UNIVERSITY OF SOUTH CAROLINA
SCHOOL PSYCHOLOGY ASSISTANTSHIP STUDENT EVALUATION

Date _______________

Name of Student _________________________ Placement _____________________________

Supervisor ___________________________ Supervisor’s Title __________________________ 

Number of hours spent at placement site(s) each week __________

1. Briefly describe the types of activities this student has been engaged in during the past semester (e.g., assessment, individual/family therapy, consultation, in-service presentations, research, etc.).
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

2. What are approximate number of hours per week that this student has been involved in the following activities:
   ____ assessment  ____ consultation  ____ therapy/counseling  ____ staff training  ____ research 
   ____ case conferences/staffing  ____ supervision  ____ other (please specify)
   __________________________________________________________________________________________
   __________________________________________________________________________________________

Directions: Please use the following rating scale in evaluating the student in the areas of professional functioning listed below:

5  Excellent: Student’s skills in this area are exceptionally strong and can function with relatively little direct supervision.

4  Very Good: Above average performance; better than one might expect for a student at his/her level of training.

3  Satisfactory: Expected performance by a student at his/her current level of training.

2  Marginal: Below average performance; requires more supervision than is typical for student at his/her level of training.

1  Deficient: Unacceptable performance; requires extensive supervision; quality of work is below adequate standards and student needs remedial or additional training and course work.

N/O  Not Observed: Skill/activity not observed for this student.

Personal Characteristics

1. Presents a good personal appearance 5 4 3 2 1 N/O
2. Demonstrates dependability 5 4 3 2 1 N/O
3. Meets difficult situations with self-control 5 4 3 2 1 N/O
4. Demonstrates good judgment and common sense 5 4 3 2 1 N/O
5. Communicates and listens effectively 5 4 3 2 1 N/O
6. Shows concern, respect, and sensitivity for needs of staff and students 5 4 3 2 1 N/O
**Professional Responsibilities and Behavior**

1. Observes scheduled hours and appointments at assigned school(s) in a punctual manner  
   5 4 3 2 1 N/A N/O

2. Is prompt in meeting deadlines, responding to referrals, and handing in written reports  
   5 4 3 2 1 N/A N/O

3. Maintains current, accurate records and files; meets all school expectations  
   5 4 3 2 1 N/A N/O

4. Completes written reports and forms in a neat, thorough, and accurate manner  
   5 4 3 2 1 N/A N/O

5. Establishes appropriate work priorities and manages time efficiently  
   5 4 3 2 1 N/A N/O

6. Keeps supervisors and administrators informed of unusual events and activities, as well as routine matters  
   5 4 3 2 1 N/A N/O

7. Consistently follows through when additional action is needed  
   5 4 3 2 1 N/A N/O

8. Demonstrates an awareness of competency level, and doesn't accept responsibilities that exceed this level  
   5 4 3 2 1 N/A N/O

9. Maintains visibility and accessibility  
   5 4 3 2 1 N/A N/O

Please include any additional information which you believe would be important in evaluating this student’s performance and in making practicum placements for next year.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Evaluator's signature __________________________________________ Date _____________________

*Adapted from evaluation criteria used by Tulane University, University of Wisconsin-Madison, and University of Virginia*