



UNIVERSITY OF HARTFORD

GRADUATE INSTITUTE OF PROFESSIONAL PSYCHOLOGY

STUDENT'S EVALUATION OF PRACTICUM PLACEMENT

Semester & Year _____

Trainee: _____

Agency Name _____

Dept. _____

Primary Supervisor _____

Supervisor 2 _____

Supervisor 3 _____

GIPP Seminar Leader _____

Note: The following rating scale will be used to evaluate your practicum experience this semester. Please add comments at the end of each section to clarify your ratings.

(EX) Excellent: Exceptionally high level of quality.

(VG) Very Good: Solidly high quality and characterized by an absence of difficulties.

(GD) Good: Basically acceptable and sufficient quality; fulfilled requirements. No major problems.

(SC) Satisfactory with Concerns: Minimally acceptable quality; at least one major problem or many minor difficulties that identify a need for corrective action, as noted in the comments.

(US) Unsatisfactory: Unacceptable quality; several major problems that identify a need for corrective action, as noted in the comments.

(NA) Not Applicable: Not relevant to this placement, or not enough information available.

I. AGENCY SETTING AND SUPPORT

Please circle most appropriate rating:

| | US | SC | GD | VG | EX | NA |
|---|----|----|----|----|----|----|
| 1. Adequacy of office space. | 1 | 2 | 3 | 4 | 5 | NA |
| 2. Availability of testing supplies. | 1 | 2 | 3 | 4 | 5 | NA |
| 3. Willingness of support staff to assist student. | 1 | 2 | 3 | 4 | 5 | NA |
| 4. Acceptance of student trainee by professional staff. | 1 | 2 | 3 | 4 | 5 | NA |
| 5. Integration of student into agency activities. | 1 | 2 | 3 | 4 | 5 | NA |
| 6. Overall working environment of the agency. | 1 | 2 | 3 | 4 | 5 | NA |

Comments on agency setting and support:

II. TRAINING ACTIVITIES

Please circle most appropriate rating:

| | US | SC | GD | VG | EX | NA |
|--|----|----|----|----|----|----|
| 1. Specification of training objectives. | 1 | 2 | 3 | 4 | 5 | NA |
| 2. Relevance of practicum tasks to training needs. | 1 | 2 | 3 | 4 | 5 | NA |
| 3. Adequacy of caseload to meet training needs. | 1 | 2 | 3 | 4 | 5 | NA |
| 4. Balance of caseload to provide for varied experience. | 1 | 2 | 3 | 4 | 5 | NA |
| 5. Exposure to variety of psychological tests. | 1 | 2 | 3 | 4 | 5 | NA |
| 6. Quality of didactic or inservice training. | 1 | 2 | 3 | 4 | 5 | NA |

Comments on agency setting and support:

III. SUPERVISION

Please circle most appropriate rating:

| | US | SC | GD | VG | EX | NA |
|--|----|----|----|----|----|----|
| 1. Supervisor's respect and support for the student. | 1 | 2 | 3 | 4 | 5 | NA |
| 2. Supervisor's ability to explain his/her supervisory style | 1 | 2 | 3 | 4 | 5 | NA |
| 3. Supervisor's enthusiasm for training activities. | 1 | 2 | 3 | 4 | 5 | NA |
| 4. Supervisor's function as a positive role model. | 1 | 2 | 3 | 4 | 5 | NA |
| 5. Quality of evaluative feedback and recommendations. | 1 | 2 | 3 | 4 | 5 | NA |
| 6. Supervisor's openness to discussing difficulties. | 1 | 2 | 3 | 4 | 5 | NA |
| 7. Availability of supervision in an emergency/crisis. | 1 | 2 | 3 | 4 | 5 | NA |
| 8. Supervisor's understanding of multicultural issues. | 1 | 2 | 3 | 4 | 5 | NA |
| 9. Overall quality of supervision. | 1 | 2 | 3 | 4 | 5 | NA |

Comments on supervision:

IV. PRACTICUM ACTIVITIES

- 1. Average hours per week of practicum activities _____ hours/week
- 2. Hours per week of *individual* supervision: _____ hours/week
- 3. Hours per week of *group* supervision: _____ hours/week

4. Total number of *assessment* clients so far:

- _____ full psychological batteries (intelligence & projective)
- _____ neuropsychological batteries
- _____ partial psychological batteries
- _____ other

- 5. Total number of *individual* clients so far for whom you served as *therapist*: _____
- 6. Total number of *individual* clients so far for whom you served as *case manager*: _____
- 7. Total number of *family therapy* cases you have seen so far: _____

8. Group therapy experience this year

| Title or type of group led/co-led | Average # of clients in group | Number of group sessions |
|-----------------------------------|-------------------------------|--------------------------|
| | | |
| | | |
| | | |

9. Total number of clients seen for *other services* this year: _____

V. QUALITATIVE ITEMS

1. Comment on areas of supervisor's particular expertise:

2. What training experiences did this placement provide *most* successfully?

3. What training experiences did this placement provide *least* successfully?

4. Additional comments?

Signature of Student

Signature of Primary Supervisor

Date evaluation discussed

Reviewed by Coordinator of Practicum