

Annual Student Evaluation and Feedback

Student Name: _____ Date: _____

Student Number: _____

Year of program entry: _____ Hours attempted: _____

Hours completed: _____ Grade Point Average: _____

Areas of Evaluation: (1=Poor, 2=Adequate, 3=Excellent: Ratings of 1 require a specific details and written plan for remediation. A rating of Excellent should be given for exceptional progress only.) A rating of N/A may be given for an area that a student has not yet begun to pursue.

_____ Academic progress

_____ Ethics

_____ Therapeutic skill development (as evidenced in practicum placement or specific class performance)

_____ Assessment skill development (as evidenced in practicum placement or specific class performance)

_____ Research progress

_____ Progress in hours toward degree

Narrative summary and faculty comments:

Summary of plans for remediation of concerns: (Completion of Remediation Plan necessary)

Faculty:

By my signature, I indicate that I have reviewed the above evaluation and agree with its contents.

Academic Advisor, date

Psy.D. Coordinator, date

Department Chair, date

Student:

By my signature, I indicate that I have read and reviewed the above evaluation with the Psy.D. program coordinator. By my signature, I indicate my agreement or disagreement with the conclusions of the evaluation.

Agree (date)

Disagree (date)*

*If disagreement is noted, please submit a formal letter to the Psy.D. coordinator indicating reasons for disagreement.