

**UNB GRADUATE PROGRAM IN EXPERIMENTAL PSYCHOLOGY**

**STUDENT EVALUATION OF EXPERIMENTAL PRACTICUM (PSYC 6641)**

*To be submitted to the Experimental Program Director within two weeks of*

*completing the practicum*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name:**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Primary Supervisor Name:** | | |
| **Date of Evaluation:**  *day month year* | | **Site Location:** | | |
| **Duration of Placement:**  \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_  Start date End date | No. of weeks:  Total hours: |
| **Evaluation:** *Please (1) list the activities, (2) estimate percentage of practicum time spent on each activity, then (3) rate the quality of the training opportunities made available to you at the practicum. That is, the quality is judged on the basis to which it met your expectations for professional development*  0 1 2 3 4 5 UE  inadequate Excellent Unable to Evaluate | | | | |
| Activity | | | % of Practicum Time | Evaluation |
|  | | |  | 0 1 2 3 4 5 UE |
|  | | |  | 0 1 2 3 4 5 UE |
|  | | |  | 0 1 2 3 4 5 UE |
|  | | |  | 0 1 2 3 4 5 UE |
|  | | |  | 0 1 2 3 4 5 UE |
|  | | |  | 0 1 2 3 4 5 UE |
|  | | |  | 0 1 2 3 4 5 UE |
| * Overall quality of practicum as a training experience | | | | **0 1 2 3 4 5 UE** |

***Additional Comments****:* Please provide any additional information or explanation of the ratings you have made on your practicum experience (use additional sheets of paper if necessary):

**EVALUATION OF PRACTICUM SUPERVISOR**

*Instructions:* Please provide an evaluation of your practicum supervisor using the following scale. Use the rating categories to refer to the degree to which your supervisor’s style met your expectations. You should use your experience with previous supervisors as a basis for your comparison. *Note: This information is confidential. Only a summary of aggregate data will be used to provide feedback to supervisors.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supervisor Characteristics** | **Inadequate** | **Adequate** | **Good** | **Excellent** | **NA** |
| Professional approach |  |  |  |  |  |
| Readily accessible |  |  |  |  |  |
| Provided realistic feedback |  |  |  |  |  |
| Monitored student activities |  |  |  |  |  |
| Kept appointments |  |  |  |  |  |
| Discussed ethical issues |  |  |  |  |  |
| Clear communication of expectations |  |  |  |  |  |
| Good role model |  |  |  |  |  |
| Encouraged student autonomy |  |  |  |  |  |
| Effective use of supervision meetings |  |  |  |  |  |
| Demonstrated advanced research knowledge |  |  |  |  |  |

*Remarks:* Please provide any additional information or explanation of the ratings you have made on your appraisal of your practicum supervisor (use additional sheets of paper if necessary):

What suggestions would you make that could improve the practicum and/or the supervisor’s training approach?

**Would you recommend this practicum to future experimental students?**

\_\_\_ strongly recommend \_\_\_ recommend \_\_\_ would not recommend

Please comment on what background preparation a student should have to benefit most from this practicum setting:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Student) (Date)

**This form should be scanned and sent to the Director of the Experimental Psychology Program.**