## **EVALUATION OF ASSESSMENT PRACTICUM EXPERIENCE**

In order to provide students with feedback regarding their professional competencies and to keep the Department informed as to the level at which our students are performing in various practicum placements, we would greatly appreciate having the student's supervisor complete this form for this semester's practicum. The complete form is to be discussed with the student. In order for the student to receive academic credit, we need to receive the completed form within 1 week of the last day of class for each semester in which the student is enrolled.

To ensure that we receive the evaluations in a timely manner, we request that you fax them to the attention of Ms. Bennie Crum, Administrative Associate, Counseling Psychology Program, at (512) 475-7641. You may also send the hard copy to Ms. Crum: Department of Educational Psychology, SZB 262G, Austin, TX 78712-1296. We appreciate your cooperation in this ongoing process.

Student's Name						Semester				
Agenc	у									
Super	visor									
Total s	semesters of practica at this agency (cir	rcle one)			1	2	3	4		
	use the following 5-point scale to assecum experience at your agency:	ess this in	dividual	's assessn	nent skills	at the en	d of the se	emester or		
1	Poor for a person of his/her training and experience	Average for a person of his/her training and experience			5	Highly skilled for a person of his/her training and experience				
	mental assessment skills (establishing rdized administration, interviewing, et		1	2	3	4	5	N/A		
Ability to use assessment information in diagnostic impressions and treatment planning		1	2	3	4	5	N/A			
	ledge and practice of the professional of ethics		1	2	3	4	5	N/A		
Repor	t writing/integration skills		1	2	3	4	5	N/A		
	rate the extent to which the student ha	s demons	trated co	ompetenc	e on the f	ollowing	assessmei	nt		
Rorsch			1	2	3	4	5	N/A		
TAT	10011		1	2	3	4	5	N/A		
MMPI	1.2		1	2	3	4	5	N/A		
MMP			1	2	3	4				
			-				5	N/A		
WAIS			1	2	3	4	5	N/A		
WISC			1	2	3	4	5	N/A		
MCM			1	2	3	4	5	N/A		
	II or WJ III		1	2	3	4	5	N/A		
	al Interview		1	2	3	4	5	N/A		
Other	assessments:									
			1	2	3	4	5	N/A		
			1	2	3	4	5	N/A		
			1	2	3	4	5	N/A		
	<del>_</del>		1	2	3	4	5	N/A		

caseload:							
<u>Diversity Knowledge</u> – Willingness to seek o	ut						
experiences to improve effectiveness in work							
with culturally different clients	1	2	3	4	5	N/A	
<u>Diversity Awareness</u> – Recognizes own emot reactions toward culturally different groups at is non-judgmental about cultural differences		2	3	4	5	N/A	
	1	2	3	4	3	N/A	
<u>Diversity Skills</u> – Demonstrates ability to							
adjust therapeutic approach for culturally different clients	1	2	3	4	5	N/A	
different enems	1	2	3	7	3	IV/A	
0'	VERAI	LL SKILL	LEVEL				
Rating of student's assessment							
skills and abilities (for a student at this level of training)		1	2	3	4	5	N/A
at this level of training)		1	2	3	4	3	IN/A
Please indicate two or more areas in which the s semester:	tudent o	demonstra	ted notice	able stren	gths or pro	gress durin	g the
1.							
2							
2.							
Please indicate two or more areas of professional practica:	al develo	opment yo	u would s	suggest the	e student fo	ocus on in f	uture
1.							
2.							
Please feel free to attach an additional sheet to in your agency.	nclude s	specific ad	ditional c	omments	about the s	student's pe	rformance ii
Supervisor's Signature					Date_		
Supervisor's Title							
Student's Signature					Date_		

Briefly summarize the extent and nature of the diversity (e.g., racial; sexual orientation) reflected in the student's