**Practicum Review Student Worksheet**

Students in the WCU School Psychology Graduate program are required to complete two practicum experiences including one in the field and one in the WCU McKee Assessment and Psychological Services Clinic. This worksheet is designed to provide a review of those practicum experiences. This review will occur at various times including:

1. At the conclusion of each of the practicum experiences (end of 2nd year Fall and Spring semesters), the students will be evaluated by their supervisors. Following that evaluation, the students should meet with the supervisor to discuss the evaluation results. After that meeting, the students are expected to respond to that evaluation as indicated below and provide an overall evaluation of their experiences. This worksheet will then be submitted for review.
2. At the conclusion of all practicum experiences (end of 2nd year Spring semester), the students will provide all final information requested on this worksheet including a final overall practicum reflection. The completed worksheet will then be submitted for review

**Field-Based Practicum**

|  |  |
| --- | --- |
| **Name of Student:** |  |
| **Year & Semester Practicum Occurred:** |  |
| **Field-Based Practicum Site:** |  |
| **Field-Based Practicum Supervisor:** |  |

**Field-Based Practicum Supervisor Evaluation**

**Did you review and discuss this evaluation with the supervisor who completed this evaluation?**

 **\_\_\_\_\_Yes**

 **\_\_\_\_\_No**

**Does this evaluation accurately reflect your performance in all areas assessed?**

 **\_\_\_\_\_Yes**

 **\_\_\_\_\_No**

**If no, what areas were not evaluated accurately and how do you think these areas should have been evaluated?**

**Other Comments Regarding Field-Based Supervisor Evaluation:**

**Would you recommend this site and supervisor for future practicum students?**

 **\_\_\_\_\_Yes**

 **\_\_\_\_\_No**

 **\_\_\_\_\_Maybe**

**What were the most positive aspects of this practicum site and supervisor?**

**What were the most negative aspects of this practicum site and supervisor?**

**Clinic-Based Practicum**

|  |  |
| --- | --- |
| **Name of Student:** |  |
| **Year & Semester Practicum Occurred:** |  |
| **# of Charter School Evaluations completed:** |  |
| **# of Community Evaluation completed:** |  |

**Clinic-Based Practicum Supervisor Evaluation**

**Did you review and discuss this evaluation with the supervisor who completed this evaluation?**

 **\_\_\_\_\_Yes**

 **\_\_\_\_\_No**

**Does this evaluation accurately reflect your performance in all areas assessed?**

 **\_\_\_\_\_Yes**

 **\_\_\_\_\_No**

**If no, what areas were not evaluated accurately and how do you think these areas should have been evaluated?**

**Other Comments Regarding Clinic-Based Supervisor Evaluation:**

**Would you recommend this site and supervisor for future practicum students?**

 **\_\_\_\_\_Yes**

 **\_\_\_\_\_No**

 **\_\_\_\_\_Maybe**

**What were the most positive aspects of your clinic-based practicum experience?**

**What were the most negative aspects of your clinic-based practicum experience?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Overall Practicum Experiences****Assessment Diversity Data**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment #** | **Ethnicity** | **Eligibility Area(s) Assessed** | **Grade Level** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

**Case Study Data** (choose one)

|  |
| --- |
| **Behavioral Intervention** |
|
| **Grade Level** |  |
| **Problem Area** |  |
| **Effect Size** |  |
| **NDP** |  |
| **GAS** |  |
| **Comments** |  |
| **Academic Intervention** |
| **Grade Level** |  |
| **Problem Area** |  |
| **Effect Size** |  |
| **NDP** |  |
| **GAS** |  |
| **Comments** |  |

**Practicum Hours Logged**

|  |  |  |
| --- | --- | --- |
|  | **Field-Based Practicum Hours** | **Clinic-Based Practicum Hours** |
|  |  |  |
| Professional Development  |  |  |
| Assessment  |  |  |
| Consultation/Intervention  |  |  |
| Counseling/Therapy  |  |  |
| Research  |  |  |
| Supervision  |  |  |
| Organization/Office  |  |  |
| **Total Hours:** |  |  |
| **Total Practicum Hours:**  |  |

 |

**Overall Practicum Reflection: consider the following questions when completing your reflection**

What new experiences did you have as part of your practicum work and what did you learn from those experiences?

How did you feel about your interactions with the parents, students, and school personnel who were involved in your practicum experiences?  What made those interactions easy and what made them difficult?

What experiences did you have in working with diverse populations?  What did you learn from those experiences?