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| **AUBURN UNIVERSITY CLINICAL PSYCHOLOGY TRAINING PROGRAM**  **PROFESSIONAL COMPETENCY BENCHMARK EVALUATION SHORT FORM**  **\*\*\*YEAR 1\*\*\*** |

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Student Name Person Completing Form (Include highest degree and

licensure status)

Evaluation Period (check one): \_\_\_\_\_ Mid-year

\_\_\_\_\_ End-of-year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other (specify) Date Evaluation Completed

* For each competency benchmark, please evaluate the student’s competency level based on his/her level of training. **For a description of each competency area and examples, please refer to the competency benchmark guidebook.**

0 = Unacceptable for a student at this level of training

1 = Below expectations for a student at this level of training

2 = Meets expectations for a student at this level of training

3 = Exceeds expectations for a student at this level of training

N/O = No Opportunity to Observe

* The following methods for determining levels of competence will be referenced for each Cluster:

1. Discussion in supervision
2. Direct observation
3. Video/audio review
4. Feedback from others
5. Simulations, practice administrations, and/or role plays
6. Case presentation to group
7. Review of file or written work
8. Other

* **FOUNDATIONAL CLUSTERS AND COMPETENCIES:**

**I. Professionalism**

1. *Professional Values and Attitudes*

\_\_\_\_\_1A. Integrity

\_\_\_\_\_1B. Deportment

\_\_\_\_\_1C. Accountability

\_\_\_\_\_1D. Concern for the Welfare of Others

\_\_\_\_\_1E. Professional Identity

2. *Individual and Cultural Diversity*

\_\_\_\_\_2A. Self as Shaped by Individual and Cultural Diversity

\_\_\_\_\_2B. Interaction of Self and Others as Shaped by Individual and Cultural Diversity/Context

\_\_\_\_\_2C. Applications Based on Individual and Cultural Context

3. *Ethical Legal Standards and Policy*

\_\_\_\_\_3A. Knowledge of Ethical, Legal, and Professional Standards and Guidelines

\_\_\_\_\_3B. Awareness and Application of Ethical Decision Making

\_\_\_\_\_3C. Ethical Conduct

4. *Reflective Practice/Self-Assessment/Self-Care*

\_\_\_\_\_4A. Reflective Practice

\_\_\_\_\_4B. Self-Assessment and Self-Care

\_\_\_\_\_4C. Participation in Supervision Process

* Mark all methods of assessment that apply to the above cluster:

1. Discussion in supervision B. Direct observation C. Video/audio review D. Feedback from others
2. Simulations, practice administrations, and/or role plays F. Case presentation to group

G. Review of file or written work H. Other:

**II. Relational**

5. *Relationships*

\_\_\_\_\_5A. Interpersonal Relationships

\_\_\_\_\_5B. Affective Skills

\_\_\_\_\_5C. Expressive Skills

* Mark all methods of assessment that apply to the above cluster:

1. Discussion in supervision B. Direct observation C. Video/audio review D. Feedback from others
2. Simulations, practice administrations, and/or role plays F. Case presentation to group

G. Review of file or written work H. Other:

**III. Science**

6. *Scientific Knowledge and Methods*

\_\_\_\_\_6A. Scientific Mindedness

\_\_\_\_\_6B. Scientific Foundation of Psychology

\_\_\_\_\_6C. Scientific Foundation of Professional Practice

7. *Research/Evaluation*

\_\_\_\_\_7A. Scientific Approach to Knowledge Generation

N/A 7B. Application of Scientific Method to Practice (*No programmatic expectations for Year 1)*

* Mark all methods of assessment that apply to the above cluster:

1. Discussion in supervision B. Direct observation C. Video/audio review D. Feedback from others
2. Simulations, practice administrations, and/or role plays F. Case presentation to group

G. Review of file or written work H. Other:

* **FUNCTIONAL CLUSTERS AND COMPETENCIES:**

**IV. Application**

8. *Evidence-Based Practice*

\_\_\_\_\_8A. Knowledge and Application of Evidence-Based Practice

9. *Assessment*

\_\_\_\_\_9A. Knowledge of Measurements and Psychometrics

\_\_\_\_\_9B. Knowledge of Assessment Methods

\_\_\_\_\_9C. Application of Assessment Methods

\_\_\_\_\_9D. Diagnosis, Conceptualization, and Recommendations

\_\_\_\_\_9E. Communication of Assessment Findings

10. *Intervention*

\_\_\_\_\_10A. Intervention Planning

\_\_\_\_\_10B. Skills

\_\_\_\_\_10C. Intervention Implementation

\_\_\_\_\_10D. Progress Evaluation

11. *Consultation*

N/A 11A. Role of Consultant (*No programmatic expectations for Year 1)*

N/A 11B. Addressing Referral Question (*No programmatic expectations for Year 1)*

N/A 11C. Communication of Consultation Findings (*No programmatic expectations for Year 1)*

N/A 11D. Application of Consultation Methods (*No programmatic expectations for Year 1)*

* Mark all methods of assessment that apply to the above cluster:

1. Discussion in supervision B. Direct observation C. Video/audio review D. Feedback from others
2. Simulations, practice administrations, and/or role plays F. Case presentation to group

G. Review of file or written work H. Other:

**V. Education**

12. *Teaching*

\_\_\_\_\_12A. Knowledge

\_\_\_\_\_12B. Skills

13. *Supervision*

\_\_\_\_\_13A. Expectations and Roles

\_\_\_\_\_13B. Skills Development

N/A 13C. Supervisory Practice (*No programmatic expectations for Year 1)*

* Mark all methods of assessment that apply to the above cluster:

1. Discussion in supervision B. Direct observation C. Video/audio review D. Feedback from others
2. Simulations, practice administrations, and/or role plays F. Case presentation to group

G. Review of file or written work H. Other:

**VI. Systems**

14. *Interdisciplinary Systems*

\_\_\_\_\_14A. Knowledge of the Shared and Distinctive Contributions of Other Professions

N/A 14B. Understands how Participation in Interdisciplinary Collaboration Enhances Outcome

(*No programmatic expectations for Year 1)*

\_\_\_\_\_14C. Respectful and Productive Relationships with Individuals from Other Professions

15. *Management-Administration*

N/A 15A. Appraisal of Management and Leadership (*No programmatic expectations for Year 1)*

N/A 15B. Management (*No programmatic expectations for Year 1)*

\_\_\_\_\_15C. Administration

16. *Advocacy*

\_\_\_\_\_16A. Empowerment

\_\_\_\_\_16B. Systems Change

* Mark all methods of assessment that apply to the above cluster:

1. Discussion in supervision B. Direct observation C. Video/audio review D. Feedback from others
2. Simulations, practice administrations, and/or role plays F. Case presentation to group

G. Review of file or written work H. Other:

* **Overall Assessment of Student’s Current Level of Competence**

Please provide a narrative summary of your overall impression of this student’s current level of competence. In your narrative, please be sure to address the following questions:

What are the student’s particular strengths?

In what areas does the student need to improve (i.e., growth areas)?

What subsequent training experiences do you think would be most valuable for this student?

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

\_\_\_\_ Yes

\_\_\_\_ No; if so, please explain:

I have reviewed this evaluation with the student.

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

Supervisor Date

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate agreement with it and that I am encouraged to respond in writing to address any concerns I have about my evaluation.

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

Student (upon review and discussion of this form) Date