

### Clinical Placement Student Evaluation Form

- To be completed and signed by the student and clinical supervisor(s) at the mid-way point AND near the end of the clinical placement term, as specified in the Clinical Placement Learning Contract
- In a co-supervisory arrangement, the clinical supervisors may choose to complete and submit one form together, or two separate forms

**1. Mid-term evaluation Form: The *Clinical Supervisor(s)* will email the original soft copy to the Program Coordinator (cc: clinical-psych@utsc.utoronto.ca) within two weeks of the evaluation date**

**2. Final Evaluation Form: The *Clinical Supervisor(s)* will email the original soft copy to the Program Coordinator (cc: clinical-psych@utsc.utoronto.ca) no later than the practicum end date.**

**\*\*\*DOWNLOAD AND SAVE A COPY OF THIS FORM BEFORE COMPLETING\*\*\***

**Section A: Completed by Student**

General Information						
Student Full Name			Student Number			
Student Email			Evaluation Date			
Placement Start Date (mm/dd/yyyy):		Placement End Date (mm/dd/yyyy):				
Clinic Name		Organization				
Clinical Site Director Name (Training Program)			UTSC Course Code			
Clinical Supervisor Name and Degree/Qualifications			CPO Licensed Psychologist Licensed Psychologist Elsewhere Other Licensed Professional Not Licensed			
Clinical Supervisor Email		Clinical Supervisor Office Telephone				
Clinical Co-Supervisor Name and Degree/ Qualifications (if applicable)			CPO Licensed Psychologist Licensed Psychologist Elsewhere Other Licensed Professional Not Licensed			
Clinical Co-Supervisor Email		Clinical Co-Supervisor Office Telephone				
Supervision						
Practicum Daily Hours		Practicum Day(s) of the Week				
		MON	TUES	WED	THUR	FRI
Total Practicum Hours/Wk		Supervision Hours per Week		Total Supervision Hours		
Supervision Format (check all that apply):						
Discussion	Session Notes	Video Recordings	Audio Recordings			
Session Transcripts	Live Observation	Co-Therapy/Assessment	Peer Supervision			

**Section B: Completed by Clinical Supervisor**

Select: Mid-Term Evaluation

Final Evaluation

<b>Rate the student compared to others at their level of training</b>							
	Inadequate 0	Poor 1	Average 2	Good 3	Very Good 4	Great 5	N/A
Attendance at Supervision							
Dependability (punctuality, accepts responsibility, follows instructions)							
Professional Appearance (neat, good hygiene, proper dress)							
Inquisitive (asks appropriate questions about things not understood)							
Interpersonal & Communications Skills with Supervisors and Peers							
Ability to Conceptualize Case							
Ability to Develop and Maintain Therapeutic/ Professional Relationship with Patient/Client							
Self Confidence (confidence in own clinical abilities)							
Ability to Conduct Assessments and/or use Assessment Materials							
Ability to Implement Therapeutic Interventions							
Mental Alertness/Attentiveness (interest in site & service, eager to learn, ability to learn & remember procedures)							
Leadership (assertive, imaginative, enthusiastic, good judgment)							
Quality of Written Reports and Other Materials							
Timeliness of Written Reports and Other Materials							
Other Professional and Ethical Issues (maintaining confidentiality, communication with other professionals)							

<b>How would you rate this student's performance overall? (Compared to that expected at this level of training)</b>					
Inadequate	Below Average	Average	Very Good	Excellent	Exceptional

**STRENGTHS (Please comment on student strengths)**

**WEAKNESSES/AREAS OF ONGOING DEVELOPMENT (Please comment on student areas for development)**

<b>Grade - Final Evaluation Only</b>	Describe any targeted concerns that are important to address in future training (issues that may interfere with student's progress or jeopardize future work if not addressed). If you require additional space, please append additional pages.
PASS  FAIL*	

*\*The student's overall performance must be rated as "Inadequate"*

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**Clinical Supervisor Signature**                      **Clinical Supervisor Name**                      **Date**

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**Clinical Co-Supervisor Signature**                      **Clinical Co-Supervisor Name**                      **Date**  
(if applicable)

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**Student Signature**                      **Student Name**                      **Date**

Please email soft copy to the Program Coordinator  
(cc: clinical-psych@utsc.utoronto.ca)

Reviewed by the Program Coordinator, Graduate Department of Psychological Clinical Science.

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**Program Coordinator Signature**                      **Program Coordinator Name**                      **Date**