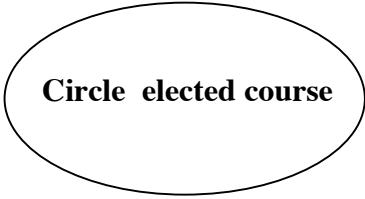


**Department of Psychology  
Western Michigan University**

Date \_\_\_\_\_



397 Practicum in Psychology  
599 Practicum in Psychology  
712 Professional Field Experience

**Student's Evaluation**

**Student:** Please complete this form and the attached check list and return to the Faculty Advisor **by the final week of the semester/session.**

<b>To be</b>	Name of Trainee _____ Semester & Year _____
<b>Completed</b>	WIN# _____
<b>by Trainee</b>	Practicum Site _____ Degree Program _____
	Call Number _____ Credit Hours _____
	Faculty Advisor _____

1. Evaluation of the experience (Positive and Negative)

Number of hours of professional activity \_\_\_\_\_ .

2. Suggestions for the improvement of the experience.

Number of hours of direct supervision \_\_\_\_\_ .

Distribution by the Faculty Advisor early in the final week of the semester/session:

\_\_\_\_\_  
Student's Signature

**(over)**

## Evaluation Checklist Student's Evaluation

Please estimate the percentage of time you were involved in the following activities.

	<b>Percentage</b>
I. Assessment	
intellectual assessment	_____
personality assessment	_____
behavioral assessment	_____
neuropsychological assessment	_____
other forms of assessment _____	_____
II. Therapy	
individual therapy	_____
family therapy	_____
marital therapy	_____
group therapy	_____
other form of therapy _____	_____
III. Conferences & Education	
client discussions	_____
workshops	_____
in service	_____
other _____	_____
IV. Supervision	
individual	_____
group	_____
V. Administrative Activity	
admisistrative	_____
consultation	_____
	<b>Total</b> 100%

Student's Signature \_\_\_\_\_

**Return form to Faculty Advisor** before or during the final week of the semester/session **(over)**

**Department of Psychology  
Western Michigan University**

Date \_\_\_\_\_

397 Practicum in Psychology  
599 Practicum in Psychology  
712 Professional Field Experience

**Supervisor's Evaluation**

**Supervisor:** Please complete this form and the attached check list and return to the Faculty Advisor **by the final week of the semester/session.**

<b>To be</b>	Name of Trainee _____	Semester & Year _____
<b>Completed</b>	WIN# _____	
<b>by Trainee</b>	Practicum Site _____	Degree Program _____
	Faculty Supervisor _____	

1. Description of trainee's activities and training.

Number of hours of professional activity \_\_\_\_\_ .

Number of hours of direct supervision \_\_\_\_\_ .

2. Evaluation of trainees' professional performance, ethics and competence.

Psychology Department Western Michigan University Kalamazoo MI 49008-5439 FAX 269 387 4550	<b>For the Faculty Advisor:</b> Grade: Credit _____ No credit _____ Incomplete _____
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**Return form to Faculty Advisor by the final week of the semester/session.**

(Over)

**Evaluation Checklist**  
**Supervisor's Evaluation**

Please estimate the percentage of time the student was involved in the following activities.

<b>I. Assessment</b>	<b>Percentage</b>
intellectual assessment	_____
personality assessment	_____
behavioral assessment	_____
neuropsychological assessment	_____
other forms of assessment _____	_____
<b>II. Therapy</b>	
individual therapy	_____
family therapy	_____
marital therapy	_____
group therapy	_____
other form of therapy _____	_____
<b>III. Conferences &amp; Education</b>	
client discussions	_____
workshops	_____
in service	_____
other _____	_____
<b>IV. Supervision</b>	
individual	_____
group	_____
<b>V. Administrative Activity</b>	
admisistrative	_____
consultation	_____
	<b>Total 100%</b>

Practicum Supervisor's name: \_\_\_\_\_ Signature

\_\_\_\_\_

**(over)**