

Level II Fieldwork Four-Week Evaluation

Student's name: _____

Supervisor's name: _____

Fieldwork site: _____

Date: _____

*Form to be filled out by both student & supervisor and shared
at four weeks of the Level II Fieldwork experience.*

1. What is the student (*are you*) doing well in this Level II Fieldwork experience? (i.e., accurate observations, creative treatment ideas, reliable and prompt, enthusiastic, establishes rapport with both clients & staff)?

2. What aspects of the student's (*your*) performance and/or behavior need to be improved to gain entry-level competency in this setting? (i.e., adjust behaviors to match situations, consistent listening skills, prioritize treatment alternatives, contribute to meetings and supervision, accuracy of assessment skills)?

3. What strategies do you recommend for this student (for *yourself*)?