

University of La Verne
Psychology Department

Clinical Training Feedback

The purpose of this meeting is to provide feedback to each student about their progress during their practicum or internship training experiences. Each student meets with the Clinical Training Director to review the Supervisor Evaluation of Supervisee and Clinical Skills Assessment forms as part of the meeting. A discussion of the student's strengths and growth areas is the focus of the meeting.

The ratings in the following skill areas range from 1 -3 (Beginner), 4 (Advanced), 5 (Professional). These are based on the supervisor's feedback, student's self-evaluation and the Clinical Training Director's observations.

1. Integration of theory, research and practice	1	2	3	4	5
2. Psychological testing	1	2	3	4	5
3. Clinical interventions	1	2	3	4	5
4. Personal development	1	2	3	4	5
5. Ethics and professional Values	1	2	3	4	5
6. Multicultural competencies	1	2	3	4	5
7. Community psychology competencies	1	2	3	4	5
8. Other areas: _____ _____	1	2	3	4	5

This is to confirm that I have participated in this meeting and received the feedback indicated above.

Student: _____ Date: _____
Name

Student signature: _____

Clinical Training Director: _____
Name

Clinical Training Director: _____ Date: _____
Signature

Other comments: _____

