

CLINICAL PSYCHOLOGY STUDENT EVALUATION FORM

Student's Name _____ Year: _____ Date: _____

This form summarizes the clinical faculty's evaluation of your recent progress in the Clinical Psychology Program.

Academic Achievement:

___ Exceeds expectations ___ Meets expectations ___ Needs Improvement ___ Unsatisfactory ___ N/A

Development of Clinical Skills (therapy and assessment):

___ Exceeds expectations ___ Meets expectations ___ Needs Improvement ___ Unsatisfactory ___ N/A

Development of Research Skills:

___ Exceeds expectations ___ Meets expectations ___ Needs Improvement ___ Unsatisfactory ___ N/A

Development of Teaching Skills:

___ Exceeds expectations ___ Meets expectations ___ Needs Improvement ___ Unsatisfactory ___ N/A

Professional & Ethical Behavior:

___ Exceeds expectations ___ Meets expectations ___ Needs Improvement ___ Unsatisfactory ___ N/A

Rate of progress in completing program requirements:

___ Exceeds expectations ___ Meets expectations ___ Needs Improvement ___ Unsatisfactory ___ N/A

Summary of progress:

___ Congratulations on your progress in the program, which **exceeds expectations** for your level of training.

___ You are **meeting expectations** for a student at your level of training.

___ You **need to improve** in one or more areas. Specific weaknesses or problems and recommendations for remediation are described further on the following page. Improvements must be noted by _____ or disciplinary action will be taken.

___ Your progress is **unsatisfactory**. Specific problems are described further on the following page. The clinical The clinical faculty has voted on the following actions:

___ This is a **strong warning** that your performance must improve, as described on the following page, by _____ or disciplinary action will be taken that may include recommendation of termination from the program.

___ The clinical faculty is recommending to the department and graduate school that you be **placed on probation** in the program.

___ The clinical faculty is recommending to the department and graduate school that you be **terminated** from the program.

Clinical Psychology Student Evaluation
Areas of concern and suggestions for remediation

The following program requirements need special attention or remediation:

To improve your professional development and progress in the above area(s), the clinical faculty *suggest* or *require* that you:

Other Comments:

Signatures:

Advisor

Date

Director of Clinical Training

Date

Student

Date

Your signature indicates that you have received the evaluation, and does not necessarily indicate agreement. You are welcome to write a response, which will be included in your file with the evaluation.

Copies to: Student, Advisor, Clinical Program files