

SCHOOL PSYCHOLOGY COMPETENCIES EVALUATION FORM

PRACTICUM PROGRESS REPORT

Following is a list of School Psychology Competencies along with an evaluation format. Please complete this form for the practicum student you are supervising. After you complete your evaluation, please share your ratings with your supervisee and then send the completed form to Lew Gantwerk, Psy.D. Executive Director of the Center for Applied Psychology at 41 Gordon Road, Piscataway, NJ 08854. This information is one component of evaluating the student's clinical competence. It is important that you return this form promptly, so that the student receives the appropriate grade on her/his transcript. Failure to do so will delay the student's progress, and might impede the processing of documents for graduation. Thank you for your help throughout the year. Your input is very important to the student and to the faculty.

Academic Year: _____ Semester: Fall _____ Spring _____ Summer _____

Name of Student _____

Name of Practicum Agency _____

Name of Primary Supervisor _____ (Title: PhD/PsyD)

Name of Other Supervisor(s) _____

Address of Agency _____

City/State/Zip Code _____

Hours per week devoted to the practicum by student _____

Total hours of practicum completed this semester _____ (approx.).

