

**UNB GRADUATE PROGRAM IN EXPERIMENTAL PSYCHOLOGY**

**SUPERVISOR Final Evaluation Report**

*To be submitted to the Experimental Program Director within two weeks of student’s completion of the practicum*

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| **Student Name:** | **Primary Supervisor:**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Date of Evaluation:**  *day month year* | **Site Location:** | |
| **Was this feedback shared with the student:**  Yes \_\_\_\_\_\_\_\_\_\_ or No \_\_\_\_\_\_\_\_\_\_\_ |
| **Evaluation:** *Please rate the student on the following qualities using the following scale*  0 1 2 3 4 5 UE  not at all Excellent Unable to Evaluate  ***Please circle your rating*** | | |
| * Attendance (consistently arrived on time and as pre-arranged) | | 0 1 2 3 4 5 UE |
| * Professionalism (conducted his/herself in a professional manner, respectful to others; positive interpersonal interactions with staff; professional attire) | | 0 1 2 3 4 5 UE |
| * Integrity (honest; ethical in conduct in terms of respecting the confidentiality of the information to which exposed about cases and other ethical issues relevant to the site to which student may have been exposed) | | 0 1 2 3 4 5 UE |
| * Knowledge Acquisition (evidence of the student learning new information relevant to the site in terms of procedures, protocols, and/or content areas relevant to the site) | | 0 1 2 3 4 5 UE |
| * Knowledge Application (evidence of the student applying pre-existing knowledge and/or knowledge gained from the site to understanding the issues to which he/she was exposed at the site) | | 0 1 2 3 4 5 UE |
| * Initiative (sought out additional opportunities; showed initiative) | | 0 1 2 3 4 5 UE |
| * Quality of project worked on at the site in terms of presentation and content. | | 0 1 2 3 4 5 UE |
| * Overall quality of participation in the practicum | | **0 1 2 3 4 5 UE** |

**Do you recommend the student receive a passing grade (i.e., credit) for the practicum?** Yes \_\_ or No \_\_

*If no, please explain this recommendation below.*

**Additional Comments** *(please write any additional comments on the next page)*

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