|  |
| --- |
| **UNIVERSITY OF TEXAS RIO GRANDE VALLEY – CLINICAL PSYCHOLOGY TRAINING PROGRAM****CLINICAL TRAINEE ANNUAL EVALUATION FORM** |
| **Student Name:** | **Class (Year of entry):** | **Academic Year:** |
| **Research Mentor:**  | **Practicum supervisors last Fall/Spring:** |
| **Proctor Name:** | **External Practicum supervisors (if applicable):** |
| Milestones Completed (check all that apply): | **Funding source:** |
|

|  |  |  |
| --- | --- | --- |
|[ ]  Master’s thesis (2nd Year Project) proposed |[ ]  All coursework completed | **GUIDE TO EVALUTION** |
|[ ]  Master’s thesis (2nd Year Project) defended |[ ]  Internship placement | * S = Satisfactory; U = Unsatisfactory
* N = have not done activity in the last year; Y = has done activity in the last year
* Numerical performance evaluation keys provided with each item; each level assumes achievement of the previous level
* Expectations for each level provided with item
* Narrative examples of performance and goals for upcoming year provided in “Qualitative Feedback, Commendations and Recommendations” sections
 |
|[ ]  Comprehensive exam passed |[ ]   Location: |  |
|[ ]  Dissertation proposed |  |  |  |
|[ ]  Dissertation defended |  |  |  |
|  |  |  |   |  |
|  |  |  |  |  |

 |

|  |  |
| --- | --- |
| **SCIENCE/RESEARCH** | **PERFORMANCE****(Circle one)** |
| 1. | General: Critical thinking, scientific foundation of psychology, data analysis, scientific writing | 1 | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = Insufficient, 2 = grasps concepts, accumulating knowledge, basic data and writing skills, 3 = some independent idea generation, independent analysis/interpretation, 4 = independent idea generation, writing with minimal revision, 5 = strong writing skills, research productivity independent, mentoring is consultative.****EXPECTATION: Rising 2nd years expected at 2, Rising 3rd years expected at 3, Rising 4th year and beyond expected at 4** |
| 2. | Research Milestones | 1 | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = No milestones, 2 = thesis proposed, 3 = thesis defended, 4 = 3rd year project proposed, 5 = 3rd year project defended, dissertation proposed or on track for proposal by October****EXPECTATION: Rising 2nd years expected at 1-2, Rising 3rd years expected at 2-3, Rising 4th year expected at 4, final year prior to internship expected at 5** |
| 3. | Research Productivity: Conference activities (symposia, poster presentations) | 1 | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = no conference activity, 2 = conference attended, 3 = co-authored poster or talk, 4 = first author poster, 5 = oral presentation (as presenter) or symposium chaired****EXPECTATION: Rising 2nd year expected at 2, Rising 3rd year and beyond expected at 3 or above** |
| 4. | Research Productivity: Publications | 1 | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = no publication activity, 2 = collaborative work on publication preparation, 3 = first author manuscript preparation OR collaborative co-author work submitted, 4 = first author manuscript submission OR acceptance of a collaborate co-authored publication; 5 = first author manuscript accepted****EXPECTATION: Rising 2nd year expected at 2, Rising 3rd year and beyond expected at 3 or above** |
| 5. | Additional research experiences (journal or grant review, grantsmanship) | N | Y |  |
| **Qualitative Feedback (basis for ratings):** |
| **Commendations:** |
| **Recommendations:** |

|  |  |
| --- | --- |
| **CLINICAL** | **PERFORMANCE****(Circle one)** |
| 1. | Assessment (measurement, psychometrics, administration, interpretation, diagnosis) | 1 | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = Insufficient, 2 = Basic knowledge of assessment tools and diagnostic classification, 3 = adequate administration of tests, learns new test administration when appropriate, report writing adequate, applies assessment to diagnosis and conceptualization, 4 = some independence of battery selection, interpretation and diagnosis, appropriate application of diagnosis, 5 = sophisticated integration of interview and assessment results****EXPECTATION: Rising 2nd and 3rd years expected at 3, Rising 4th year and beyond expected at 4** |
| 2. | Intervention (therapeutic alliance, case conceptualization, intervention planning and outcome tracking, quality of intervention implementation, breadth of intervention techniques) | 1 | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = Insufficient,** **2 = Knowledge of intervention techniques and therapeutic alliance,** **3 = demonstration of basic therapy skills (achieve therapeutic alliance, able to administer therapeutic techniques with guidance, constructs treatment plan with assistance),** **4 = case conceptualization with minimal assistance, demonstration of independent thinking, demonstration of at least one treatment technique/manualized treatment,** **5 = sophisticated and/or nuanced therapy technique, capacity for working with difficult cases, makes appropriate independent decisions, demonstration of breadth of intervention techniques****EXPECTATION: Rising 2nd years expected at 2, Rising 3rd years expected at 3, Rising 4th year and beyond expected at 4** |
| 3. | Supervision: (overseeing and monitoring the development of competence and skill in clinical practice and the effective evaluation of those skills)  | N | 2 | 3 | 4 | 5 |
|  | **KEY: N = Participation in supervision as supervisee or observer only** **2 = Inadequate knowledge of supervision practices and/or demonstrates harmful supervision behaviors** **3 = Knowledge of supervision models and practice (can articulate the central functions of supervision)** **4 = Demonstrated basic application of supervisory techniques via role-play and/or peer supervision****5 = Demonstrated nuanced application of supervisory techniques via peer supervision including participating in trainee evaluation and feedback****EXPECTATION: Prior to the supervision practicum (typically Rising 2nd and 3rd years) expected at N, Post supervision practicum (typically Rising 4th years and above) expected at 3** |
| **Qualitative Feedback (basis for ratings):** |
| **Commendations:** |
| **Recommendations:** |

|  |  |
| --- | --- |
| **PROFESSIONALISM & INTERPERSONAL SKILLS**  | **PERFORMANCE****(Circle one)** |
| 1. | Ethical and legal standards: Knowledge of and adherence to ethical and legal standards across the profession (i.e., in research, clinical service), recognizes ethical dilemmas when they arise and engages in ethical decision making behaviors | 1 | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = Significant ethical violation suggesting difficulties with either retaining knowledge or engaging in behavior consistent with the standards of the field,** **2 = No egregious violations but some deficits in knowledge or in specific consistent application of ethical standards and/or laws****3 = Knowledge of professional code of ethics and laws, consistently acts in accordance with professional standards and guidelines** **4 = Demonstrates good ethical decision making; recognizes ethical dilemmas and seeks consultation** **5 = Nuanced and/or sophisticated independent ethical decision making** **EXPECTATION: Rising 2nd years expected at 3, Rising 3rd years and above expected at 4** |
| 2. | Individual and cultural diversity: Knowledge of current theories and research on how to understand and interact with people different than the student. Demonstrates an understanding of personal/cultural history and how prior experiences, attitudes and biases may influence research, clinical work and service. Ability to work effectively with individuals whose group membership, demographic characteristics or worldviews differ from (and potentially conflict with) the student’s own. | 1 | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = Insufficient (e.g. unable or unwilling to appreciate difference, active disrespect or prejudicial behavior),** **2 = Blind spots in individual and cultural difference; lack of attention to cultural values; lacking knowledge** **3 = Knowledge of individual and cultural differences; initial attention to own perspective and cultural values** **4 = Articulates an approach to working effectively with diverse others, can apply approach with consultation/supervision, humility in cultural perspective taking****5 = Independently applies nuanced and/or sophisticated framework to working with diverse others, including addressing and modulating own biases and perspectives****EXPECTATION: Rising 2nd & 3rd years expected at 3, Rising 4th years and above expected at 4** |
| 3. | Professional values, attitudes and behaviors: Adherence to professional values (integrity, lifelong learning, concern for others’ welfare), professional identity, accountability and reliability, self-awareness and reflective practice, self-care, responsiveness to feedback in both clinical and research domains, departmental citizenship (e.g. attendance at colloquia, etc.) | 1 | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = Insufficient (e.g. documented egregious unprofessional behavior),** **2 = No egregious violations but some deficits in self-care, self-awareness, responsibility, accountability or appearance;** **3 = Knowledge and basic adherence to professional values, reliable and accountable, listens to and responds to feedback, engages in self-care;** **4 = Clearly adopts professional values of psychology, articulates self-reflections indicative of deepened professional identity** **5 = Demonstrates independent nuanced and/or sophisticated professional behavior in complex situations; internalized professional identity****EXPECTATION: Rising 2nd years expected at 3, Rising 3rd years and above expected at 4** |
| 4. | Communication and interpersonal skills**:** Quality of professional relationships and general interpersonal skills (with clients, peers, faculty and staff), expressive skills (communication in verbal, non-verbal and written format which demonstrates professional language and concepts), affective skills (acknowledgment and expression of appropriate affect, affect regulation). | 1 | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = Problems with multiple individuals or across multiple domains (e.g. staff, faculty, peers), 2 = Sporadic or occasional relational difficulties with single individuals and/or demonstrates communication difficulties in one domain (e.g., oral, nonverbal, or written), 3 = forms and maintains productive and respectful relations with others across domains, generally produces informative communications across domains, 4 = flexibly shifts relational roles based on context; communication well-integrated across domains 5 = adept at managing difficult interpersonal communication/advanced interpersonal skills****EXPECTATION: Rising 2nd years expected at 3, Rising 3rd years and above expected at 4** |
| 5. | Consultation and Interprofessional/interdisciplinary skills: Effectively collaborates with non-psychology professionals (individuals and/or groups) to address problems, seek or share knowledge, or promote effectiveness in professional activities | 1 | 2 | 3 | 4 | 5 |
|  | **KEY: 1 = Insufficient (e.g. documented egregious interprofessional or interdisciplinary behavior),** **2 = Demonstrates respect for the roles and perspectives of other professions** **3 = Knowledge of consultation models and interdisciplinary practices via either reading or observation (i.e., shadowing)** **4 = Demonstrates applied consultative skills under mentorship/supervision or via collaboration with individuals and their families, other health care professionals, interprofessional groups or systems related to health and behavior****5 = Demonstrates independent consultative and interprofessional skills****EXPECTATION: Rising 2nd and 3rd years expected at 2, Rising 4th years and above expected at 3** |
| **Qualitative Feedback (basis for ratings):** |
| **Commendations:** |
| **Recommendations:** |

|  |  |  |
| --- | --- | --- |
| **TEACHING** | **PARTICIPATED****(Circle one)** | **QUALITATIVE FEEDBACK, COMMENDATIONS & RECOMMENDATIONS:** |
| **Expectations: None (all optional)** |  |
| 1. | Teaching (instructor) | N | Y |
| 2. | TA | N | Y |
| 3. | Teaching support (guest lecture, etc.) | N | Y |
| 4. | Research mentorship | N | Y |

|  |  |  |
| --- | --- | --- |
| **ADDITIONAL DOMAINS OF COMPETENCE** | **PARTICIPATED** **(Circle one)** | **QUALITATIVE FEEDBACK, COMMENDATIONS & RECOMMENDATIONS:** |
| **Expectations: All students should have “S” in Didactics; all other domains optional** |
| 1. | Didactics | U | S |
| 2. | Administration/Service | N | Y |
| 3. | Advocacy | N | Y |
| 4. | Telepsychology | N | Y |
| 5. | Community Engagement/Outreach | N | Y |

**GOALS AND RECOMMENDATIONS FOR NEXT YEAR**

**CLINICAL PROGRAM APPROVAL FOR CONTINUATION IN THE PROGRAM?** YES PROBATIONARY\* NO\*

**Evaluation Proctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of feedback\_\_\_\_\_\_\_\_\_ Student+:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**

**\* Probationary status requires explicit conditions of probation (e.g., tasks, length). A “No” vote ends the current discussion and initiates the call for a formal dismissal hearing.**

**+ Student signature on this document indicates the evaluation has been received and feedback given.**

**Comments on/about feedback meeting:**