



SANTA CLARA UNIVERSITY

Evaluation of Doctoral Intern

Intern:

Intern Name

Supervisor:

Supervisor Name

Period of Evaluation:

Start - December

January - End

Methods of Evaluation (mark all that apply):

Video Recordings

Discussion

Live Observation

Review of notes, files and reports

Other:

Evaluation is a collaborative process to facilitate growth, to pinpoint areas of strength and difficulty, and to develop training goals. The evaluation form is a tool to assess competency levels and a vehicle for communication between supervisors and interns. Supervisors provide interns with regular, ongoing feedback, and at the end of the two evaluation periods, they summarize previous feedback in a formal written evaluation with mandatory discussion.

DIRECTIONS: The Doctoral Internship at CAPS aims at 9 profession-wide competencies (PWCs) in interns. Each PWC is broken down into "components." Both the 9 PWCs and their respective components are defined by APA's Commission on Accreditation, and the language on this form reflects their wording. In contrast, bullet points under each component are behavioral examples and clarifiers; they serve to exemplify the components, prompt supervisors and trainees' focus, and make it relevant to Santa Clara CAPS. Supervisors rate interns only at the level of components, not the behavioral examples. Each component is rated on a developmental continuum that reflects the cumulative nature of skills acquisition.

1 - 2 3 - 4 5 - 6 7 8 9 - 10

Early Stages Doctoral Trainee 1st to 3rd year Practicum/Externship	1st Half of the Doctoral Intern Year	2nd Half of the Doctoral Intern Year	Early Postdoc	Late Postdoc	Early Career Professional Beyond the 1st year Postdoctorate
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Quick Rating Guide

Supervisors are encouraged to rate in decimal points, for example 6.25.

Please review **Behavioral Anchors** for the competency rating scale on the next page.

If you have not observed a particular component, write "U" for "Unable to Evaluate".

Normative Values for interns = 3.0 to 6.9. Values over 7.0 are for particular strengths.

To pass the internship, each of the 9 PWCs must average **at least 5.5** in the final evaluation.

Developmentally Based Competency Rating Scale

1 - 2 3 - 4 5 - 6 7 8 9 - 10

Early Stages Doctoral Trainee 1st to 3rd year Practicum/Externship	1st Half of the Doctoral Intern Year	2nd Half of the Doctoral Intern Year	Early Postdoc	Late Postdoc	Early Career Professional Beyond the 1st year Postdoctorate
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Behavioral Anchors

1.0 to 2.9	Beginning and limited competence. Performance fluctuates widely upon variations in client presentations, client characteristics, and the situation at hand. Requires rigorous guidance, structure, and instructions from supervisors. Doctoral Interns with this level of ratings are considered to have insufficient competence and readiness for internship, thus requires immediate and structured augmentation of supervision and corrective measures.
3.0 to 4.9	Emerging competence. Expected at the early first half of internship. Effective performance of this area of competency (in actions, reasoning, and judgment) are emerging, but not reliably present, whether due to inconsistency or a lack of evidence and opportunity to demonstrate consistency. Minimal independence. Substantial guidance and oversight are required to support effective performance and further development. Supervision is essential, especially instructions and introductions to new insights and knowledge. <i>In the 2nd half of the internship year, this level of competence likely warrants additional attention and support, corrective action, or remediation.</i>
5.0 to 5.9	Intermediate competence. Expected at mid-year of internship. Frequent signs of independence and effective functioning are emerging. Clinical/professional insight and performance is being applied from one situation or client to another. Continues to benefit from supervision, especially to enhance self-confidence, gain perspectives, and cognitive flexibility in this area of competence. There are a few occasions that interns require supervisors' correction. <i>The rating of 5.5 is the minimal level of competence for interns to successfully complete the internship program.</i>
6.0 to 6.9	High intermediate competence. Expected towards the internship's end. Demonstrates independence and sophistication in decisions and actions with increasing regularity and consistency. Applies insights or approaches that have worked well in past performance to new situations while attending to the situations' commonalities and differences. Uses supervision mostly to stretch and refine this area of competence, and rarely for structural and procedural needs. Approaching readiness to practice independently.
7.0 to 7.9	Maturing competence. Expected in the first half of the postdoctoral year. Ready for entry to practice that requires minimal guidance or oversight. Consultation and supervision are helpful to expand and refine this area of competence. Can identify occasions when consultation is necessary.
8.0 to 8.9	Proficient: Entry-level competence for early-career psychologists. Expected in the latter half of the postdoctoral year. Independently functions most of the time. Can seek consultation when appropriate. Continues to gain consistency in effectiveness, autonomy, and self-confidence, with some directions and support from supervisor. Can teach others to increase this area of competence.
9.0 to 10.0	Advanced and fully mastered competence. Independently functions with effectiveness, self confidence, and sophistication. Appreciates consultation and learning opportunities, and seeks ways to continue growth towards advanced levels of functioning. Shows instances in which their performance in this area of competence can be a role model to others. Can evaluate accurately about their own level of competence and what needs to be done to enhance it.

Competency I: Research (Integration of Science & Practice)

Input to include: Primary, Secondary, Group Supervisors.

		1st	2nd
1	Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities.		
	In case conference, group supervision, presentation, publications at the local, regional, or national level.		
2	Demonstrates substantial knowledge and appreciation of evidence-based practice.		
3	Is able to select and adapt "best available evidence" to guide clinical practice.		
	<ul style="list-style-type: none"> * Best available evidence includes scientific research on effective interventions, college student development, relevant disorders, trends in college mental health issues, and local clinical research. * Develops evidence-based intervention plans specific to the service delivery goals. * Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. * Is able to apply the relevant research literature to clinical decision making. * Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking. * Employs the "scientific attitude" in clinical services. Scientific attitude includes forming and testing hypotheses and monitoring treatment progress using scientific method. * Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation. * Adjusting clinical strategies to client variables (e.g., client characteristics, culture, preferences). 		

AVERAGE for THIS COMPETENCY

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Competency II: Ethical and Legal Standards

Input to include: Primary, Secondary, Group, and Supervision of Supervision Supervisors

		1st	2nd
1	Is knowledgeable of and acts in accordance with ethical and legal standards.		
<p>* The current version of the APA Ethical Principles of Psychologists and Code of Conduct.</p> <p>* Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.</p> <p>* Relevant professional standards and guidelines.</p> <ul style="list-style-type: none"> • Discloses of trainee status and supervisors, and seeks consent for recording. • Keeps clinical documentation of crisis intervention and clinical consults in accordance with agency, professional, and legal requirements. • Is able to navigate confidentiality and professional boundaries (e.g., identifies who the client is) in consultation. • Is knowledgeable of organizational dynamics and policy within a system. 			
2	Recognizes ethical dilemmas as they arise, and applies ethical decision making processes in order to resolve the dilemmas.		
3	Conducts self in an ethical manner in all professional activities.		

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Competency III: Individual and Cultural Diversity

Input to include: Primary, Secondary, Group, and Supervision of Supervision Supervisors

		1st	2nd
1	Demonstrates an understanding of how one's own personal/cultural history, attitudes and biases may affect how they understand and interact with people different than themselves.		
<ul style="list-style-type: none"> * Is aware of ways in which the one's own attitudes, values, beliefs, power, and cultural identity may affect the psychological services or interactions with others. * Note that this item covers clinical and nonclinical interactions with clients, third-parties, professionals, supervisors, and peers. 			
2	Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities.		
<ul style="list-style-type: none"> * Professional activities include research, training, supervision, consultation, and services. * Critically evaluates the contributions of diversity issues. Diversity issues include culture, ethnicity, nationality, geopolitical factors, gender and gender identity, sexual orientation, religion, disability, age, SES, size, privilege, and other factors. 			
3	Is able to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., clinical services and other professional activities).		
<ul style="list-style-type: none"> * Is able to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of one's careers. * Is able to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with the one's own. 			
4	Is able to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.		
<ul style="list-style-type: none"> * Consistently adapts interventions in a culturally sensitive manner to improve outcomes. * Initiates consultation/supervision for issues related to diversity in clinical work. 			

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Competency IV: Professional Values and Attitudes

Input to include: Primary, Secondary, Group Supervision Supervisors

		1st	2nd
1	Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.		
	<ul style="list-style-type: none"> * Relevant attitudes, values, and behaviors: agency-appropriate appearance and demeanor, awareness of being a representative of CAPS and the mental-health care profession, punctuality, following through with commitment, effective workload and time management, investment in clients' welfare, respect for others, and social justice orientation. 		
2	Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.		
	<ul style="list-style-type: none"> * Shows self-evaluation, self-direction, and motivation for professional growth. * Recognizes and addresses personal concerns to minimize interference with competent professional functioning. * Monitors and takes action towards self-care 		
3	Actively seeks and demonstrates openness and responsiveness to feedback and supervision.		
	<ul style="list-style-type: none"> * Takes active responsibility for learning in supervision (including preparedness, organization, asserting training needs, making appropriate requests, reviewing video-recordings). * Responds nondefensively and productively to feedback and suggestions, and makes purposeful changes in subsequent work. * Uses supervision to develop self-awareness in clinical work (including examining own behavior, motives, affect, and countertransference). * Uses supervision to work on a professional identity and development. * Approaches supervision within appropriate boundaries (including using professional language and expression, differentiating supervision and personal therapy, and appropriate level of self-disclosure). 		
4	Responds professionally in increasingly complex situations with a greater degree of independence as the intern progresses across levels of training.		

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Competency V: Communication and Interpersonal Skills

Input to include:

Primary, Secondary, and Group Supervision Supervisors.

		1st	2nd
1	Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.		
2	Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.		
3	Demonstrates effective and culturally appropriate interpersonal skills and the ability to manage difficult communication well.		

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Competency VI: Assessment

Input to include: Primary & Secondary Supervisors

		1st	2nd
1	Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.		
2	Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural).		
3	Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.		
4	Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.		
	<ul style="list-style-type: none"> * Conducts effective (timely, thorough, accurate) assessments of intakes and crises with appropriate dispositions. * Establishes rapport and gathers relevant data at intake, including clients' presenting problems, symptoms, and treatment history, familial and sociocultural history, strengths and risk factors. * At intake, integrates available data from the clinical interview and mental status examination with those from the Information Form and self-administered tests. * Conducts current and historical assessment of risks (including harm to self and others impulsivity, alcohol and substance use). 		
5	Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, diagnosis, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.		
	<ul style="list-style-type: none"> * Makes accurate diagnostic formulation and differential diagnosis at intake, taking into account human development and diversity. * At intake, formulates appropriate treatment recommendations and provides necessary initial intervention. * Coordinates appropriate case disposition from routine and crisis intakes (including referrals, case management, and follow-up). 		

Competency VI: Assessment

6	Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.		
<p>* Writes comprehensive and accurate assessment reports. * Competently shares clinical information with supervisors or others via brief oral presentations or consultation.</p>			

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Competency VII: Intervention

A. Individual Psychotherapy/Counseling Intervention

Input to include: Primary & Secondary Supervisors

		1st	2nd
1	Effective use of core counseling skills.		
	<ul style="list-style-type: none"> * Develops therapeutic alliance with a wide variety of clients. * Effectively uses open and closed questions, paraphrasing, summarizing, accurate empathic statements, responding to verbal/nonverbal behaviors, exploration of emotions. 		
2	Demonstrates ability and use of conceptualization for treatment plans.		
	<ul style="list-style-type: none"> * Uses theory to conceptualize clients' symptoms and behavior as hypotheses. * Uses hypotheses to develop treatment plans. * Takes into account developmental and multicultural factors, and the treatment model (brief vs. long-term). 		
3	Effectively manages developments in therapy.		
	<ul style="list-style-type: none"> * This includes setting the frame, goal setting, monitoring progress, timing interventions, special circumstances, client's ambivalence, crisis, case management, and termination. * Develops interdisciplinary collaboration and coordination with other professionals when appropriate (e.g., psychiatrists, group therapists, healthcare providers, hospital-based emergency services, and advocacy). 		
4	Uses a range of evidence-based psychotherapeutic techniques and interventions appropriate to the presenting issues, client characteristics, and time limits.		
	<ul style="list-style-type: none"> * Structured interventions include exercises, exposures, psychoeducation, worksheets, role-plays. * Unstructured interventions includes exploration of historical events, narratives, here-and-now and other process comments. 		
5	Effectively manages on the interpersonal dimensions of therapy.		
	<ul style="list-style-type: none"> * This includes the use of the therapist's self, personal style, self-disclosure, humor, creativity, and transference and countertransference. 		

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Competency VII: Intervention

B. Group Psychotherapy Intervention

Input to include:

Group Therapy Supervisor

		1st	2nd
1	Demonstrate understanding of therapeutic factors in group therapy.		
	<ul style="list-style-type: none">* Understanding of group as a microcosm, as agent of therapeutic change, and process vs. content.* Able to conceptualize stages of group.		
2	Demonstrates appropriate interventions for group therapy.		
	<ul style="list-style-type: none">* Uses interventions to promote member-to-member rather than member-to-facilitator interactions (i.e., group as a whole interventions).* Is able to use appropriate group stage interventions to facilitate client growth and group process.* Utilizes here-and-now process interventions.* Demonstrates skills in attending to group process observing both individual indicators of feelings, thoughts, and behaviors as well as overall group dynamics.* Uses strategies to activate group (including intentional use of silence).		
3	Effectively manages the dynamics between the co-therapists.		
	<ul style="list-style-type: none">* Understands and monitors own impact on the group process (e.g., own feelings, style, values, biases, and challenges).* Can work collaboratively and effectively with a co-therapist.		
4	Understands and attends to issues of diversity in group, including power, privilege, and the impact on group dynamics.		

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Competency VII: Intervention

C. Crisis Intervention

Input to include: Primary and Secondary Supervisors

		1st	2nd
1	Selects and applies appropriate interventions to contain the crisis (including using appropriate resources).		
2	Acts in compliance with agency, ethical, and legal standards in crisis intervention.		
3	Provides appropriate case management and follow-up after the initial crisis intervention (including facilitating referrals).		

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Competency VII: Intervention

D. Outreach & Education Intervention

Input to include:

Primary and Secondary Supervisors, Staff psychologists who have supervised outreach

		1st	2nd
1	Demonstrates the knowledge of how outreach programs are developed and delivered in the college setting.		
	<ul style="list-style-type: none"> * Understands the role of needs assessment, lit review, benchmarking, and adaptation of existing programs. * Understands the process of program design, coordination, and planning. * Uses creativity and theory to design educational interventions, including how people process information and experience. * Is aware of issues related to promotion and marketing, including electronic forms. * Effectively uses program evaluation, and makes informed proposals for adjustments in future programs. 		
2	Is effective in conducting outreach programs.		
	<ul style="list-style-type: none"> * Is adequately familiarized with the programs' contents and process. * Effectively engages audiences. * Effectively delivers interventions across different modalities (e.g., didactic and experiential program components). * Effectively manages group dynamics in the audience (e.g., Q&A, discussion, audience management, the unexpected). 		
3	Competency addresses multicultural and social justice issues in the design, promotion, and delivery of outreach programs, and in consultation.		
	<ul style="list-style-type: none"> * Attends to systemic and multicultural needs of the audience and consultees. * Takes into account cultural and individual differences that may affect the effectiveness of the intervention (e.g., access and ability, learning styles, developmental level, social justice inclusive program content). 		
4	Provides effective informal consultation.		
	<ul style="list-style-type: none"> * This includes consultation with other campus offices. * Effectively addresses consultees' needs. * Understands and manages dual role of clinician and consultant. * Follows up as needed with students, campus partners, and CAPS staff post-consultation, including appropriately connecting students to campus and community resources. 		

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Competency VIII: Supervision

Input to include: Supervisor of Supervision

		1st	2nd
1	Demonstrates adequate of knowledge of supervision for mental-health services.		
	<ul style="list-style-type: none"> * Understands the roles, expectations, and limits of clinical supervision. * Knows supervision theory and applies it to practice. 		
2	Effectively cultivates supervisory relationship with supervisee(s).		
	<ul style="list-style-type: none"> * Develops a productive supervisory alliance with the supervisee(s) (including rapport building, creating a facilitative environment). * Integrates diversity and multiculturalism into the context of the supervisory relationship. 		
3	Effectively facilitates the development and addresses the needs of supervisee(s).		
	<ul style="list-style-type: none"> * Identifies supervisees' developmental level and sets appropriate training goals. * Teaches and models specific interventions when appropriate. * Assists with supervisees' knowledge and application of diversity/multiculturalism in their paraprofessional work. * Assists supervisees in building knowledge of self and interpersonal impact. 		

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Competency IX: Consultation and Interpersonal

Input to include: Primary and Secondary Supervisors

		1st	2nd
1	Demonstrates knowledge and respect for the roles and perspectives of other professions.		
<ul style="list-style-type: none"> * Is able to take a broader systems perspective in considering issues and services. 			
2	Applies this knowledge in consultation with individuals, families, other health care professionals, interprofessional groups, or systems related to health and behavior.		
<ul style="list-style-type: none"> * Is effective in addressing the consultees' needs. * Consults and collaborates effectively with healthcare professionals to coordinate client services, including mental health professionals, medical professionals, insurance companies. * Consults and collaborates effectively with campus partners and third parties outside of healthcare, including parents, peers, academic advisors, faculty, the Office of Student Life, & Campus Safety Services. 			
3	Acts with awareness and sensitivity to the multiple roles and functions of a counseling center.		
<ul style="list-style-type: none"> * Roles include being a therapist, committee member, consultant, and provider of outreach work, and liason. 			

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Summary

Of 9 Profession Wide Competencies

I	RESEARCH (Integration of Science and Practice)	#DIV/0!	#DIV/0!
II	ETHICAL AND LEGAL STANDARDS	#DIV/0!	#DIV/0!
III	INDIVIDUAL AND CULTURAL DIVERSITY	#DIV/0!	#DIV/0!
IV	PROFESSIONAL VALUES AND ATTITUDES	#DIV/0!	#DIV/0!
V	COMMUNICATION AND INTERPERSONAL SKILLS	#DIV/0!	#DIV/0!
VI	ASSESSMENT	#DIV/0!	#DIV/0!
VII	INTERVENTION	#DIV/0!	#DIV/0!
VIII	SUPERVISION	#DIV/0!	#DIV/0!
IX	CONSULTATION AND INTERPERSONAL /INTERDISCIPLINARY SKILLS	#DIV/0!	#DIV/0!

Supervisor's Written Summary

Type summary for the **first evaluation** in the cell below.

To begin a new paragraph, hold down the "Alt" key while keying enter
All text must fit within the cell below and the one on the next page.

Type Here

Continue here for the 1st evaluation's summary feedback (all text must fit within this cell).

Type Here

Area below is for feedback at final evaluation.

Type Here

the supervisee to write a brief response in the space below.

Supervisee's Response



First Evaluation

First Evaluation

Supervisor's signature & date

Supervisee's signature & date



Final Evaluation

Final Evaluation

Supervisor's signature & date

Supervisee's signature & date