

Practicum Student Evaluation Form
Clinical Psychology Program
Marquette University

Student Section

DIRECTIONS: Practicum students should complete this part of the evaluation form and then give it to the site supervisor(s) to complete and review with them. Once completed and signed, please return to the DCT.

Student Name: _____

Practicum Site _____

Site Supervisor _____

Dates of Placement From _____ to _____ Hours per week at site: _____

Total hours at site during placement: _____ Total number of different patients seen: _____

Total patient contact hours: _____ Total hours of supervision: _____

Describe Clinical Duties: _____

Supervisor Section

DIRECTIONS: Please fill out this evaluation form to summarize your supervision experience with this student. Rate the student's performance *in comparison to other students at his/her level*. When finished, please review it with the student. The student will return the completed form to the DCT. Please note that by signing the last page, you will be confirming the hours and duties reported by the student on the top of this front page.

Sup. = Superior **Satisf.** = Satisfactory **Needs Imp.** = Needs improvement **Not S.** = Not satisfactory

I. Basic work requirements

	Sup.	Satisf.	Needs Imp.	Not S.	Don't Know
1. Arrives on time	_____	_____	_____	_____	_____
2. Informs supervisor and arranges for absences	_____	_____	_____	_____	_____
3. Completes assigned tasks in timely fashion	_____	_____	_____	_____	_____
4. Professional dress/clothing/attire	_____	_____	_____	_____	_____
5. Professional demeanor/attitude/language	_____	_____	_____	_____	_____
OVERALL RATING FOR THIS SECTION	_____	_____	_____	_____	_____

Comments/Suggestions:

II. Ethical and Professional Conduct

	Sup.	Satisf.	Needs Imp.	Not S.	Don't Know
6. Knowledge of general ethical guidelines	_____	_____	_____	_____	_____
7. Knowledge of ethical issues specific to site	_____	_____	_____	_____	_____
8. Professional behavior consistent with ethical guidelines	_____	_____	_____	_____	_____
9. Respect for confidentiality	_____	_____	_____	_____	_____
10. Maturity	_____	_____	_____	_____	_____
11. Cooperation with others	_____	_____	_____	_____	_____
OVERALL RATING FOR THIS SECTION	_____	_____	_____	_____	_____

Comments/Suggestions:

III. Supervision

	Sup.	Satisf.	Needs Imp.	Not S.	Don't Know
12. Prepares for supervision	_____	_____	_____	_____	_____
13. Willing to discuss questions and problems	_____	_____	_____	_____	_____
14. Seeks supervision when appropriate	_____	_____	_____	_____	_____
15. Accepts feedback appropriately and nondefensively	_____	_____	_____	_____	_____
16. Modifies behavior based on feedback	_____	_____	_____	_____	_____
OVERALL RATING FOR THIS SECTION	_____	_____	_____	_____	_____

Yes No

IN PERSON/LIVE/VIDEO/AUDIO SUPERVISION WAS CONDUCTED _____

Comments/Suggestions:

IV. Psychological Evaluation Skills (___ student did not conduct evaluations with me; go to V.)

	Sup.	Satisf.	Needs Imp.	Not S.	Don't Know
17. Establishes rapport with client	_____	_____	_____	_____	_____
18. Aware of diversity issues that may impact evaluation	_____	_____	_____	_____	_____
19. Procedural accuracy	_____	_____	_____	_____	_____
20. Uses information appropriately	_____	_____	_____	_____	_____
21. Verbal presentation of case/information to others	_____	_____	_____	_____	_____
22. Report writing: timeliness and completeness	_____	_____	_____	_____	_____
23. Report writing: accuracy and interpretation	_____	_____	_____	_____	_____
24. Report writing: communication (writing ability)	_____	_____	_____	_____	_____
OVERALL RATING FOR THIS SECTION	_____	_____	_____	_____	_____

Comments/Suggestions:

V. Psychological Intervention Skills (___ student did not conduct treatment with me; go to VI.)

	Sup.	Satisf.	Needs Imp.	Not S.	Don't Know
25. Establishes rapport with client	___	___	___	___	___
26. Formulates clear and accurate treatment plans	___	___	___	___	___
27. Effectively communicates with client	___	___	___	___	___
28. Conveys warmth, respect and genuineness	___	___	___	___	___
29. Aware of diversity issues that may impact treatment	___	___	___	___	___
30. Seeks information about various therapeutic techniques	___	___	___	___	___
31. Knowledgeable about various therapeutic techniques	___	___	___	___	___
32. Monitors client progress	___	___	___	___	___
33. Maintains medical record (session notes are timely)	___	___	___	___	___
OVERALL RATING FOR THIS SECTION	___	___	___	___	___

Comments/Suggestions:

VI. Summary

Student's main strengths and assets: _____

Areas of needed improvement: _____

Specific recommendations: _____

Other comments or observations: _____

Was this information/form reviewed with the student? ___ Yes ___ No
 Can the DCT review this information/form with the student? ___ Yes ___ No

 Student Signature

 Date

 Supervisor Signature

 Date