



Identifying Information			
Student Name		Student's Track (circle one)	C D V W
Supervisor Name		Academic Quarter (Fall, Winter, Spring)	
Name of Practicum Site		Date of Evaluation (include year)	

Rating Scale Descriptors:	
N/A	Competency not applicable to this training site, or no opportunity to assess.
0	Competence is not stage-appropriate, and performance is significantly problematic .
1	An emerging skill which has not yet reached desired level for this level of training.
2	Performance is competent for level of training (this is the programmatic target for all areas).
3	Exceptional competence, beyond what would normally be expected for this level of training.

Competencies	Rating:
1. Professional interpersonal behavior. Able to relate smoothly to others, and handles differences diplomatically, openly, tactfully and effectively.	NA 0 1 2 3
2. Effective coping strategies. Manages personal and professional stressors and challenges. Maintains professional functioning and quality patient care.	NA 0 1 2 3
3. Timeliness and responsibility for key patient care tasks (phone calls, progress notes). All patient contacts are well documented. Records include crucial information.	NA 0 1 2 3
4. Ethics and law. Shows working knowledge of ethics and legal statutes, and consistently applies these appropriately, seeking supervision and consultation as needed.	NA 0 1 2 3
5. Diagnosis. Demonstrates a thorough working knowledge of DSM multiaxial classification and criteria reliably able to make accurate diagnoses based on integration of various clinical data.	NA 0 1 2 3
6. Assessment writing. Able to write a well-organized, integrative assessment report. Responds appropriately to client's needs with community referral resources.	NA 0 1 2 3
7. Risk management. Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed.	NA 0 1 2 3
8. Therapeutic interventions. Well-timed, effective, and consistent with identified theoretical model.	NA 0 1 2 3
9. Countertransference. Understands and uses his/her own emotional reactions to the patient productively in the treatment, using them as a basis to formulate hypotheses about patient's current and historical social interactions, and to plan appropriate interpretations and interventions.	NA 0 1 2 3
10. Use of depth psychology. In clinical contexts, is able to notice, tolerate, and identify unconscious motivations, intense affect, and split-off psychological content in an articulate and helpful way, within the context of appropriate clinical boundaries.	NA 0 1 2 3
11. Patient rapport. Establishes effective working relationships with a wide range of patients, reliably identifies potentially challenging patients and seeks supervision and consultation.	NA 0 1 2 3
12. Cultural/diversity self awareness. Accurately self-monitors his/her own responses to differences, and differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful about his/her own cultural identity and diversity.	NA 0 1 2 3
13. Therapeutic Inquiry and research skills. Displays necessary skills and self-direction in gathering clinical and research information to practice independently and competently.	NA 0 1 2 3
14. Professional Writing skills. Evidences mastery of professional writing skills, including clear logical progression of ideas, adequate supporting evidence and/or research, clear and confident prose, and master of spelling and grammar conventions.	NA 0 1 2 3
15. Professional Skills. Demonstrates knowledge, respect, and valuing of roles, functions and service delivery systems of other professions	NA 0 1 2 3



The student's strengths:

Areas which need further development:

- Has the student completed the 6x6 requirement, YES NO
in which they must provide individual psychotherapy
to a minimum of 6 clients for a minimum of 6 sessions each?
This requirement must be met by the conclusion of the entire traineeship.

- Is the student still working at the site at this time? YES NO
If no, please state the date of termination.
If yes, what is the anticipated date of completion?

Date of termination / expected completion

Supervisor's Printed Name License #

Supervisor's Signature Date