

**PART 1: Completed by STUDENT TRAINEE**

<b>General Information</b>	Student Trainee LAST Name	Student FIRST Name (Given)	ID Number	Evaluation
	Concordia Course Number	START Date (YYYY-MM-DD)	END Date (YYYY-MM-DD)	
	Director Name (Training / Program)	Clinic Name (Dept/Service/Unit)	Institution / Organization Name	
	Supervisor Name	Supervisor Degree, Qualifications	OPQ Registered Member <a href="http://www.ordrepsy.qc.ca/en/forms/tab_membres.sn">www.ordrepsy.qc.ca/en/forms/tab_membres.sn</a>	
	Supervisor Email	Supervisor Office Phone	Supervisor Fax	

<b>Supervision</b>	Practicum Days / Hours per Week	Supervision Frequency per Week	Total Supervision Hours	
	Supervision Format (Choose ALL that apply)			
	<input type="checkbox"/> Discussion	<input type="checkbox"/> Session Notes	<input type="checkbox"/> Video Recordings	<input type="checkbox"/> Audio Recordings
<input type="checkbox"/> Session Transcripts	<input type="checkbox"/> Live Observation	<input type="checkbox"/> Co-Therapy/Assessment	<input type="checkbox"/> Peer Supervision	

**PART 2: Completed by CLINICAL SUPERVISOR**

**Rate the student trainee compared to others at their level of training**

	Inadequate	Poor	Average	Good	Very Good	Outstanding	Not Observed
	5%	15%	30%	30%	15%	5%	
1) Attendance at Supervision							
2) Dependability (punctuality, accepts responsibility, follows instructions)							
3) Professional Appearance (neat, good hygiene, proper dress)							
4) Inquisitive (asks appropriate questions about things not understood)							
5) Interpersonal & Communications Skills with Supervisor and Peers							
6) Preparation for Supervision							
7) Responsiveness to / Ability to Profit From Supervision							
8) Interpersonal & Communication Skills with Patients and Clients							
9) Ability to Conceptualize Case							
10) Ability to Develop and Maintain Therapeutic / Professional Relationship with Patient / Client							
11) Self Confidence (confidence in own clinical abilities)							
12) Ability to Conduct Assessments and/or Use Assessment Materials							
13) Ability to Implement Therapeutic Interventions							

**Rate the student trainee compared to others at their level of training**

	Inadequate 5%	Poor 15%	Average 30%	Good 30%	Very Good 15%	Outstanding 5%	Not Observed
14) Mental Alertness / Attentiveness (interest in site & service, eager to learn, ability to learn & remember procedures)							
15) Leadership (assertive, imaginative, enthusiastic, good judgment)							
16) Quality of Written Reports and Other Materials							
17) Timeliness of Written Reports and Other Materials							
18) Other Professional and Ethical Issues (maintaining confidentiality, communication with other professionals)							

**Overall, how would you rate this student's performance? (Compared to that expected at this level of training?)**

Overall Rating	Inadequate	Below Average	Average	Very Good	Excellent	Exceptional
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Strengths</b>	
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<b>Weaknesses &amp; Development Areas</b>	
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Grade	Letter Grade	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.)

Clinical Supervisor Name PRINT

Clinical Supervisor Signature

Date

Student Trainee Name PRINT

Student Trainee Signature

Date

**Send HARDCOPY ONLY:**  
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 Montreal, QC H4B 1R6