

**\_\_\_\_\_\_\_** Student met appropriate levels of competency relative to level of training

\_\_\_\_\_\_\_ Student showed growth towards meeting appropriate levels of competency

**\_\_\_\_\_\_\_** Student does not yet met appropriate levels of competency relative to level of training

**\_\_\_\_\_\_\_** Was not part of this practicum experience

**Intervention/Therapy:**

**\_\_\_\_\_\_\_** Student met appropriate levels of competency relative to level of training

\_\_\_\_\_\_\_ Student showed growth towards meeting appropriate levels of competency

**\_\_\_\_\_\_\_** Student does not yet met appropriate levels of competency relative to level of training

**\_\_\_\_\_\_\_** Was not part of this practicum experience

**Other professional and/or clinical skills (describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_):**

**\_\_\_\_\_\_\_** Student met appropriate levels of competency relative to level of training

\_\_\_\_\_\_\_ Student showed growth towards meeting appropriate levels of competency

**\_\_\_\_\_\_\_** Student does not yet met appropriate levels of competency relative to level of training

**\_\_\_\_\_\_\_** Was not part of this practicum experience

**Please provide a brief narrative explaining your rating, as well as discuss the student’s strengths and weaknesses in these areas. *(expand as needed)***

1. Work skills: judgment, critical thinking, organizational ability, motivation, initiative, determination, timeliness, dependability, independence, interest in discovery, etc.

**\_\_\_\_\_\_\_** Student met appropriate levels of competency relative to level of training

\_\_\_\_\_\_\_ Student showed growth towards meeting appropriate levels of competency

**\_\_\_\_\_\_\_** Student does not yet met appropriate levels of competency relative to level of training

**\_\_\_\_\_\_\_** Was not part of this practicum experience

**Please provide a brief narrative explaining your rating, as well as discuss the student’s strengths and weaknesses in this area. *(expand as needed)***

1. Communication skills: quality of written & oral communications with colleagues, other professionals, clients, etc. (e.g., report-writing, feedback)

**\_\_\_\_\_\_\_** Student met appropriate levels of competency relative to level of training

\_\_\_\_\_\_\_ Student showed growth towards meeting appropriate levels of competency

**\_\_\_\_\_\_\_** Student does not yet met appropriate levels of competency relative to level of training

**\_\_\_\_\_\_\_** Was not part of this practicum experience

**Please provide a brief narrative explaining your rating, as well as discuss the student’s strengths and weaknesses in this area. *(expand as needed)***

1. Other interpersonal skills & personal resources: ability to establish and maintain rapport, trust and respect in professional relationships; self-awareness, self-reflectiveness, openness to supervision, resiliency and capacity to cope with the internship experience, etc.

**\_\_\_\_\_\_\_** Student met appropriate levels of competency relative to level of training

\_\_\_\_\_\_\_ Student showed growth towards meeting appropriate levels of competency

**\_\_\_\_\_\_\_** Student does not yet meet appropriate levels of competency relative to level of training

**Please provide a brief narrative explaining your rating, as well as discuss the student’s strengths and weaknesses in this area. *(expand as needed)***

1. Professional conduct: knowledge of ethics, ability to act proactively and consistently for resolution regarding ethics & professional standards, readiness to seek and use supervision, awareness of limitations, respect and knowledge with regard to diversity and individual differences, etc.

**\_\_\_\_\_\_\_** Student met appropriate levels of competency for someone at their level of training

\_\_\_\_\_\_\_ Student showed growth towards meeting appropriate levels of competency

**\_\_\_\_\_\_\_** Student did not meet appropriate levels of competency for relative to level of training

**Please provide a brief narrative explaining your ratings, as well as discuss the student’s strengths and weaknesses in this area. *(expand as needed)***

1. Individual, social, and cultural diversity: shows awareness and sensitivity in working professionally with individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics, as well as the importance of addressing issues of human rights and social justice.

**\_\_\_\_\_\_\_** Student met appropriate levels of competency for someone at their level of training

\_\_\_\_\_\_\_ Student showed growth towards meeting appropriate levels of competency

**\_\_\_\_\_\_\_** Student did not meet appropriate levels of competency for relative to level of training

**Please provide a brief narrative explaining your ratings, as well as discuss the student’s strengths and weaknesses in this area. *(expand as needed)***

**Part B – Area 2: Areas of Strength**

Please comment on areas where you believe the student has done well or shown an area of strength. You may wish to refer to the individualized practicum goals set at the beginning of the placement. ***(expand as needed)***

**Part B - Area 3: Areas for growth and development**

Please comment on areas where you believe the student would most benefit next from supervisory guidance. How could their next training experience contribute to the course of learning and development of this student? Please provide specific feedback (more than “needs more experience”). You may wish to refer to the individualized practicum goals set at the beginning of the placement. ***(expand as needed)***

**Part C: Summary (supervisor and student signatures are mandatory)**

**Supervisor’s Summary** Please briefly summarize your overall evaluation of the student’s performance. ***(expand as needed)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor, Date

*(add additional signatures, as needed)*

**Student’s Summary**: Please respond to your clinical supervisor’s evaluation of your performance. ***(expand as needed)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date