INSTRUCTION SHEET FOR PRACTICUM FORMS

PRACTICUM EVALUATION FORM – BLUE (TO BE COMPLETED BY STUDENT & SUPERVISOR)

A. The student will complete the identifying information at the top of the form and forward the form to the site supervisor.

B. Supervisor Instructions

1. Using the rating scale at the top of the form, rate the activity (competency) completed under your supervision. Rate ONLY those activities observed.
2. Using the same rating scale, rate the overall performance of the student during the practicum experience.
3. Provide additional comments, if necessary.
4. Sign and date the form and return the form to: School Psychology Program Coordinator, LRC 317, California University of Pennsylvania, California, PA 15419

SCHOOL PSYCHOLOGY PRACTICUM LOG – GREEN (TO BE COMPLETED BY STUDENT)

1. Put the date and time(s) of the practica experience in the first two columns. Both the date and time must be inclusive for each individual experience.
2. For the third column, refer to the Practicum Summary Form (yellow) and record the competency area (e.g., Assessment Practices, Interventions, etc.) appropriate for each activity.
3. Client information should include the initials, age, grade, gender, and ethnicity of each client.
4. To complete the fifth column – Reason or Goal of Activity – refer to the specific listings under each of the general competency areas on the summary form (yellow sheet), and list the type of activity engaged in (e.g., Intellectual, Assessment, Behavior Management, etc.).
5. In the sixth column, describe the activity thoroughly. For example, if the activity listed was “group counseling”, specify the treatment goal (e.g., anger management) and techniques used, problems encountered, etc.
6. In the seventh column, record the amount of time spent in each activity, in no less than quarter hour increments, from the second column, (e.g., 1 hour, 15 min).

NOTE: Carry hours from previous log form to the top right corner of the new log sheet; keep the cumulative hours column added, complete the total hours for this log sheet, and total the cumulative hours to date.

Sign and date the logs and obtain supervisors’ signatures. Always keep a copy of your logs to be placed in your portfolio.
1. Complete all information at the top of the form.
2. Enter the total hours (in no less than quarter hour increments) completed in each competency area. Note the carried hours and the total cumulative hours. The number of hours on the yellow summary form should equal the hours on the green practicum form.
3. Obtain signatures and keep a copy for your portfolio.
California University of Pennsylvania
Department of Psychology Master’s Degree Program in School Psychology
Practicum Student Evaluation Form

Directions: Please complete this form on the student you have supervised for practicum at your facility and mail it back to the university supervisor at the address provided by the student. The university supervisor will provide feedback to the student. The site supervisor is welcome to review this information with the student if desired. Please use the following rating system for the items below:

NA - Not applicable or not enough information to form a judgment
1 - Far below expectations – needs much improvement, a concern
2 - Below expectations – needs improvement to meet standards*
3 - Acceptable – meets standards at average level of standards*
4 - Above expectations – performs above average level of standards, a strength*

*Please refer to the “Assessed Competencies” area of the syllabus for the course that is related to this practicum provided by the student you are supervising.

Student Name: ___________________________________________________________
Course: _________________________________________________________________
Site: ___________________________________________________________________
Site Supervisor: __________________________________________________________
Supervisor’s Title: ________________________________________________________

Assessed Competencies (Only rate behaviors observed during the practicum experience)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Competency</th>
<th>Rating</th>
<th>Competency</th>
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<tbody>
<tr>
<td></td>
<td>Intake/Assessment Interview</td>
<td></td>
<td>Group Therapy</td>
</tr>
<tr>
<td></td>
<td>Oral Communication Skills</td>
<td></td>
<td>Consultations (Parent, Teacher, Student)</td>
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<td></td>
<td>Written Communication Skills</td>
<td></td>
<td>Professional Behavior and Disposition</td>
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<td></td>
<td>Rapport Building with Students</td>
<td></td>
<td>Understanding and Implementation of Ethical Codes</td>
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<td></td>
<td>Case Formulation /Treatment Planning</td>
<td></td>
<td>Implementation of Feedback from Supervisor</td>
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<td>Individual Therapy</td>
<td></td>
<td>Articulation of Clinical Information</td>
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<td></td>
<td>Integration of Research Findings into Practice</td>
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<td>Sensitivity to Individual Differences</td>
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<td></td>
<td>Organization and Operation of Schools</td>
<td></td>
<td>(Ability and Diversity) in Activities</td>
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<td></td>
<td>Observation / Interaction with School Personnel</td>
<td></td>
<td>Discussion / Implementation of Special Education Regulations</td>
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<tr>
<td></td>
<td>Observation / Interaction with Special Needs Students</td>
<td></td>
<td>Discussion / Implementation of the Roles and Functions of a School Psychologist</td>
</tr>
</tbody>
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Using the rating scale above, please rate the overall performance of this student during the practicum experience:

Overall Rating ________

Please provide any additional comments below and if the student performed below expectations please specify the areas that are in need of improvement and suggestions for improvement. If more space is required for your comments, use the reverse side of the form.

Site Supervisor Signature: __________________________________________ Date: ________________