

Mental Health Associate Program

FINAL EVALUATION

Student Information	
Name:	_____
Agency Name:	_____
Agency Address:	_____
Immediate Supervisor:	_____ Phone: _____

Please comment in the space provided. If needed, you may use additional paper.

I. Please comment of the student's overall performance during this practicum.

II. What additional skills or areas of knowledge would have been helpful for the student to be more involved in your facility?

III. Please comment of the following areas:

A. Ability to communicate with client(s).

B. Ability to communicate with supervisor and other staff members.

C. Ability to perform all assigned duties and responsibilities as addressed in contract.

D. Please comment on student's professional attitude: ethics, punctuality, dependability, interest, self-confidence, involvement and any others you consider relevant.

- E. Professional attributes: resourcefulness and initiative, insight and sensitivity, creativity and versatility, flexibility, ability to resist manipulation, appropriate emotional control.

IV. Additional comments:

- A. Please comment on student's growth and progress during this practicum period.

- B. Please comment on student's needs (i.e. areas that need improvement or additional classes/training to be considered).

- C. Other comments and suggestions:

Supervisor's Signature

Date