

# APPENDICES

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**Appendix A: Curriculum Checklists  
Clinical Child Psychology Curriculum Checklist**

Name: \_\_\_\_\_ CWID: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Mentor: \_\_\_\_\_

<b><u>General Psychology Core (21)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 652 Affect & Lifespan Development	_____	_____	_____
PY 650 Cognition & Learning	_____	_____	_____
PY 672 Advanced Social	_____	_____	_____
PY 695 Teaching of Psychology	_____	_____	_____
*PY 671 History & Systems (if needed)	_____	_____	_____
PY 629 Biological Bases of Behavior	_____	_____	_____
**PY 630 Affective Neurophysiology	_____	_____	_____

**Research Skills Core (12)**

PY 607 Research Methods	_____	_____	_____
PY 602 Advanced Stats I	_____	_____	_____
PY 603 Advanced Stats II	_____	_____	_____

**Stats 3 approved option:**

**Stats Minor (optional):**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Stats Minor – 3 additional courses or 2 additional courses, teaching a section of 211 or TAing for a section of Graduate Stats (5+1)**

**Clinical Core (22 + 1 P/F)**

PY 609 Psychological Assessment I (4 hrs)	_____	_____	_____
PY 610 Psychological Assessment II	_____	_____	_____
PY 658 Psychopathology	_____	_____	_____
PY 619 Principles of Psychotherapy	_____	_____	_____
PY 621 Psychotherapy Lab (1 hour P/F)	_____	_____	_____
PY 608 Introduction to Ethics	_____	_____	_____
PY 690 Cultural Competency	_____	_____	_____
PY 617 Supervision, Consultation and Inter-professional Skills	_____	_____	_____

**Advanced Coursework in Clinical Child Psychology (3 + 4 P/F)**

PY 666 Child Treatment	_____	_____	_____
PY 669 Seminar in Clinical Child Psych (4 semesters required – P/F)	_____	_____	_____

**Practica (10+)**

PY 631 Practicum in Psychology I (P/F) (2 <sup>nd</sup> year: fall – 3 hrs; spring – 3 hrs; Summer – 1 hr; 7 credit hrs required)	_____	_____	_____
***PY 631 Peer Supervision (1 semester)	_____	_____	_____
PY 639 Practicum in Psychology IX (Adv. Child Practicum - 4 semesters required – P/F) (one semester of PY 639 forensic; if applicable)	_____	_____	_____
PY 641 Advanced Clinical Placement (1-3 hr – may have multiple semesters -- for external placements – P/F)	_____	_____	_____

**\* PY 671 not required if student received a B or higher in History & Systems at their undergraduate institution. Contact DCT for approval and more details.**

**\*\* PY 629 is a PY 630 prerequisite. \*\*\*Serving as a peer supervisor in PY 639 can replace this requirement.**

**Research**

PY 698 Graduate Research (1-3 P/F)	Sem/Yr	Grade	Hours
_____	_____	_____	_____
PY 599 Thesis Research (min 6 hrs.)	Sem/Yr	Grade	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date defended: \_\_\_\_\_

Title: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____

Date M.A. received: \_\_\_\_\_

PY 699 Dissertation Res (min 18 hrs.)	Sem/Yr	Grade	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prelim: \_\_\_\_\_

Candidacy: \_\_\_\_\_

Defense: \_\_\_\_\_

**Other Coursework:**

PY _____	_____	_____	_____
_____	_____	_____	_____
PY _____	_____	_____	_____
_____	_____	_____	_____
PY _____	_____	_____	_____
_____	_____	_____	_____

Appendix A  
**Clinical Geropsychology Curriculum Checklist**

Name: \_\_\_\_\_ CWID: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Mentor: \_\_\_\_\_

<b><u>General Psychology Core (21)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 652 Affect & Lifespan Development	_____	_____	_____
PY 650 Cognition & Learning	_____	_____	_____
PY 672 Advanced Social	_____	_____	_____
PY 695 Teaching of Psychology	_____	_____	_____
*PY 671 History & Systems (if needed)	_____	_____	_____
PY 629 Biological Bases of Behavior	_____	_____	_____
**PY 630 Affective Neurophysiology	_____	_____	_____

<b><u>Research Skills Core (12)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 607 Research Methods	_____	_____	_____
PY 602 Advanced Stats I	_____	_____	_____
PY 603 Advanced Stats II	_____	_____	_____
<b>Stats 3 approved option:</b>	_____	_____	_____
_____	_____	_____	_____
<b>Stats Minor (optional):</b>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Stats Minor** – 3 additional courses or 2 additional courses, teaching a section of 211 or TAing for a section of Graduate Stats (5+1)

<b><u>Clinical Core (22 + 1 P/F)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 609 Psychological Assessment I (4 hrs)	_____	_____	_____
PY 610 Psychological Assessment II	_____	_____	_____
PY 658 Psychopathology	_____	_____	_____
PY 619 Principles of Psychotherapy	_____	_____	_____
PY 621 Psychotherapy Lab (1 hour P/F)	_____	_____	_____
PY 608 Introduction to Ethics	_____	_____	_____
PY 690 Cultural Competency	_____	_____	_____
PY 617 Supervision, Consultation and Inter-professional Skills	_____	_____	_____

<b><u>Advanced Coursework in Clinical Geropsychology (3 + 4 P/F)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 687 Clin Psych of Aging	_____	_____	_____
PY 688 Seminar in Geropsychology (1 hr) (4 semesters required – P/F)	_____	_____	_____

<b><u>Practica: (10+)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 631 Practicum in Psychology I (P/F) (2 <sup>nd</sup> year: fall – 3 hrs; spring – 3 hrs; Summer – 1 hr; 7 credit hrs required)	_____	_____	_____
***PY 631 Peer Supervision (1 semester)	_____	_____	_____
PY 642 Practicum in Psychology XI (1-3 hr) (2 years required, including summers – P/F)	_____	_____	_____
PY 641 Advanced Clinical Placement (1-3 hr – may have multiple semesters -- for external placements – P/F)	_____	_____	_____

\* **PY 671 not required if student received a B or higher in History & Systems at their undergraduate institution. Contact DCT for approval and more details.**

\*\* **PY 629 is a PY 630 prerequisite.**

\*\*\***Serving as a peer supervisor in PY 642 can replace this requirement.**

<b><u>Research</u></b>	Sem/Yr	Grade	Hours
PY 698 Graduate Research (1-3 P/F)	_____	_____	_____
PY 599 Thesis Research (min <b>6 hrs.</b> )	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date defended: \_\_\_\_\_

Title: \_\_\_\_\_

Date M.A. received: \_\_\_\_\_

<b><u>PY 699 Dissertation Res (min 18 hrs.)</u></b>	Sem/Yr	Grade	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Prelim:** \_\_\_\_\_

**Candidacy:** \_\_\_\_\_

**Defense:** \_\_\_\_\_

<b><u>Other Coursework:</u></b>	PY	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Appendix A  
**Clinical Health Psychology Curriculum Checklist**

Name: \_\_\_\_\_ CWID: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Mentor: \_\_\_\_\_

<b><u>General Psychology Core (21)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 652 Affect & Lifespan Development	_____	_____	_____
PY 650 Cognition & Learning	_____	_____	_____
PY 672 Advanced Social	_____	_____	_____
PY 695 Teaching of Psychology	_____	_____	_____
*PY 671 History & Systems (if needed)	_____	_____	_____
PY 629 Biological Bases of Behavior	_____	_____	_____
**PY 630 Affective Neurophysiology	_____	_____	_____

<b><u>Research Skills Core (12)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 607 Research Methods	_____	_____	_____
PY 602 Advanced Stats I	_____	_____	_____
PY 603 Advanced Stats II	_____	_____	_____
<b>Stats 3 approved option:</b>	_____	_____	_____
_____	_____	_____	_____
<b>Stats Minor (optional):</b>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Stats Minor** – 3 additional courses or 2 additional courses, teaching a section of 211 or TAing for a section of Graduate Stats (5+1)

<b><u>Clinical Core (22 + 1 P/F)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 609 Psychological Assessment I (4 hrs)	_____	_____	_____
PY 610 Psychological Assessment II	_____	_____	_____
PY 658 Psychopathology	_____	_____	_____
PY 619 Principles of Psychotherapy	_____	_____	_____
PY 621 Psychotherapy Lab (1 hour P/F)	_____	_____	_____
PY 608 Introduction to Ethics	_____	_____	_____
PY 690 Cultural Competency	_____	_____	_____
PY 617 Supervision, Consultation and Inter-professional Skills	_____	_____	_____

<b><u>Advanced Coursework in Clinical Health Psychology (3 + 4 P/F)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 693 Health Psychology/Behavioral Medicine (3 hrs)	_____	_____	_____
PY 688 Seminar in Health Psych (1 hr) (4 semesters required; P/F)	_____	_____	_____
_____	_____	_____	_____

<b><u>Practica: (10+)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 631 Practicum in Psychology I (P/F) (2 <sup>nd</sup> year: fall – 3 hrs, spring – 3 hrs; Summer – 1 hr; 7 credit hrs required)	_____	_____	_____
***PY 631 Peer Supervision (1 semester)	_____	_____	_____
PY 632 Health Practicum (1-3hrs; 4 semesters required – P/F)	_____	_____	_____
PY 641 Advanced Clinical Placement (1-3 hr – may have multiple semesters -- for external placements – P/F)	_____	_____	_____

<b><u>Research</u></b>	Sem/Yr	Grade	Hours
PY 698 Graduate Research (1-3 P/F)	_____	_____	_____
_____	_____	_____	_____
PY 599 Thesis Research (min 6 hrs.)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date defended: \_\_\_\_\_

Title: \_\_\_\_\_

Date M.A. received: \_\_\_\_\_

<b><u>PY 699 Dissertation Res (min 18 hrs.)</u></b>	Sem/Yr	Grade	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Prelim:** \_\_\_\_\_

**Candidacy:** \_\_\_\_\_

**Defense:** \_\_\_\_\_

<b><u>Other Coursework:</u></b>	PY	Sem/Yr	Grade	Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* PY 671 not required if student received a B or higher in History & Systems at their undergraduate institution. Contact DCT for approval and more details.

\*\* PY 629 is a PY 630 prerequisite. \*\*\*Serving as a peer supervisor in PY 632 can replace this requirement.

Appendix A  
**Psychology & Law Curriculum Checklist**

Name: \_\_\_\_\_ CWID: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Mentor: \_\_\_\_\_

<b><u>General Psychology Core (21)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 652 Affect & Lifespan Development	_____	_____	_____
PY 650 Cognition & Learning	_____	_____	_____
PY 672 Advanced Social	_____	_____	_____
PY 695 Teaching of Psychology	_____	_____	_____
*PY 671 History & Systems (if needed)	_____	_____	_____
PY 629 Biological Bases of Behavior	_____	_____	_____
**PY 630 Affective Neurophysiology	_____	_____	_____

<b><u>Research Skills Core (12)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 607 Research Methods	_____	_____	_____
PY 602 Advanced Stats I	_____	_____	_____
PY 603 Advanced Stats II	_____	_____	_____
<b>Stats 3 approved option:</b>	_____	_____	_____
_____	_____	_____	_____
<b>Stats Minor (optional):</b>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Stats Minor** – 3 additional courses or 2 additional courses, teaching a section of 211 or TAing for a section of Graduate Stats (5+1)

<b><u>Clinical Core (22 + 1 P/F)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 609 Psychological Assessment I (4 hrs)	_____	_____	_____
PY 610 Psychological Assessment II	_____	_____	_____
PY 658 Psychopathology	_____	_____	_____
PY 619 Principles of Psychotherapy	_____	_____	_____
PY 621 Psychotherapy Lab (1 hour P/F)	_____	_____	_____
PY 608 Introduction to Ethics	_____	_____	_____
PY 690 Cultural Competency	_____	_____	_____
PY 617 Supervision, Consultation and Inter-professional Skills	_____	_____	_____

<b><u>Advanced Coursework in Clinical Psychology &amp; Law (6 + 4 P/F)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 676 Forensic Assessment	_____	_____	_____
PY 678 Forensic Psychology	_____	_____	_____
PY 679 Seminar in Psychology & Law (4 semesters required; P/F)	_____	_____	_____
_____	_____	_____	_____

<b><u>Practica: (10+)</u></b>	Sem/Yr	Grade	Cr. Hrs.
PY 631 Practicum in Psychology I (P/F) (2 <sup>nd</sup> year: fall – 3 hrs; spring – 3 hrs; Summer – 1 hr; 7 credit hrs required)	_____	_____	_____
PY 631 Peer Supervision (1 semester)	_____	_____	_____
PY 641 Advanced Clinical Placement (may have multiple sems for external placements – P/F)	_____	_____	_____
_____	_____	_____	_____

<b><u>Research</u></b>	Sem/Yr	Grade	Hours
PY 698 Graduate Research (1-3 P/F)	_____	_____	_____
_____	_____	_____	_____
PY 599 Thesis Research (min 6 hrs.)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date defended: \_\_\_\_\_

Title: \_\_\_\_\_

Date M.A. received: \_\_\_\_\_

<b><u>PY 699 Dissertation Res (min 24 hrs.)</u></b>	Sem/Yr	Grade	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Prelim:** \_\_\_\_\_

**Candidacy:** \_\_\_\_\_

**Defense:** \_\_\_\_\_

<b><u>Other Coursework:</u></b>	Sem/Yr	Grade	Hours
PY _____	_____	_____	_____
_____	_____	_____	_____
PY _____	_____	_____	_____
_____	_____	_____	_____
PY _____	_____	_____	_____
_____	_____	_____	_____

\* PY 671 not required if student received a B or higher in History & Systems at their undergraduate institution. Contact DCT for approval and more details.

\*\* PY 629 is a PY 630 prerequisite.

Appendix B: Clinical Courses by Semester and Year

*NOTE: This table does not include advanced stats courses. Course offerings are subject to change. Students will be notified by email if changes are made.*

**FALL SEMESTER**

<b>Yearly</b>	<b>Every 2 Years</b>	
PY 602 Stats I	PY 678 Forensic Psychology	2023, 2025
PY 607 Research Methods	PY 687 Clinical Psych of Aging	2024, 2026
PY 609 PAI	PY 694 Behavior Medicine	2023, 2025
PY 629 Bio Bases of Behavior		
PY 631 Basic Prac		
PY 632 Health Prac		
PY 639 Child Prac		
PY 641 Adv Clinical Placement		
PY 642 Gero Prac		
PY 650 Cognition and Learning		
PY 658 Psychopathology		
PY 672 Advanced Social		
PY 695 ToP (tentative)		
PY X Proseminars		

**SPRING SEMESTER**

<b>Yearly</b>	<b>Every 2 Years</b>	
PY 603 Stats II	PY 617 Sup/Consult/Interdisc.	2024, 2026
PY 608 Ethics	PY 652 Lifespan Development	2025, 2027
PY 610 PA II	PY 666 Child Treatment	2024, 2026
PY 619 PoP	PY 370/671 History & Systems	2025, 2027
PY 630 Affective Neurophysiology	PY 676 Forensic Assessment	2024, 2026
PY 631 Basic Prac		
PY 632 Health Prac		
PY 639 Child Prac		
PY 641 Adv Clinical Placement		
PY 642 Gero Prac		
PY 690 Cultural Competency		
PY 695 ToP (tentative)		
PY X Proseminars		

**SUMMER SEMESTER**

<b>Yearly</b>
PY 621 PoP Lab
PY 631 Basic Prac
PY 639 Child Prac
PY 641 Adv Clinical Placement
PY 642 Gero Prac

## Appendix C: Policies for Evaluation of Student Progress

### **Policies for Evaluation of Student Progress** (Revised August 20, 2023, MLJ)

At the end of each academic year, the faculty in the program evaluate student progress toward achieving the Ph.D. The primary purpose of this evaluation is to provide an opportunity to update the entire faculty about students' accomplishments during the past year. Additionally, a yearly evaluation provides an opportunity to remedy any situations that may lead to future difficulties and recommend a course of action that would allow students to earn a degree and obtain the type of job that they want.

To facilitate the evaluation process, we ask that students submit a copy of their VITA and complete a Student Activity Report (SAR) for the year, including with it copies of their clinical evaluations and teaching performance ratings from the past year. Supervisors are expected to supply students with these evaluations at the end of each semester. Additionally, as of Jan. 1, 2005, students must keep a cumulative record of the therapy and assessment activities using Time2Track logs, and students should submit those logs with their SARs. The activity reports are designed to update each student's primary research advisor about their activities during the past year and will allow all faculty to learn about the progress of students who are not under their direct supervision. This is also a good opportunity for students to reflect on their progress in the program and to develop personal goals for the upcoming year. The SAR form is comprehensive in that it includes opportunities for students to describe their coursework, research, clinical training, teaching, assistantships, and service activities during the past year. It is not expected that students will have participated in all these activities during the past year. The list is comprehensive to allow students to describe the particular areas that they focused on during the year. **Students are expected to give the completed activity report (including copies of clinical evaluations, teaching evaluations, and Time2Track logs) and their VITA to their primary research advisor and the Director of Clinical Training on or before May 1<sup>st</sup> of each year in the Clinical Psychology Ph.D. Program.**

The faculty meets to discuss student progress during May each year. During this meeting, faculty advisors will use the SAR, written evaluations, therapy/assessment logs, VITAs, and their own observations to present a brief overview of each student's progress in the areas of research, clinical training, teaching, service, and coursework. The entire faculty will then share information about each student's strengths and any suggestions for improvement. Following this meeting, faculty advisors will complete an Annual Student Evaluation describing the student's progress in the program, summarizing the student's accomplishments during the past year, and providing any suggestions from the faculty for the future year. When the evaluation is completed, faculty advisors will contact each student and schedule a meeting to discuss the evaluation and to provide an opportunity for students to discuss any of their ideas or concerns. Students are encouraged to remind faculty members to schedule this meeting. At this meeting, each student will be given a copy of the completed Annual Student Evaluation Form. Students will be asked to sign the form and will be given the chance to submit any comments in writing. A copy of the SAR (and additional documents), VITA, and completed evaluation will be placed in each student's file.

After meeting with the advisor, if a student desires additional feedback about their performance in the program, they are encouraged to schedule a meeting with the Director of Clinical Training. Also, if there are significant concerns about a student's progress, the Director of Clinical Training will meet with the student and their advisor. In the event that remediation and/or dismissal recommendations are made by the faculty, the policies outlined in the Graduate Student Handbook will be followed.

Although this more formal evaluation only occurs annually, more frequent informal feedback meetings are encouraged throughout the year and **students are evaluated throughout their training regarding their attainment of competencies at the minimal level of achievement (see Appendix H for details)**. Faculty members are encouraged to meet with students regularly to provide both positive feedback and suggestions for improvement. Students are encouraged to ask faculty for feedback regarding their performance.

Appendix D: Student Activity Report

**University of Alabama Clinical Psychology Program  
Yearly Student Activity Report  
(May 1 – April 30)**

**Student:**  
**Academic Year:**  
**Year in Program:**

**Specialty Area:**  
**Research Mentor:**  
**Date Degree Expected:**

**Initial career objective:**

**Funding (circle all that apply):**

**Summer: GRA, GTA, clinical placement (name: \_\_\_\_\_), other (name: \_\_\_\_\_)**  
**Fall: GRA, GTA, clinical placement (name: \_\_\_\_\_), other (name: \_\_\_\_\_)**  
**Spring: GRA, GTA, clinical placement (name: \_\_\_\_\_), other (name: \_\_\_\_\_)**

**\* Please attach a copy of your CV and **highlight** what's new in the past year**

**PROGRAM MILESTONES**

(Provide the Semester and Year the Milestone was Successfully Completed):

Master's Thesis Proposal: \_\_\_\_\_  
Master's Thesis Defended: \_\_\_\_\_  
Mini Meeting Completed: \_\_\_\_\_  
Dissertation Proposal: \_\_\_\_\_  
Dissertation Defended: \_\_\_\_\_  
Case Conference Competency: \_\_\_\_\_  
Applied for Internship: \_\_\_\_\_

**COURSEWORK**

**Courses Taken and Grades (past year)**

Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

**Coursework Planned for Next 12 Months**

Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

**RESEARCH ACTIVITIES (past year)**

**Progress on Thesis or Dissertation**



**Publications (indicate if Submitted, In revision, Accepted, or Published)**

**Conference Presentations**

**Other Research Activities and Accomplishments (funding submitted or awarded, etc.)**

## **MENTORSHIP**

**Please discuss at least one positive aspect of your relationship with your mentor this past year.**

**Please discuss at least one area for improvement in the mentor-mentee relationship going forward.**

## **CLINICAL ACTIVITIES**

**Practicum/Clinical Placements and Supervisors in Past 12 Months (Attach Copy of Placement Evaluations)**

**Therapy and Assessment Hours (Attach Time2Track printout)**

	<u>This Year</u>	<u>Cumulative</u>
Assessment		
Intervention		
Supervision		

## **TEACHING ACTIVITIES**

**Courses Taught (all years) (Fa/Sp/Su, title, course rating, instructor rating)**

**OTHER SIGNIFICANT ACCOMPLISHMENTS (awards; major service or professional development activities, etc.)**

**ANY OTHER COMMENTS**

**GOALS FOR THE COMING YEAR**

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Appendix E: Guidelines for External Practicum Placement

**Guidelines for External Practicum Placement**

(Paid or unpaid)

The University of Alabama

Clinical Psychology Training Program

Designated graduate students in the clinical psychology doctoral program at the University of Alabama shall be permitted to provide psychological services to clients of cooperating agencies. Such services shall be provided only under the following condition:

1. All external practica shall be negotiated and approved by the Director of Clinical Training.
2. The student shall be registered for supervised Practicum or Advanced Clinical Placement.
3. The agency and/or sub-unit shall have identified a primary agency contact person (licensed psychologist) to whom the student is responsible.
4. The student shall enter treatment notes or make other such oral and/or written information available as required by the agency's policies.
5. The student's role in providing psychological services shall be considered as secondary. That is, primary responsibility for clients remains with the sponsoring agency. Accordingly, the student role may be terminated at any time at the discretion of the agency.
6. The student will maintain contact with clinical psychology faculty (usually the Director of Clinical Training or Associate Director of Clinical Training) for purposes of training and feedback.
7. The faculty supervisor (usually the Director of Clinical Training or the Associate Director of Clinical Training) and the agency psychologist will maintain contact as needed.
8. At no time will agency records that the student is permitted to review be taken from the agency premises. Notes relevant to case consultation from departmental faculty may be developed using code names or numbers.
9. All contacts with clients shall be at approved/designated locations within the agency.
10. The designated or agency supervisor will provide weekly supervision to the student. The supervision will cover all of the student's duties.
11. The purpose of external placements is to provide clinical training for the assigned student and should be considered educational opportunities. Thus, the student should not be treated like or expected to carry the workload of agency staff.
12. Other safeguards that the agency deems to be in the best interests of client protection and welfare shall be followed.

## Appendix F: Sources of Financial Support

### Sources of Financial Support The University of Alabama Clinical Psychology Training Program

#### **Awarded through the Department** (usually includes a grant for some or all of tuition)

- Graduate Teaching Assistantships - require up to half-time teaching and equivalent support of the instructional program
- Provost Enhanced Research Assistantships (“White Paper”) - support for up to half-time research and related departmental activities
- Psychology Clinic Assistantships - a training stipend for advanced students to provide service and teaching assistance in the Psychology Clinic
- Clinical Traineeships - when available through the federal grants, to support students enrolled in designated areas of study
- Research Traineeships and Assistantships - when available through faculty grants, to support trainees in specific research activities and projects
- Margaret S. Quayle Scholarship - tuition assistance for a female graduate student with an outstanding graduate record

#### **Awarded through the Graduate School** (upon nomination by the Department/includes a grant for all tuition during academic year)

- Graduate Council Fellowship - for first-year students with an outstanding record. Nonrenewable; competitive campus wide.
- Graduate Council Research Fellowships - support for advanced students engaged in thesis or dissertation research. Competitive campus wide.
- National Alumni Association Graduate Fellowship - for Alabama residents who plan careers in health professions. Competitive campus wide.
- McNair Fellowship – for under-represented student groups and first-generation college students; two-year fellowship. Competitive campus wide.

#### **External Fellowship**

- Southern Regional Education Board - 3-yr. fellowships for minority students

#### **Paid Clinical Placements/UA facilities** (usually includes a grant for some or all of tuition costs)

- Psychology Clinic – 12-month placement, half-time service for advanced students in child and adult testing.
- Student Counseling Center – 9-month placement, half-time service for advanced students in individual psychotherapy for university students.
- UA-ACTS – 9-month placement, quarter-time service for students in individual psychotherapy for university students diagnosed with ASD.
- ASD Clinic – 12-month placement, half-time service for advanced students in ASD testing and support services.
- University Medical Center (as available) – 9- to 12-month placement, half-time service for advanced students in child and adult testing, individual group, family therapy, and medical populations.

#### **Paid Clinical Placements with Cooperative Programs/Community sites** (does not include tuition)

- Taylor Hardin Secure Medical Facility – 12-month placement, half-time service for advanced students in evaluating and treating legal offenders
- Bryce Psychiatric Hospital – 12-month placement, half-time service for advanced students in evaluating and treating adults with severe mental illness

Clinical Training Manual Appendices

- Mary Starke Harper Geriatric Center – 12-month placement, quarter-time service for advanced students in psychiatric care of geriatric patients

Other opportunities for paid placements occur on a regular basis.

Note: Support is usually awarded/designated for periods of one year or less, although some awards carry with them a 2-3 year guarantee of financial assistance. Certain awards carry limitation on the minimum or maximum course load expected of the student. State and Federal taxes are deducted from assistantships and placement stipends.

Appendix G: Practicum Requirements

**Practicum Requirements**  
University of Alabama  
Clinical Psychology Training Program

(Consult individual course syllabi, Clinical Training Manual, and Psychological Clinic Manual for additional details)

Assessment and Diagnosis  
[1st & 2nd year]

**PA I & II**

Each has practicum component which includes assessments, diagnostic interviews, report writing, and supervision.  
[7 semester hours credit]

Psychotherapy/Intervention  
[2nd year]

**Basic Practicum**

Fall/Spring (2<sup>nd</sup> year) - Familiarization with Clinic policies, intakes, observation of and joint sessions and supervision with advanced students, initial assumption of cases 3-5 clients weekly, ordinarily in the Psychology Clinic; group and individual supervision; case conferences and seminars.  
[3 semester hours credit/semester]

Summer (2<sup>nd</sup> year) -. Continuation of Basic Practicum to complete the 100 client contact hours  
[1 semester hour credit]

Goal: 100\* client contact hours plus case notes and summaries, (plus approx. 30 hours supervision and case conferences). Students receive written feedback at the end of each semester.

\*Up to 25 clinical hours may be counted toward basic practicum hours from settings outside the Clinic but require **approval from the DCT. These hours can be accrued during the first or 2<sup>nd</sup> year.**

Advanced/Specialty Practicum  
[3rd or 4th year]

**Advanced Practicum**

May be taken in the Clinic and/or other approved practicum facility. Course requirements specified in syllabus.

Goal: 60 hours direct client contact, plus approximately 40 hours of supervision and related activities appropriate to the setting or services (e.g., staffing conferences, case consultation, treatment planning, training seminars). Specialty practica have included Advanced Child Practicum, Forensic Practicum, Geropsychology Practicum, and Health Practicum. Students receive written performance feedback. For clinical child students, at least one semester of advanced child practicum **MUST** be supervised by a clinical child faculty member.

[1-3 hrs. credit]

Note: With prior approval, a student may receive credit (up to 3 semester hours) for a Specialty Practicum while serving as a paid clinical trainee in a sponsoring agency. The student must be

registered for the appropriate practicum course, and the placement must fulfill the objectives of the specialty practicum as determined by the Clinical Committee and the faculty responsible for each specialty practicum. Supervision arrangements, either by program faculty or adjunct faculty, must be consistent with those guidelines noted above.

Advanced Clinical Placements  
(Optional) [3<sup>rd</sup>/4<sup>th</sup> year]

These experiences are typically stipend placements funded by the sponsoring agency. They range from quarter-time to half-time. The student is an "employee" of the host agency, and all clinical work is supervised (via individual and group meetings, case consultations, staff meetings, and other forms of feedback and training). Students receive written and oral feedback via evaluation forms each semester from adjunct faculty supervisor(s) and performance is reviewed by clinical faculty.

Though these experiences are optional, most students have at least one year of Advanced Clinical Placement prior to internship. It is the goal of the program to provide access to such experiences to every student. Students on Advanced Clinical Placements must register for 1 hr. of PY 641 each semester, including summer, unless they are receiving practicum coursework credit for the summer.

**ALL work of a clinical nature outside the assigned placement MUST be approved by the DCT.**

**The student must be registered for practicum/placement credit during any semester in which he/she performs work of a clinical nature.**

## Appendix H: Assessment Table

**Assessment Table (Proximal Data – Revised; Implemented Fall 2017)**

**Aim 1:** Acquire a general knowledge base in the discipline of psychology, broadly construed.

**Competencies:**

- Competency 1.1: Students will demonstrate graduate-level understanding of history and systems of psychology.
- Competency 1.2: Students will demonstrate graduate-level understanding of affective aspects of behavior.
- Competency 1.3: Students will demonstrate graduate-level understanding of biological aspects of behavior.
- Competency 1.4: Students will demonstrate graduate-level understanding of cognitive aspects of behavior.
- Competency 1.5: Students will demonstrate graduate-level understanding of developmental aspects of behavior.
- Competency 1.6: Students will demonstrate graduate-level understanding of social aspects of behavior.
- Competency 1.7: Students will demonstrate graduate-level knowledge that entails integration of multiple basic discipline-specific content areas (e.g., integration of two of: affective, biological, cognitive, social, or developmental aspects of behavior).
- Competency 1.8: Students will demonstrate graduate-level understanding of research methods.
- Competency 1.9: Students will demonstrate graduate-level understanding of statistical analysis.
- Competency 1.10: Students will demonstrate graduate-level understanding of psychometrics.

<b>Competency</b>	<b>How Measured</b>	<b>Minimum Level of Achievement (MLA)</b>
1.1 History and Systems	1.1 Course Grade in PY 671 History & Systems of Psychology	Students attain a grade of B or higher.
1.2 Affective Aspects	1.2 (a) Integrative paper on affect and development in PY 652: Affect and Lifespan Development course.	Students attain 80% of points or higher for the Content & Support component of the paper.
	1.2 (b) Behavioral observation papers in PY 652: Affect and Lifespan Development course.	Students attain grades of “Proficient” or higher on the grading rubric for “identifies normative emotions and behaviors for age period with observed examples.”
	1.2 (c) Proposal paper in PY 630: Affective Neurophysiology course.	Students attain 80% of the points or higher for the Content & Support component of the paper.
1.3 Biological Aspects	1.3 Course Grade in PY 629 – Biological Bases of Behavior	Students attain a grade of B or higher.
1.4 Cognitive Aspects	1.4 Course Grade in PY 650 – Cognition & Learning	Students attain a grade of B or higher.
1.5 Developmental Aspects	1.5 Course grade in PY 652 – Affect and Lifespan Development	Students attain a grade of B or higher.
1.6 Social Aspects	1.6 Course Grade in PY 672 – Advanced Social	Students attain a grade of B or higher.

	Psychology	
1.7 Integrative Knowledge	1.7 Course Grade in PY 630 – Affective Neurophysiology	Students attain a grade of B or higher.
1.8 Research Methods	1.8 (a) Course grade in PY 607 – Research Methods in Psychology	Students attain a grade of B or higher.
	1.8 (b) Master’s Thesis and Dissertation Rubrics for “methodological sophistication sufficient to address questions.”	Students obtain scores of 3 (i.e., “developing scholarship”) or higher on the thesis defense rubrics and scores of 6 (i.e., “developed scholarship”) or higher on the dissertation defense rubrics.
1.9 Statistical Analysis	1.9 (a) Course grades in PY 602 – Advanced Statistics I and PY 603 – Advanced Statistics II	Students attain grades of B or higher.
	1.9 (b) Master’s Thesis and Dissertation Rubrics for “detailed analysis, interpretation, and discussion.”	Students obtain scores of 3 (i.e., “developing scholarship”) or higher on the thesis defense rubrics and scores of 6 (i.e., “developed scholarship”) or higher on the dissertation defense rubrics.
1.10 Psychometrics	1.10 (a) Course Grade in PY 664 - Psychometrics	Students attain a grade of B or higher.
	1.10 (b) Master’s Thesis and Dissertation Rubrics for “adequately measure the constructs of interest (e.g., reliability, validity)”	Students obtain scores of 3 (i.e., “developing scholarship”) or higher on the thesis defense rubrics and scores of 6 (i.e., “developed scholarship”) or higher on the dissertation defense rubrics.



**Aim 2:** Develop profession-wide competencies as part of preparation for practice in health service psychology.

- Competency 2.1: Students will demonstrate graduate-level understanding of the current body of knowledge in ethical and legal standards.
- Competency 2.2: Students will demonstrate graduate-level understanding of issues of individual and cultural diversity.
- Competency 2.3: Students will demonstrate graduate-level understanding of assessment.
- Competency 2.4: Students will demonstrate graduate-level understanding of intervention.
- Competency 2.5: Students will demonstrate graduate-level understanding of supervision.
- Competency 2.6: Students will demonstrate graduate-level understanding of consultation and interprofessional/interdisciplinary skills.

Competency	How Measured	Minimum Level of Achievement (MLA)
2.1 Ethical/Legal	2.1 (a) Course grade in PY 608 – Ethics	Students attain a grade of B or higher.
	2.1 (b) Practicum evaluation items within Section 3 of the Readiness for Practicum and Readiness for Internship forms (i.e., Ethical Legal Standards and Policy).	Students obtain a score of 2 (i.e., moderately) or higher on each item within Section 3 of the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 621 - Principles of Psychotherapy Lab Instructor. Students will be expected to obtain a score of 2 or higher on Section 3 of the Readiness for Internship Form from the first semester of practicum on. A score of 3 (i.e., mostly) or higher on Section 3 of the Readiness for Internship Form will be required the semester before applying for internship.
	2.1 (c) Case presentation rating form score for “Ethics and Diversity”	Students obtain a score of 2 (i.e., addressed many of the required elements; organized; at the minimal expectation for stage of training) or higher.
2.2 Diversity	2.2 (a) Course grade in PY 690 – Cultural Competency	Students attain a grade of B or higher.
	2.2 (b) Practicum evaluation items within Section 2 of the Readiness for Practicum and Readiness for Internship forms (i.e., Individual and Cultural Diversity).	Students obtain a score of 2 (i.e., moderately) or higher on each item within Section 2 (Individual and Cultural Diversity) of the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 621 - Principles of Psychotherapy Lab Instructor. Students will be expected to obtain a score of 2 or higher on Section 2 of the Readiness for Internship Form from the first semester of practicum on. A score of 3 (i.e., mostly) or higher on Section 2 of the Readiness for Internship Form will be required the semester before applying for internship.
	2.2 (c) Case presentation rating form score for “Ethics and Diversity”	Students obtain a score of 2 (i.e., addressed many of the required elements; organized; at the minimal expectation for stage of training) or higher.
	2.2 (d) Master’s Thesis and Dissertation Rubrics for “consideration of relevant issues of diversity.”	Students obtain scores of 3 (i.e., “developing scholarship”) or higher on the thesis defense rubrics and scores of 6 (i.e., “developed scholarship”) or higher on the dissertation defense rubrics.
2.3 Assessment	2.3 (a) Course grade in PY 609 - Psychological Assessment I; PY 658 – Psychopathology; PY 610 - Psychological	Students attain a grade of B or higher.

	<b>Assessment II</b>	
	2.3 (b) Practicum evaluation items within Section 9 (i.e., Assessment) of the Readiness for Practicum and Readiness for Internship forms.	Students obtain a score of 2 (i.e., moderately) or higher on items 9A-9C and item 9F on the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 609 – Psychological Assessment I and PY 664 – Psychometrics instructor. Students obtain a score of 2 (i.e., moderately) or higher on items 9D and 9E on the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 658 – Psychopathology instructor. Students will be expected to obtain a score of 2 or higher on Section 9 of the Readiness for Internship Form from the first semester of practicum on. A score of 3 (i.e., mostly) or higher on Section 9 of the Readiness for Internship Form will be required the semester before applying for internship.
	2.3 (c) Case presentation rating form score for “Psychological Assessment”	Students obtain a score of 2 (i.e., addressed many of the required elements; organized; at the minimal expectation for stage of training) or higher.
2.4 Intervention	2.4 (a) Course grades in PY 658 - Psychopathology, PY 619 - Principles of Psychotherapy, and PY 621 - Principles of Psychotherapy Lab.	Students attain a grade of B or higher or P or higher (Principles of Psychotherapy Lab).
	2.4 (b) Practicum evaluation items within Section 10 (i.e., Intervention) of the Readiness for Practicum and Readiness for Internship forms.	Students obtain a score of 2 (i.e., moderately) or higher on each item within Section 10 of the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 621 - Principles of Psychotherapy Lab Instructor. Students will be expected to obtain a score of 2 or higher on Section 10 of the Readiness for Internship Form from the first semester of practicum on. A score of 3 (i.e., mostly) or higher on Section 10 of the Readiness for Internship Form will be required the semester before applying for internship.
	2.4 (c) Case presentation rating form score for “Intervention”	Students obtain a score of 2 (i.e., addressed many of the required elements; organized; at the minimal expectation for stage of training) or higher.
2.5 Supervision	2.5 (a) Course grade in PY 617 - Supervision, Consultation, and Interprofessional Skills	Students attain a grade of B or higher.
	2.5 (b) Practicum evaluation items within Section 11 (i.e., Supervision) of the Readiness for Practicum and Section 13 of the Readiness for Internship forms.	Students obtain a score of 2 (i.e., moderately) or higher on each item within Section 11 of the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 621 - Principles of Psychotherapy Lab Instructor. Students will be expected to obtain a score of 2 or higher on item 13D of the Readiness for Internship Form from the first semester of practicum on.
2.6 Consultation/	2.6 (a) Course grade in PY 617 - Supervision, Consultation,	Students attain a grade of B or higher.

Interprofessional	and Interprofessional Skills	
	2.6 (b) Practicum evaluation items within Sections 11 (i.e., Consultation) and Section 14 (i.e., Interdisciplinary Systems) of the Readiness for Internship form.	Students obtain a score of 2 (i.e., moderately) or higher on items 11A-11C and items 14A-14C on the Readiness for Internship form as rated by the PY 617 – Supervision, Consultation, and Interprofessional Skills instructor. For students participating in placements that involve consultation and/or interprofessional skills, students will be expected to obtain a score of 2 or higher on items 11D and 14D.

**Aim 3:** Develop the knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.

**Competencies:**

- Competency 3.1: Students will demonstrate a graduate-level understanding of how to develop a research question and relate it to the existing literature.
- Competency 3.2: Students will demonstrate a graduate-level understanding of how to utilize methodological sophistication sufficient to address the research question.
- Competency 3.3: Students will demonstrate a graduate-level understanding of how to adequately measure the constructs of interest (e.g., reliability, validity).
- Competency 3.4: Students will demonstrate a graduate-level understanding of how to provide detailed analysis, interpretation, and discussion of results.
- Competency 3.5: Students will demonstrate a graduate-level ability to critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including host institution), regional, and national level.

Competency	How Measured	Minimum Level of Achievement (MLA)
3.1 Develop a research question and relate it to the existing literature	3.1 Master’s Thesis and Dissertation Rubrics for “development of research question,” “thoroughness of literature review,” and “incorporation of existing theories.”	Students obtain scores of 3 (i.e., “developing scholarship”) or higher on the thesis defense rubrics and scores of 6 (i.e., “developed scholarship”) or higher on the dissertation defense rubrics.
3.2 Utilize methodological sophistication sufficient to address the research questions	3.2 Master’s Thesis and Dissertation Rubrics for “methodological sophistication sufficient to address questions”	Students obtain scores of 3 (i.e., “developing scholarship”) or higher on the thesis defense rubrics and scores of 6 (i.e., “developed scholarship”) or higher on the dissertation defense rubrics.
3.3 Adequately measure the constructs of interest (e.g., reliability, validity)	3.3 Master’s Thesis and Dissertation Rubrics for “adequately measure the constructs of interest (e.g., reliability, validity)”	Students obtain scores of 3 (i.e., “developing scholarship”) or higher on the thesis defense rubrics and scores of 6 (i.e., “developed scholarship”) or higher on the dissertation defense rubrics.
3.4 Provide detailed analysis, interpretation, and discussion of results.	3.4 Master’s Thesis and Dissertation Rubrics for “detailed analysis, interpretation, and discussion of results.”	Students obtain scores of 3 (i.e., “developing scholarship”) or higher on the thesis defense rubrics and scores of 6 (i.e., “developed scholarship”) or higher on the dissertation defense rubrics.
3.5 Critically evaluate and disseminate research	3.5 Number of peer-reviewed publications, non-peer-reviewed publications, national presentations, regional presentations, and local presentations.	Consistent with the Council of University Directors of Clinical Psychology (CUDCP) Expectations for Internship Eligibility, students are expected to: a) Publish an article in a refereed journal or a book chapter as an author

		or co-author, or b) Presenting at least three papers/posters/workshops at regional, national, or international conferences or meetings.
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**Aim 4:** To promote professional values, attitudes, and behaviors (including communication and interpersonal skills) that are critical for practice in health service psychology.

**Competencies:**

- Competency 4.1: Students will demonstrate graduate-level professional values, attitudes, and behaviors.
- Competency 4.2: Students will demonstrate graduate-level communication and interpersonal skills.

Competency	How Measured	Minimum Level of Achievement (MLA)
4.1 Professional values, attitudes, and behaviors	4.1 Practicum evaluation items within Section 1 of the Readiness for Practicum and Readiness for Internship forms (i.e., Professionalism).	Students obtain a score of 2 (i.e., moderately) or higher on each item within Section 1 of the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 621 - Principles of Psychotherapy Lab Instructor. Students will be expected to obtain a score of 2 or higher on Section 1 of the Readiness for Internship Form from the first semester of practicum on. A score of 3 (i.e., mostly) or higher on Section 1 of the Readiness for Internship Form will be required the semester before applying for internship.
4.2 Appropriate communication and interpersonal skills	4.2 (a) Course grade in PY 621 - Principles of Psychotherapy Lab	Students attain a passing grade.
	4.2 (b) Practicum evaluation items within Section 5 of the Readiness for Practicum and Readiness for Internship forms (i.e., Relational).	Students obtain a score of 2 (i.e., moderately) or higher on each item within Section 5 of the Readiness for Practicum Form (completed the summer before starting practicum) as rated by the PY 621 - Principles of Psychotherapy Lab Instructor. Students will be expected to obtain a score of 2 or higher on Section 5 of the Readiness for Internship Form from the first semester of practicum on. A score of 3 (i.e., mostly) or higher on Section 5 of the Readiness for Internship Form will be required the semester before applying for internship.
	4.2 (c) Master’s Thesis and Dissertation Oral Exam Rubrics for “delivery” and “ability to answer questions.”	Students obtain scores of 3 (i.e., “developing scholarship”) or higher on the thesis defense rubrics and scores of 6 (i.e., “developed scholarship”) or higher on the dissertation defense rubrics.
	4.2 (d) Case presentation rating form score for “Presentation.”	Students obtain a score of 2 (i.e., addressed many of the required elements; organized; at the minimal expectation for stage of training) or higher.

Appendix I: Case Presentation Rating Form

Trainee \_\_\_\_\_

Date: \_\_\_\_\_

Rater: \_\_\_\_\_

**Rating Scale**

**1** = omitted many essential elements; poorly organized; skills below the minimal expectation for stage of training

**2** = addressed many of the required elements; organized; at the minimal expectation for stage of training

**3** = addressed almost all of the required elements; well organized; above the minimal expectation for stage of training

**4** = thoroughly addressed all essential elements; extremely well organized, well above the minimal expectation for stage of training.

*Student must score at the level of 2 or above on ALL content areas.*

ESSENTIAL COMPONENTS	RATING	COMMENTS
<p><b>Background Information</b></p> <ul style="list-style-type: none"> <li>• Case description and identifying information</li> <li>• Description of presenting problem(s)</li> <li>• Description of referral source</li> <li>• Description of social/educational/occupational history</li> <li>• Description of history of psychological problems and/or treatment</li> <li>• Description of pertinent medical history</li> <li>• Description of current and history of medications and substance use (if applicable)</li> </ul>		
<i>Score</i>	____ / 4	
<p><b>Psychological Assessment</b></p> <ul style="list-style-type: none"> <li>• Choice of measures</li> <li>• Rationale for choice of measures</li> <li>• Description of assessment findings</li> <li>• Discussion of assessment findings</li> </ul>		
<i>Score</i>	____ / 4	
<p><b>Case Conceptualization</b></p> <ul style="list-style-type: none"> <li>• Description of case conceptualization</li> <li>• Accuracy of diagnosis</li> <li>• Rationale for diagnoses (differential diagnoses)</li> <li>• Discussion of case conceptualization</li> </ul>		
<i>Score</i>	____ / 4	

<p><b>Intervention</b></p> <ul style="list-style-type: none"> <li>• Choice of intervention (including overview of the evidence base)</li> <li>• Rationale for choice of intervention (including consideration of strengths and weaknesses)</li> <li>• Description of intervention (including pertinent process and/or outcome data)</li> <li>• Discussion of intervention</li> </ul>		
<i>Score</i>	____ / 4	
<p><b>Ethics and Diversity</b></p> <ul style="list-style-type: none"> <li>• Adherence to ethical standards</li> <li>• Confidentiality of the client protected during the presentation</li> <li>• Consideration of pertinent diversity issues</li> </ul>		
<i>Score</i>	____ / 4	
<p><b>Presentation</b></p> <ul style="list-style-type: none"> <li>• Preparation for the presentation</li> <li>• Organization of presentation</li> <li>• Clarity of presentation</li> <li>• Level of interest generated by presentation</li> <li>• Use of audiovisual material(s)</li> <li>• Oral presentation skill</li> </ul>		
<i>Score</i>	____ / 4	
<b>Total Score</b> ____ / 24		

**Comments:**

**Student must score at the level of 2 or above on ALL content areas. Remediation for performance falling below the minimal requirement may include repeated case presentation experience(s) in order to obtain the required rating.**

Content adapted from: Tempel, A. B., Costello, A. H., & McNeil, C. B. (2011). Clinical competency and case presentation from the behaviorist's perspective. *The Behavior Therapist*, 34, 26-28.



## Appendix J: Case Conference Instructions

### **Summary of Case Conference:**

- Case conference presentation: 30-40 minutes
- Questions / Discussion: 10-15 minutes
- Constructive Feedback to Presenting Student: 5-10 minutes (presenting student meets with supervisor and evaluative faculty members for feedback; other attending faculty and students leave room)
- Evaluations: Supervisor and assigned faculty individually complete and submit the Case Presentation Rating Form to the assigned supervisor within one week of the case conference presentation. Assigned supervisor provides the student with more detailed feedback from the evaluations during individual supervision and submits all forms to the DCTs for program purposes.

### **Philosophy & Purpose**

In the Spring semester, all students enrolled in Basic Practicum will be expected to conduct a case conference attended by a collection of student and faculty colleagues. The following describes the purpose of the case conferences, as well as the procedural guidelines to be followed by the presenter and audience members.

The case conference requirement is intended to underscore the importance of case conceptualization and formulation. Although clinical psychologists vary in their theoretical and methodological approaches to psychotherapy, effective and efficient psychotherapy is typically defined as requiring (a) a clear definition of the client's problem with consideration of cultural factors, (b) a well-articulated understanding of the factors responsible for the development and/ or maintenance of the client's problems, (c) a treatment plan that specifies objectives and interventions based on this understanding, (d) outcome indicators through which the effectiveness of the intervention can be determined, and (e) a base of empirically-established knowledge that provides a context for the way the client's problem is understood, assessed, and treated. These standards serve to minimally define case conceptualization—which is done with every psychotherapy client's case—and the case conference is a presentation on case conceptualization and other information pertaining to a specific individual client.

Purposes of the case conference include (a) evaluating the ability of the presenter to conceptualize a psychotherapy case and to articulate that conceptualization to a professional audience, (b) evaluating the ability to plan an effective intervention based on the case conceptualization, which is a necessary requirement for doctoral-level clinical psychologists who plan on conducting or supervising psychotherapy, (c) providing a mechanism for faculty to evaluate student progress in this area at an early stage of training, (d) educating the audience about the assessment and treatment of a client with specific problems/needs, which may generalize to clients with similar needs that the audience may encounter in delivering services, and (e) acquiring helpful feedback about the conceptualization and treatment plan from a diverse group of faculty and students that may help generate ideas for alternate conceptualization and intervention strategies for the client.

It is acknowledged that choice of intervention(s) is ultimately at the discretion of the licensed supervisor assigned to the case, regardless of case conference discussions. It is also acknowledged that case conference presenters are Basic Practicum students who are in the early stages of their training and are not expected to have mastered case conceptualization, treatment planning, or intervention implementation skills.

### **Procedures**

*Scheduling:* Case conferences occur in the last half of the Spring semester, typically after Spring Break and before Honors Day. Times, date(s), and the assignment of faculty and student attendees are determined by

the DCT and Associate DCT, with assistance from the Clinic's Office Manager, and notices are sent out by March. They are typically held on Monday afternoons (3-5) and Friday mornings (9-11) in Gordon Palmer Hall, unless COVID-19 rates dictate a need for Zoom conferences.

*Guidelines for Attendance:* Current practicum supervisors and all students enrolled in Basic Practicum will attend case conferences. Clinical faculty not currently supervising practicum will attend conferences on a rotating schedule. To enhance the learning atmosphere, adjunct faculty or other knowledgeable professionals may be invited. Advanced students (e.g., peer supervisors) who continue to take psychotherapy practicum within the Clinic will also be expected to attend conferences on a rotating basis or as required by their supervisor. First-year students are required to attend at least one conference per Spring semester (course requirement for PY 619 Principles of Psychotherapy).

*Case Selection:* Cases chosen for presentation should be cases for which initial assessment and conceptualizations have been completed. Beyond that limitation, students are free to select cases from any stage of treatment, or closed cases.

*Confidentiality:* When presenting a client's case, the identity of the client should be thoroughly disguised using de-identification standards. Electronic video- or audio-recordings cannot be used without obtaining the explicit and written consent from a client to use their recorded information in this manner.

*Supervisor Selection:* Traditionally, Spring semester practicum supervisors have served as supervisors for student case presentations. To allow students the flexibility of selecting cases at any stage of completion, Fall semester supervisors (if different from Spring supervisors) will be expected to accommodate students who wish to present completed cases that were assessed and conceptualized under their supervision.

*Supervisor Role (Case Conference Leader):* The presenting student's supervisor will serve as Case Conference Leader. It will be the responsibility of Case Conference Leaders to begin their respective meetings on time. (If for any reason the Case Conference Leader is delayed or absent, another faculty member should assume responsibility for managing the conference.) The Case Conference Leader will act as a moderator or intermediary between the presenter and the audience. For example, they may request that questions or comments be withheld until the student finishes the presentation. The supervisor can ensure that the conference will take a problem-centered or problem-solving approach rather than an academic approach.

*Format:* Presentations will begin promptly and take no more than one hour in total for all elements. The supervisor (Case Conference Leader) is responsible for seeing that these time limits are adhered to. Within broad limits, the format of the presentation is determined by the presenter and supervisor, but typically includes a PowerPoint or similar slideshow presentation conducted for the first 30-40 minutes of the case conference hour. This is typically followed by a question and answer period of 10-15 minutes. Alternatively, presenters can invite questions throughout the presentation. Student-members of the audience are then dismissed.

*Feedback/Evaluation:* Following student dismissal, there is a brief (5-10 min.) period in which the presenter will receive constructive feedback about their work on the case, and about the presentation itself, from faculty observers. Within one week from the presentation, all faculty observers will complete and submit the Case Presentation Rating Form to the assigned supervisor, who will give the student more detailed feedback during individual supervision and submit all forms to the DCTs for program purposes. It is not anticipated that all suggestions/recommendations made during the conference will be adopted by the presenter and supervisor for use with the client.

*Presentation Elements:* For all cases, the presentation should provide enough detail about the case for the audience to understand and evaluate the presenter's conceptualization. The presentation must also include references to clinical research or theory that supports the conceptualization and the treatment plan. The style of the presentations can range from formally to loosely structured, with multi-media aides or interaction-

based formats that engage the audience in critical thinking about the case. Assessment data is often included but is not required. Students may wish to include the following:

- Summary (including essential details) of the client's presenting problem
- Pertinent history
- Relevant individual and cultural diversity factors
- Diagnostic impression
- Treatment goals
- Summary of relevant research or theory; specific references for further review
- Intervention implementation
- Assessment data
- Challenges and/or lessons learned

Handouts and written materials are discouraged given they contain client information, even when deidentified. Students are permitted but not required to select a related peer-reviewed article to share but are encouraged to prepare and distribute them to attendees one week before the case conference so they can be read in advance. Articles provided for advance reading may be viewed as preparing attendees with basic information ahead of time, allowing more time during the case conference to focus on conceptualization and treatment planning.

*Expectations for Attendees:* The Psychology Department at UA contains a diversity of opinions about the nature of psychological problems and about the goals and processes of psychotherapy. These differences will be reflected in diverse approaches to case conference presentations. Faculty and students are expected to respect those differences, especially as they are reflected in the choices made by the presenter with regard to the format of the presentation. On the other hand, questions and input from attendees with differing perspectives can make the presentations more stimulating, challenging, and formative for the presenter. Almost any question related to the case or to issues raised by the case is appropriate, from either faculty or students. However, questions should be asked in a manner that is stimulating and issue-focused, not in a manner that is presumptuous or personal.

## Appendix K: Social Communication and Public Professionalism Policy

### **Social Communication and Public Professionalism Policy**

The University of Alabama

Clinical Psychology Doctoral Training Program

Increasingly, as information becomes more publicly available, lines between public and private information are blurring. Many students have websites, blogs, email signature lines, and voicemail/answering machine messages that are entertaining and reflect their personal preferences and personalities. However, students should consider the potential impact of this information on their professional image. For example, if the student uses his/her personal telephone or email account for professional purposes, clients, research participants, and potential employers may view the student as less professional than desired.

The Council of University Directors of Clinical Psychology has recently been discussing the implications of trainee information conveyed through public social communication. These mediums may include personal websites and blogs, social networking sites (e.g., MySpace, Facebook, etc.), email content, email signatures, answering machine or voicemail messages, and listserv postings, among others. The purpose of this policy is to provide some guidelines about any public representation of you or the program. As technology changes, one part of professional training is to become aware of the implications such information might have, including the following:

- Internship programs report conducting web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in the match.
- Clients are conducting web-based searches on trainees' names and finding information about therapists (and declining to come to clinics based on what they find).
- Employers are conducting on-line searches of potential employees prior to interviews and job offers.
- Legal authorities are looking at websites for evidence of illegal activities. Some prima facie evidence may be gained from websites such as photographs, but text may also alert authorities to investigate further.
- Postings to a variety of listservs might reflect poorly on oneself and the program.
- Although signature lines are ways of indicating your uniqueness and philosophy, one is not in control of where the emails will end up and might affect how others view you as a professional. Quotations on personal philosophy, religious beliefs, and political attitudes might cause unanticipated adverse reactions from other people.
- Greetings on answering machines and voicemail messages that might be entertaining to your peers, express your individuality, and be indications of your sense of humor may not portray you in a positive professional manner. If you use your cell phone or home telephone for professional purposes (research, teaching, or clinical activities), be sure your greeting is appropriate and professional in demeanor and content.

Information that seems to be fun, informative, and candid might put the program and the student in a bad light. What might be seen as "private" self-disclosure indicating your perceptions of yourself among friends is actually very public. Anything on the World Wide Web is potentially available to all who seek. There are now a number of negative episodes in training programs where graduate students, faculty members, and clients have been negatively affected by material on websites, emails, and answering machine messages posted by graduate students.

Obviously if your webpage/blog/voicemail/email signature/other public social communication does not include any mention or indication of the fact that you are a clinical psychology doctoral student or that you

are part of The University of Alabama community, what you communicate and how you represent yourself personally is none of the program's business. However, increasingly, universities, internship sites, and even patients are seeking out information about people on the web before they make faculty offers, final match decisions, or even decide to see someone clinically. There are now numerous anecdotes of well-qualified Ph.D. graduates not getting post-doc or faculty offers because someone viewed something that was considered to be inappropriate or objectionable on the candidate's webpage; similar stories about internship sites deciding not to match someone also exist. For your own potential future, we would advise that before you put anything up on the web as representing yourself, you seriously consider how that material may be viewed by future employers, internship sites, or clients. We advise that you be mindful of how you represent other students in public forums. Do not post pictures or information about other students that may negatively affect their potential future. Further, it is an official policy of our program that graduate students not extend or accept "friend requests" from clients on social networking sites such as Facebook or MySpace, whether or not you indicate on your page that you are a student at The University of Alabama.

If your webpage/blog/voicemail/email signature/other public social communication does identify you as a clinical psychology graduate student or as affiliated with The University of Alabama, or if the communication reveals information relevant to the graduate program (e.g., disclosing confidential client or research information, etc.), then the program does indeed have some responsibility for how you (or it) is portrayed. Your webpage/blog/voicemail/email signature/other public social communication will then become part of your program-related behavior and may be used in student evaluations, including decisions regarding probation or termination. Your communications relevant to the program must meet all legal and ethical guidelines from the American Psychological Association, must be professional in its content, and must not contain objectionable material. We will not actively search out students' public communications. However if we become aware of a page, blog, email, voicemail answering message, or any other public social communication that identifies you as a clinical psychology student, as a student in the program, or contains information directly relevant to the program, and that communication is considered by the Clinical Faculty to be unethical, illegal, or to contain objectionable material, we will follow existing procedures for dealing with student misconduct and/or unethical behavior. Please note that even though your social networking site pages may have privacy settings, and therefore not be readily accessible by the majority of the public, it is possible for information you have posted to be accessed in the public domain (e.g., someone on your "friend" list who has access to your page may find something you've said or done unethical or inappropriate and they may report you).

As a preventive measure, the Program advises that students (and faculty) approach public communications carefully. Students should attend to what content they reveal about themselves in these forums, and whether there is any personal information that they would not want program faculty, employers, or clients to read, view, or hear. Students who use these media should consider how to protect the security of private information.

\*\*Adapted from policies adopted by the University of Kansas Clinical Child Psychology Program, the University of Missouri Clinical Program, San Diego State University/University of California, San Diego Joint Doctoral Program in Clinical Psychology, the University of Nebraska Clinical Psychology Program.

## Appendix L: Telesupervision Policy

### **Telesupervision Policy (Effective March 2020)**

The following applies to telesupervision, defined as supervision of clinical activity, involving a supervisor, peer consultants, and supervisees, that is conducted via telephone, video conference program, or mediums other than in-person meeting.

The primary mode of supervision is to be in-person physically. That is, telesupervision may occur when a typically-present supervisor is out of town, ill, or otherwise prevented from meeting in person physically; or likewise, when a supervisee is unable to be present. Certainly, brief telesupervision for acute situations is acceptable, as it allows for more timely feedback and optimal client care. However, on the whole, telesupervision does not optimize recognition of nonverbal or affective cues, smooth exchange of feedback, and other important aspects of supervision. Thus, telesupervision is not to be the primary mode of supervision (i.e., no more than 49% of supervision may be conducted as telesupervision, and ideally far less).\*

If and when telesupervision occurs, both supervisor and supervisee are responsible for identifying a private location to conduct the activity. When possible, the non-remote party will conduct telesupervision from the practicum location. Telesupervision must be conducted in a HIPAA- and FERPA-compliant manner (i.e., both the device, any software used, and internet connection must maximize confidentiality of both client and student).

Although the off-site supervisor maintains full professional responsibility for clinical cases, if a student is seeing clients while a supervisor is physically unavailable, it is incumbent upon that supervisor to designate a physically-available back-up in case of emergency. This back-up is typically the Director of the Psychology Clinic or the Director of Clinical Training. Students are provided with emergency contact information for these individuals and/or another identified back-up.

\*Please note that emergency situations such as COVID-19 in 2020 might require more prolonged telesupervision to preserve faculty, student, and client safety.

Appendix M: APA Ethical Principles of Psychologists and Code of Conduct

<https://www.apa.org/ethics/code/principles.pdf>

## Appendix N: Unaccredited Internship Policy

### Unaccredited Internship Policy (Effective 8/11/21)

In order to evaluate the *nature and appropriateness of training activities* at a non-accredited internship site, the DCT initiates contact with the internship training director and requests the following information for review: a) the internship handbook, b) a description of programmatic training experiences (including mandatory or optional rotations) and related intern schedule, and c) any other program brochures or materials that clarify training activities during the internship year. The DCT and clinical faculty collectively review these materials during a clinical faculty meeting and vote as to the appropriateness of these activities and identify any other training needs to be communicated to the internship site. The DCT additionally remains in email or phone contact with the intern to ensure that training opportunities are commensurate with what is stated in internship program materials.

To evaluate the *frequency and quality of supervision*, the DCT reviews the program materials provided by the internship (see above) and confirms with the internship training director the frequency with which the intern will receive individual and group supervision. It is expected that the intern will receive a minimum of two hours of face-to-face individual supervision per week, and an additional two hours per week of either individual or group supervision. The DCT and clinical faculty review the supervision plan in a clinical faculty meeting and vote on the appropriateness and adequacy of supervision. The DCT additionally confirms supervision frequency with the intern periodically throughout the training year.

To verify that internship supervisors are *appropriately credentialed* (i.e., licensed, doctoral-level psychologists), the DCT contacts the internship training director to verify the training and credentials of supervisors with whom the student will meet for primary supervision during the course of the internship training year. Clinical faculty are made aware of the credentials of internship supervisors during discussions of supervision frequency and the nature of internship experiences.

To ensure that *how the internship evaluates student performance* is commensurate with the University of Alabama's evaluation procedures and the Standards of Accreditation, the DCT requests copies of blank evaluation forms from the internship training director. The DCT and clinical faculty then meet to review these forms and determine if they sufficiently assess expected competencies during the internship training year and adequately communicate intern progress. If it is determined that the internship program's planned evaluation procedures are insufficient, we request that the internship use our own *Readiness for Internship Form* that has been applied each semester during the student's clinical training in our program. The DCT communicates this to the internship site and requests completed copies of the form at the internship mid- and end-points.

To examine *how interns demonstrate competency at the appropriate level*, the DCT obtains from the internship training director the internship handbook and rotation-related information as well as evaluation forms. The DCT and clinical faculty review these materials at a clinical faculty meeting and vote on whether or not expected internship competencies are appropriate based on the nature of training experiences, manner of evaluation of student performance, and our own programmatic expectations regarding the student's expected competencies at the completion of internship (i.e., obtaining ratings at the "mostly" level on the University of Alabama's *Readiness for Internship Form* by the completion of internship). The DCT then communicate the faculty's decision regarding demonstration of competency to the internship training director, and the DCT monitors evaluation outcomes as the training year progresses.

All correspondence with the internship training site and mid- and end-point *evaluations of student performance* are documented within the University of Alabama student files.



# Readiness for Practicum

Date Evaluation Completed

\_\_\_\_\_

Trainee Name

\_\_\_\_\_

Year in Doctoral Program

Course Name

\_\_\_\_\_

Semester of Evaluation

- Fall  
 Spring  
 Summer

Dates of Training Experience this Evaluation Covers  
(e.g., 8/20/23 - 12/10/23)

\_\_\_\_\_

Name of Person Completing Form (please include highest degree earned)

\_\_\_\_\_

Instructor is a Licensed Psychologist

- Yes  
 No

Was this trainee supervised by individuals also under your supervision?

- Yes  
 No

Please list their name(s) and degree(s)

\_\_\_\_\_

## Foundational Competencies

Rate each item by responding to the question and scale below.

### How characteristic of the trainee's behavior is this competency description?

Score	Descriptor	Description
0	Not at all/Slight	No or slight but infrequent evidence of this competency.
1	Somewhat	Some but infrequent evidence of this competency and below the minimal level for basic practicum readiness.
2	Moderately	Moderate evidence of this competency, at the minimal level for practicum readiness.
3	Mostly	Mostly displays evidence of this competency and above the minimal level for practicum readiness.
4	Very	Very often displays evidence of this competency and well above the minimal level for practicum readiness.
--	N/O	No opportunity to observe.

**1. PROFESSIONALISM: As evidenced in behavior and comporment that reflect the values and attitudes of psychology.**

I A. Integrity

Understands professional values; honest; responsible

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

I B. Deportment

Understands how to conduct oneself in a professional manner

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

I C. Accountability

Accountable and reliable

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

I D. Concern for the welfare of others

Demonstrates awareness of the need to uphold and protect the welfare of others

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

I E. Professional identity

Demonstrates beginning understanding of self as a professional; “thinking like a psychologist”

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

**2. INDIVIDUAL AND CULTURAL DIVERSITY: Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.**

2A. Self as shaped by individual and cultural diversity and context

Demonstrates knowledge, awareness, and understanding of one’s own dimensions of diversity and attitudes towards diverse others

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

---

2B. Others as shaped by individual and cultural diversity and context

Demonstrates knowledge, awareness, and understanding Of other individuals as cultural beings

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

2C. Interaction of self and others as shaped by individual and cultural diversity and context

Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

2D. Application based on individual and cultural context

Demonstrates basic knowledge of and sensitivity to the scientific, Theoretical, and contextual issues related to individual and cultural diversity as they apply to professional psychology; understands the need to consider individual and cultural diversity issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

**3. ETHICAL LEGAL STANDARDS AND POLICY: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.**

---

3A. Knowledge of ethical, legal, and professional standards and guidelines

Demonstrates basic knowledge of the APA Ethical Principles and Code of Conduct (ethical practice and basic skills in ethical decision-making); demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while at practicum settings

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

3B. Awareness and application of ethical decision making

Demonstrates awareness of the importance of applying ethical decision-making model to practice

- Not at all/slightly
- Somewhat
- Moderately
- Mostly an
- Very
- N/O

---

3C. Ethical conduct

Displays ethical attitudes and values

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

**4. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.**

---

4A. Reflective practice

Displays basic mindfulness and self-awareness; engages in reflection regarding professional practice

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

4B. Self-assessment

Demonstrates knowledge of core competencies; engages in initial self-assessment regarding competencies

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

4C. Self-care

Understand the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

4D. Participation in supervision process

Demonstrates straightforward, truthful, and respectful communication in supervisory relationship

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

**5. RELATIONSHIPS: Relate effectively and meaningfully with individuals, groups, and/or communities.**

5A. Interpersonal relationships

Displays interpersonal skills

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

5B. Affective skills

Displays affective skills

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

clear understanding and use of professional language

5C. Expressive skills

Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills

- Somewhat
- Moderately
- Mostly
- Very
- N/O
- 

level for internship readiness.

-- N/O

No opportunity to observe.

**Functional Competencies**

Rate each item by responding to the question and scale below.

**How characteristic of the trainee's behavior is this competency description?**

Score	Descriptor	Description
0	Not at all/Slight	No or slight but infrequent evidence of this competency.
1	Somewhat	Some but infrequent evidence of this competency and below the minimal level for basic practicum readiness.
2	Moderately	Moderate evidence of this competency, at the minimal level for practicum readiness.

Score	Descriptor	Description
4	Very	Very often displays evidence of this competency and well above the minimal level for practicum readiness.
--	N/O	No opportunity to observe.

**6. EVIDENCE-BASED PRACTICE: Integration of research and clinical expertise in the context of patient factors.**

6A. Knowledge and application of evidence-based practice	<input type="radio"/> Not at all/slightly <input type="radio"/> Somewhat <input type="radio"/> Moderately <input type="radio"/> Mostly <input type="radio"/> Very <input type="radio"/> N/O
Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention, and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology	

**7. ASSESSMENT: Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.**

7A. Knowledge of measurement and psychometrics	<input type="radio"/> Not at all/slightly <input type="radio"/> Somewhat <input type="radio"/> Moderately <input type="radio"/> Mostly <input type="radio"/> Very <input type="radio"/> N/O
Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing	

7B. Knowledge of assessment methods	<input type="radio"/> Not at all/slightly <input type="radio"/> Somewhat <input type="radio"/> Moderately <input type="radio"/> Mostly <input type="radio"/> Very <input type="radio"/> N/O
Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models, and techniques, including clinical interviewing and mental status exam	

7C. Application of assessment methods	<input type="radio"/> Not at all/slightly <input type="radio"/> Somewhat <input type="radio"/> Moderately <input type="radio"/> Mostly <input type="radio"/> Very <input type="radio"/> N/O
Demonstrates knowledge of measurement across domains of functioning and practice settings	

7D. Diagnosis	<input type="radio"/> Not at all/slightly <input type="radio"/> Somewhat <input type="radio"/> Moderately <input type="radio"/> Mostly <input type="radio"/> Very <input type="radio"/> N/O
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity	

7E. Conceptualization and recommendations	<input type="radio"/> Not at all/slightly <input type="radio"/> Somewhat <input type="radio"/> Moderately <input type="radio"/> Mostly <input type="radio"/> Very <input type="radio"/> N/O
Demonstrates basic knowledge of formulating diagnosis and case conceptualization	

---

7F. Communication of assessment findings

Demonstrates awareness of models of report writing and progress notes

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

**8. INTERVENTION: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.**

---

8A. Intervention planning

Displays basic understanding of the relationship between assessment and intervention

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

8B. Skills

Displays basic helping skills

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

8C. Intervention implementation

Demonstrates basic knowledge of intervention strategies

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

8D. Progress evaluation

Demonstrates basic knowledge of the assessment of intervention progress and outcome

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

**9. SUPERVISION: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.**

---

9A. Expectations and roles

Demonstrates basic knowledge of expectations for supervision

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

9B. Skills development

Displays interpersonal skills of communication and openness to feedback

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

Overall Assessment of Trainee's Current Level of competence.

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. What are the trainee's particular strengths and areas for growth?

---

Do you believe that the trainee has reached the level of competence expected by the program at this point in training?

- Yes
  - No
- 

Is the trainee ready to move to Basic Practicum?

- No
- Yes
- Not Applicable

# Readiness for Internship

Date Evaluation Completed

\_\_\_\_\_

Trainee Name

\_\_\_\_\_

Year in Doctoral Program

- 1
- 2
- 3
- 4
- 5
- 6
- 7

Name of Placement

\_\_\_\_\_

Semester of Evaluation

- Fall
- Spring
- Summer

Dates of Training Experience this Evaluation Covers

(e.g., 8/20/23 - 12/10/23)

\_\_\_\_\_

Name of Person Completing Form (please include highest degree earned)

\_\_\_\_\_

Supervisor is a Licensed Psychologist

- Yes
- No

Was this trainee supervised by individuals also under your supervision?

- Yes
- No

Please list their name(s) and degree(s)

\_\_\_\_\_

**Supervision Mode - \*Video, audio, or live supervision should occur at least once during the evaluation period.**

	In person	Telesupervision	Peer supervision
Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Number of Supervision Hours Provided During Evaluation Period

\_\_\_\_\_

Total Number of Hours Spent Reviewing Video

\_\_\_\_\_



---

Total Number of Hours Spent Reviewing Audio Only

---

---

Total Number of Hours Spent in Live Observation

---

---

Type of Cases

- Assessment Individual
- Therapy Couples
- Therapy Family
- Therapy Group
- Therapy

---

Number of Assessment Cases

---

---

Number of Individual Therapy Cases

---

---

Number of Couples Therapy Cases

---

---

Number of Family Therapy Cases

---

---

Number of Therapy Groups (i.e., one therapy group may have 9 sessions, but only enter 1)

---

---

Provide any unique details about this placement that are not captured by the previous questions.

### Foundational Competencies

Rate each item by responding to the question and scale below. Students in their 2nd year and beyond are expected to obtain ratings of 2 (moderately) or higher. Students preparing to go on internship are expected to obtain ratings of 3 (mostly) or higher before they apply for internship. If a student scores below these expected values, they will be given a semester to improve. If they do not improve, a remediation plan will be implemented.

#### How characteristic of the trainee's behavior is this competency description?

Score	Descriptor	Description
0	Not at all/Slight	No or slight but infrequent evidence of this competency.
1	Somewhat	Some but infrequent evidence of this competency and below the minimal level for practicum and/or clinical placement functioning.
2	Moderately	Moderate evidence of this competency, at the minimal level for practicum and/or clinical placement functioning, but below the minimal level for internship readiness.
3	Mostly	Mostly displays evidence of this competency and at the minimal level for internship readiness.
4	Very	Very often displays evidence of this competency and above the minimal level for internship readiness.
--	N/O	No opportunity to observe.

**1. PROFESSIONALISM: As evidenced in behavior and comporment that reflect the values and attitudes of psychology.**

IA. Integrity - Honesty, personal responsibility and adherence to professional values

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values

IB. Deportment

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

Communication and physical conduct (including attire) is professionally appropriate, across different settings

IC. Accountability

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

Accepts responsibility for own actions

ID. Concern for the welfare of others

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

Acts to understand and safeguard the welfare of others

IE. Professional identity

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development

**2. INDIVIDUAL AND CULTURAL DIVERSITY: Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.**

2A. Self as shaped by individual and cultural diversity and context

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation

---

2B. Others as shaped by individual and cultural diversity and context

Applies knowledge of others as cultural beings in assessment, treatment, and consultation

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

---

2C. Interaction of self and others as shaped by individual and cultural diversity and context

Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

---

2D. Application based on individual and cultural context

Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

---

**3. ETHICAL LEGAL STANDARDS AND POLICY: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.**

---

3A. Knowledge of ethical, legal, and professional standards and guidelines

Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations.

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

---

3B. Awareness and application of ethical decision making

Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

---

3C. Ethical conduct

Integrates own moral principles/ethical values in professional conduct

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

---

**4. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.**

---

4A. Reflective practice

Displays broadened self-awareness; utilizes self-monitoring; displays reflectivity regarding professional practice (reflection-on- action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

---

**4B. Self-assessment**

Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

**4C. Self-care - attention to personal health and well-being to assure effective professional functioning**

Mostly  
Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice

- Not at all/slightly
- Somewhat
- Moderately
- 
- Very
- N/O

---

**4D. Participation in supervision process**

Effectively participates in supervision

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

**5. RELATIONSHIPS: Relate effectively and meaningfully with individuals, groups, and/or communities.****5A. Interpersonal relationships**

Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

**5B. Affective skills**

Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

**5C. Expressive skills**

Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very N/O Not at
- all/slightly

---

**Functional Competencies**

Rate each item by responding to the question and scale below. Students in their 2nd year and beyond are expected to obtain ratings of 2 (moderately) or higher. Students preparing to go on internship are expected to obtain ratings of 3 (mostly) or higher before they apply for internship. If a student scores below these expected values, they will be given a semester to improve. If they do not improve, a remediation plan will be implemented.

**How characteristic of the trainee's behavior is this competency description?**

Score	Descriptor	Description
0	Not at all/Slight	No or slight but infrequent evidence of this competency.
1	Somewhat	Some but infrequent evidence of this competency and below the minimal level for practicum and/or clinical placement functioning.
2	Moderately	Moderate evidence of this competency, at the minimal level for practicum and/or Clinical placement functioning, but below minimal level for internship readiness.

Score	Descriptor	Description
3	Mostly	Mostly displays evidence of this competency and at the minimal level for internship readiness.
4	Very	Very often displays evidence of this competency and above the minimal level for internship readiness.
--	N/O	No opportunity to observe.

## 6. EVIDENCE-BASED PRACTICE: Integration of research and clinical expertise in the context of patient factors.

6A. Knowledge and application of evidence-based practice

Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

## 7. ASSESSMENT: Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.

7A. Knowledge of measurement and psychometrics

Selects assessment measures with attention to issues of reliability and validity

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

7B. Knowledge of assessment methods

Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

7C. Application of assessment methods

Selects appropriate assessment measures to answer diagnostic question

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

7D. Diagnosis

Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

7E. Diagnosis

Demonstrate understanding of contextual influences on human behavior (e.g., family, social, societal, and cultural), including consideration of client strengths

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

7F. Conceptualization and recommendations

Utilizes systematic approaches of gathering data to inform clinical decision-making

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

7G. Communication of assessment findings

Writes adequate assessment reports and progress notes and communicates assessment findings effectively to a range of audiences

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

**8. INTERVENTION: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.**

---

8A. Intervention relationships

Establishes and maintains effective relationships with clients

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

8B. Intervention planning

Formulates and conceptualizes cases and plans interventions utilizing to address client goals

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

8C. Intervention implementation

Implements evidence-based interventions that are informed by assessment findings, cultural considerations, and contextual variables

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

8D. Incorporation of research

Applies relevant research literature to clinical decision-making

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

8E. Modifications

Demonstrates ability to modify or adapt evidence-based approaches when an evidence-base is lacking for a particular client

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

8F. Progress evaluation

Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

**9. CONSULTATION: The ability to provide expert guidance or professional assistance in response to a client's needs or**

9A. Role of consultant

Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

9B. Addressing referral question

Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

9C. Communication of consultation findings

Identifies literature and knowledge about process of informing consultee of assessment findings

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

9D. Application of consultation methods

Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

**10. SUPERVISION: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.**

10A. Expectations and roles

Demonstrates knowledge of, purpose for, and roles in supervision

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

10B. Processes and procedures

Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices

- Not at all/slightly
- Somewhat
- Moderately
- Mostly
- Very
- N/O

---

I0C. Skills development

Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

---

I0D. Supervisory practices

Provides helpful supervisory input in peer and group supervision

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

---

**11. INTERDISCIPLINARY SYSTEMS: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines**

---

I1A. Knowledge of the shared and distinctive contributions of other professions

Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

---

I1B. Functioning in multidisciplinary and interdisciplinary contexts

Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

---

I1C. Understands how participation in interdisciplinary collaboration/consultation enhances outcomes

Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

---

I1D. Respectful and productive relationships with individuals from other professions

Develops and maintains collaborative relationships and respect for other professionals

Not at all/slightly  
 Somewhat  
 Moderately  
 Mostly  
 Very  
 N/O

---

**Overall Assessment of Trainee's Current Level of competence.**

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. What are the trainee's particular strengths and areas for growth?

---

Do you believe that the trainee has reached the level of competence expected by the program at this point in training?

Yes  
 No

---

Is the trainee ready to apply for internship?

No  
 Yes  
 Not Applicable

---



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Supervisor Signature

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Trainee Signature

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## Student Evaluation of Training and Supervision

This evaluation is designed to assist the training program in revising and improving the training experience offered through UA's Clinical Psychology Doctoral Program. Please complete the following ratings of your supervisor and practicum. You may save your responses and return at a later time to complete the evaluation if needed.

Practicum/Placement Name \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Semester \_\_\_\_\_

On average, how many hours did you work per week? \_\_\_\_\_

How many of those hours (per week) were spent on clinical work? (i.e., assessment and intervention) \_\_\_\_\_

How many of those hours (per week) were spent in supervision? \_\_\_\_\_

How many of those (per week) were support hours? (note/report writing, chart review, preparation for clinical activities) \_\_\_\_\_

Did you have input on how clients/groups were assigned to you?  Yes  No

Were you provided any didactic training?  Yes  No

Format of Supervision  Individual  Group  
 Both

### Individual Interaction/Contact with Supervisor

	Inadequate (Poor)	Marginally Inadequate (Fair)	Adequate (Good)	Met my expectations (Very Good)	Exceeded my expectations (Excellent)	Insufficient basis for rating (N/A)
Amount/regularity of supervision time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rapport with supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of encouraging/supportive feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constructive nature of corrective feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Supervisor's Leadership</b>						
	Inadequate (Poor)	Marginally Inadequate (Fair)	Adequate (Good)	Met my expectations (Very Good)	Exceeded my expectations (Excellent)	Insufficient basis for rating (N/A)
Demonstration of integration of science and practice (e.g., applies scientific knowledge base and concepts that influence practice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarity of goal-setting and assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Modeling of professional tasks and effective problem-solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fosters collegiality between other supervisors, students, and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective use of group time/ability to facilitate/structure group (*only if Yes - group supervision)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Supervisor's Focus on Knowledge and Skill Development</b>						
	Inadequate (Poor)	Marginally Inadequate (Fair)	Adequate (Good)	Met my expectations (Very Good)	Exceeded my expectations (Excellent)	Insufficient basis for rating (N/A)
Encouragement of critical thinking/evaluation of clinical techniques and theoretical issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance with ethical and legal issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consideration of individual and cultural diversity issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Breadth of Education/Experiences</b>						
	Inadequate (Poor)	Marginally Inadequate (Fair)	Adequate (Good)	Met my expectations (Very Good)	Exceeded my expectations (Excellent)	Insufficient basis for rating (N/A)
Variety of clinical training experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for interdisciplinary work/consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to varying theoretical models	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Training in empirically-validated assessment and/or treatment                                   

**Work Environment**

	Inadequate (Poor)	Marginally Inadequate (Fair)	Adequate (Good)	Met my expectations (Very Good)	Exceeded my expectations (Excellent)	Insufficient basis for rating (N/A)
Manageable clinical load (including paperwork)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of resources (e.g., tests, equipment, workspace)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receptivity of site to student training (vs. "cheap labor")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Global Impressions**

	Inadequate (Poor)	Marginally Inadequate (Fair)	Adequate (Good)	Met my expectations (Very Good)	Exceeded my expectations (Excellent)	Insufficient basis for rating (N/A)
Acquisition of new knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extent to which experience acquired is relevant to personal goals regarding internship and career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall rating of placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall rating of supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you recommend this practicum/placement with this supervisor to other students?

- Definitely not     Probably not
- Maybe     Probably yes
- Definitely yes

Additional Comments about Supervisor/Supervision

Additional Comments about the practicum/placement

Appendix R: Annual Student Evaluation Form

**ANNUAL STUDENT EVALUATION FORM**

**Student's Name** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form summarizes the faculty's evaluation of your progress and performance over the past academic year. Benchmarks for a student that “Meets expectations”, which is the typical rating for appropriate progression to degree, are outlined in the SAR rubric. To be rated as “Exceeds Expectations” in a domain, the student must have excelled in that domain. “Needs improvement” indicates that there is some deficiency or a minor concern, which the faculty believes is readily addressable and may warrant formal or informal remediation. “Unsatisfactory” indicates a more persistent or severe concern and will usually involve a formal remediation plan and/or other corrective action. N/A indicates that the domain is not applicable for that student in that year (e.g., teaching, clinical).

**Active Development of Research Skills & Contributions to Science:**

\_\_\_ Exceeds expectations    \_\_\_ Meets expectations    \_\_\_ Needs Improvement    \_\_\_ Unsatisfactory    \_\_\_ N/A

**Academic Performance & Rate of progress in completing program requirements:**

\_\_\_ Exceeds expectations    \_\_\_ Meets expectations    \_\_\_ Needs Improvement    \_\_\_ Unsatisfactory    \_\_\_ N/A

**Development of Effective Teaching Skills and Competencies:**

\_\_\_ Exceeds expectations    \_\_\_ Meets expectations    \_\_\_ Needs Improvement    \_\_\_ Unsatisfactory    \_\_\_ N/A

**Professional & Ethical Behavior:**

\_\_\_ Exceeds expectations    \_\_\_ Meets expectations    \_\_\_ Needs Improvement    \_\_\_ Unsatisfactory    \_\_\_ N/A

**Development of Effective Clinical Skills and Competencies:**

\_\_\_ Exceeds expectations    \_\_\_ Meets expectations    \_\_\_ Needs Improvement    \_\_\_ Unsatisfactory    \_\_\_ N/A

**Overall Recommendation**

\_\_\_ Continue. You are encouraged to continue in the program.

\_\_\_ Continue with Warning. You are encouraged to continue in the program. Problems perceived by the faculty and *suggestions* for remediation are described below.

\_\_\_ Continue with Remediation Plan without Probation. You are encouraged to continue in the program but are *required* to successfully complete a specific written remediation plan (remediation plan will be provided by a remediation committee). Specific concerns to be addressed are described below.

\_\_\_ Continue with Remediation Plan with Probation. You may continue in the program but are *required* to successfully complete a specific written remediation plan (remediation plan will be provided by a remediation committee). Specific concerns to be addressed are described below. The situation is serious enough to warrant probationary status, which will necessitate self-identification on clinical internship applications.

\_\_\_ Dismissal due to Failed Remediation Plan. You are dismissed from the program because the remediation plan has not been successfully completed. A summary is provided below.

\_\_\_ Dismissal without Remediation Plan. You are dismissed from the program without a remediation plan for pronounced violations of ethical and professional conduct standards or for persistent patterns of conduct that are judged to be resistant to remediation. A summary is provided below.

## Summary Review

Summary of strengths and achievements based on rubric.

Summary of concerns raised and/or suggestions for continued professional growth.

### Signatures:

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

**Your signature indicates that you have received the evaluation, and does not necessarily indicate agreement. You are welcome to write a response, which will be included in your file with the evaluation.**

**Copies to:** Student, Advisor, Program file

## Annual Student Evaluation Rubric

This rubric provides a guide for students in the doctoral program in psychology at UA. The faculty will use this rubric to evaluate students at the end of each academic year. In each domain [research, teaching, program, professional/ethical, clinical), a student will receive a rating. **This table outlines the expectations for ‘Meets expectations’**, which is the typical rating for appropriate progression to degree. While faculty do student reviews holistically, and consider unique circumstances and extenuating circumstances, the benchmarks for “meets expectations” is the minimum standard expected in the program. Thus, students should try to fulfill each criterion. For example, under Research, there are three general activities expected related to lab involvement, progress on milestones, and dissemination (and one extra point if you’re a GTA). All activities should be done for a rating of Meets expectations.

### Meets Expectations

Research Skill/Science	Teaching Skill	Program Requirements/Academic Achievement	Professional & Ethical Behavior	Clinical Competencies
<ul style="list-style-type: none"> <li>• Take initiative in lab as indicated by active participation in lab meetings and collaboration in ongoing projects</li> <li>• Consistent engagement in and progress toward relevant milestones (thesis, dissertation)</li> <li>• Consistent engagement in and progress toward dissemination of research (publishing, conference presentations). <i>Suggestion: Y2 and beyond at least one product submitted or published annually (manuscript, book chapter, grant proposal; lead or co-author)</i></li> <li>• If GRA, then reliably meets deadlines and expectations</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriately prepares for lectures and assignments</li> <li>• Appropriate recordkeeping and adherence to confidentiality of students’ data</li> <li>• Reliably meets grading deadlines (TA)</li> <li>• Creates an environment conducive to learning and communicates appropriately high expectations</li> <li>• Considers feedback from students, instructor, or supervisors</li> </ul>	<ul style="list-style-type: none"> <li>• All As and Bs in coursework</li> <li>• Taking courses that expand needed skills where relevant</li> <li>• “On Track” for year in program based on the sequence below</li> </ul>	<ul style="list-style-type: none"> <li>• Interacts respectfully across multiple professional roles</li> <li>• Demonstrates integrity and follows professional ethical principles (e.g., scholarship, authorship, grievances, clinical placements)</li> <li>• Is timely, clear in communication, and receptive to feedback</li> <li>• Takes initiative and is engaged professionally (e.g., departmental involvement, professional leadership)</li> <li>• Shows professional independence commensurate with career stage (e.g., develops professional identity, proactive opportunity-seeking)</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum supervisor rating of 2 (moderately) across all Foundational Competencies on Readiness for Internship Form (i.e., Professionalism; Relational; Functional Competencies; Education; Systems). <i>**Note that in final year of practicum. Ratings must be 3 or higher.</i></li> </ul>

**Clinical “On Track” with Program Milestones (“year”= academic yr):**

Y1: Active engagement in thesis proposal development

Y2: Thesis proposed by end of academic year

Y3 Fall: Thesis successfully defended by end of Fall semester

Y3 Spring: Accrual of at least 250 face-to-face hours by year-end

Y4: Dissertation mini-meeting and TOP completed by year-end

Y5: Oct. 15: Dissertation proposed, accrual of ≥ 500 face-to-face hours

Y6: Internship. Dissertation defended by end of the year

**Other useful notes on performance expectations and milestone policies:**

1. **Grades** below "C" count in computing the GPA but do not carry credit toward a degree. Academic dismissal occurs if students: a) accumulate 3 C's or b) GPA falls below 3.0 (academic warning, not eligible for assistantships), and does not improve after 12 more hours. Relevant link: <https://catalog.ua.edu/graduate/about/academic-policies/scholastic-requirements/>
2. **TOP:** Need to submit your thesis to the Graduate School (not just defend) by the summer deadline (~7/1) for Fall ToP participation and the fall deadline (~10/30) for Spring ToP participation
3. **Doctoral plan of study:** filed no later than the semester in which 30 semester hours will be completed/transferred
4. Required to wait **8 weeks** between the mini dissertation planning meeting and the prelim (e.g., dissertation proposal)
5. **Dissertation credit registration.** Register for PY 698 after thesis but before mini. Register for PY 699 after mini and until you defend, min. of 18 credits required.
6. For clinical students, **course planning and checklists** can be found in the Clinical Training Manual Appendices (see Clinical Resources at [Resources for Grad Students - Department of Psychology \(ua.edu\)](#))