

ETSU: Department of Psychology
Clinical Psychology Student Annual Summary Evaluation Form
 Department of Psychology
 Clinical Faculty

Student name: _____

Date: _____

Program initiation year: _____

Primary faculty advisor: _____

Examples of ratings include:

Unsatisfactory = frequently missed class, did not participate in class, did not turn in assignments (<C)

Needs improvement = occasionally missed class, minimal class participation, late assignments (C or B-)

Expected for level of trainee = "B" quality work

Exceeds Expectations = B+ or A quality work

Exceptional = rarely used; denotes truly superlative performance

ACADEMICS AND COURSE WORK

1	2	3	4	5	--
Unsatisfactory	Needs Improvement	Expected Level	Exceeds Expectations	Exceptional	Not Applicable

RESEARCH

1	2	3	4	5	--
Unsatisfactory	Needs Improvement	Expected Level	Exceeds Expectations	Exceptional	Not Applicable

CLINICAL SKILLS (Assess using the Clinical Competencies Form)

PROFESSIONAL BEHAVIOR: ETHICS

1	2	3	4	5	--
Unsatisfactory	Needs Improvement	Expected Level	Exceeds Expectations	Exceptional	Not Applicable

PROFESSIONAL BEHAVIOR: VALUES & GROWTH

1	2	3	4	5	--
Unsatisfactory	Needs Improvement	Expected Level	Exceeds Expectations	Exceptional	Not Applicable

PROFESSIONAL BEHAVIOR: SERVICE & COLLEGIALITY

1	2	3	4	5	--
Unsatisfactory	Needs Improvement	Expected Level	Exceeds Expectations	Exceptional	Not Applicable

VERTICAL TEAM (FOR PRE-PRACTICUM LEVEL STUDENTS)

1	2	3	4	5	--
Unsatisfactory	Needs Improvement	Expected Level	Exceeds Expectations	Exceptional	Not Applicable

General Comments by Primary Academic Advisor:

Student Strengths:

Student Areas for Improvement:

None noted at this time.

Primary Advisor's Signature

Date of Signature

Student's Signature

Date of Signature

Student, please circle below your level of agreement with the assessment of the supervisor. If after discussion with your supervisor about his/her ratings, you disagree in any way with the final evaluation, please print or type an explanation below, or attach additional pages as necessary. Please be specific about which item(s) you are in disagreement with, and specifically list your reasons for your disagreement.

I Generally Agree

I Disagree with Specific Items

I Generally Disagree

Comments by Clinical Evaluation Committee:

Endorsed by Clinical Evaluation Committee: ___ Yes ___ No Date: _____

Signatures of Clinical Evaluation Committee Members: