Department of Psychology Western Michigan University

Date _____

Circle elected course

PSY 3970 Practicum in Psychology
PSY 5990 Practicum in Psychology
PSY 7120 Professional Field Experience

Student's Evaluation

Student: Please complete this form and the attached check list and return to the Faculty Advisor **by the final week of the semester/session.**

To be Completed by Trainee

Name of Trainee _____ Semester & Year _____

WIN#_____

Practicum Site _____ Degree Program _____

Call Number _____ Credit Hours _____

Faculty Advisor _____

1. Evaluation of the experience (Positive and Negative)

Number of hours of professional activity _____ .

2. Suggestions for the improvement of the experience.

Number of hours of direct supervision _____ .

3. Provide a self-evaluation of your performance during this practicum. Reflect on your professionalism, adherence to ethical standards, and ability to complete assigned tasks competently.

Distribution by the Faculty Advisor early in the final week of the semester/session:

_____

Student's Signature

(over)

Evaluation Checklist
Student's Evaluation

Please estimate the percentage of time you were involved in the following activities.

I.	Assessment	**Percentage**
	intellectual assessment	_____
	personality assessment	_____
	behavioral assessment	_____
	neuropsychological assessment	_____
	other forms of assessment _____	_____
II.	Therapy	
	individual therapy	_____
	family therapy	_____
	marital therapy	_____
	group therapy	_____
	other forms of therapy _____	_____
III.	Conferences and Education	
	client discussions	_____
	workshops	_____
	in service	_____
	other _____	_____
IV.	Supervision	
	individual	_____
	group	_____
V.	Administrative Activity	
	administrative	_____
	consultation	_____
		Total 100%

Student's Signature _____

Return form to Faculty Advisor before or during the final week of the semester/session **(over)**

Department of Psychology Western Michigan University

Date _____

PSY 3970 Practicum in Psychology
PSY 5990 Practicum in Psychology
PSY 7120 Professional Field Experience

Supervisor's Evaluation

Supervisor: Please complete this form and the attached check list and return to the Faculty Advisor **by the final week of the semester/session.**

To be	Name of Trainee _____ Semester & Year_____
Completed	WIN#_____
by Trainee	Practicum Site _____ Degree Program _____
	Faculty Supervisor _____

1. Description of trainee's activities and training.

Number of hours of professional activity _____ .
Number of hours of direct supervision _____ .

2. Evaluation of trainees' professional performance, ethics and competence.

Psychology Department Western Michigan University Kalamazoo MI 49008-5439 FAX 269 387 4550	**For the Faculty Advisor:** Grade: Credit _____ No credit _____ Incomplete _____

Return form to Faculty Advisor by the final week of the semester/session. (Over)

Evaluation Checklist
Supervisor's Evaluation

Please estimate the percentage of time the student was involved in the following activities.

I. I. Assessment

Percentage

intellectual assessment	_____
personality assessment	_____
behavioral assessment	_____
neuropsychological assessment	_____
other forms of assessment _____	_____
II. Therapy	
individual therapy	_____
family therapy	_____
marital therapy	_____
group therapy	_____
other forms of therapy _____	_____
III. Conferences and Education	
client discussions	_____
workshops	_____
in service	_____
other _____	_____
IV. Supervision	
individual	_____
group	_____
V. Administrative Activity	
administrative	_____
consultation	_____
	Total 100%

Practicum Supervisor's name: _____ Signature _____

(over)