STUDENT JOB PLACEMENT EVALUATION FORM

Please complete this form to describe your position for 2009-2010

Your Name: ___________________________  Date: __________

Position Title: ___________________________

Agency Name: ___________________________

Address: ________________________________

Phone: _________________________________

Start Date: _______________  Projected End Date: _______________

Position Type:  Research _______  Clinical _______  Teaching _______

Average hours per week: _______________  Salary: _______________

Fringe benefits (e.g., vacation, insurance, tuition waiver, etc.): ___________________________

Primary Supervisor: ___________________________

Secondary Supervisor: ___________________________

PLEASE DESCRIBE THE TYPICAL DUTIES OF YOUR POSITION

a. Clinical Assessment (e.g., tests administered, interpretations, write-ups, case presentation):
   __________________________________________________________
   __________________________________________________________

b. Psychotherapy (e.g., number and type of clients, amount and type of client contact, group vs. individual):
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   c. Case Conference/Staff Meetings (e.g., format, frequency):
   __________________________________________________________
   __________________________________________________________
d. Research (e.g., scale administration/data collection, data reduction/scoring, data analysis, research meetings, involvement in formulation of design, write-up of results, involvement in presentation/publication of results, grant-writing experience):

____________________________________________________________________
____________________________________________________________________


e. Teaching (e.g., lecturing, grading exams, frequency, target group, training in methods):

____________________________________________________________________
____________________________________________________________________


f. Please list any other available training activities (e.g., Seminars, conferences, workshops, etc.):

____________________________________________________________________
____________________________________________________________________

Please describe extent and nature of supervision provided by each supervisor, indicating average time per week of supervision, percentage of supervision that is individual or group (i.e. sum should equal 100%), and number of supervisee in group supervision.

a. Primary Supervisor: _____________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

b. Secondary Supervisor: _________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please list additional comments or information about the position, including your overall evaluation of the experience; any suggestions for improvement or concerns for future students; special strengths or advantages of the position.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Please indicate the average percentage of your time that is allotted to each activity listed below. This should add up to approximately 100%.

Teaching .................................................................
Instruction in teaching ..............................................
Grading exams ...........................................................
Formulation of research plan ....................................... 
Research meetings .....................................................
Data entry........................................................................
Data collection/analysis ..............................................
Project write up/presentation of results .........................
Interviewing ....................................................................
Administration of test instruments .................................
Scoring Psychometric tests ...........................................
Test interpretation ........................................................
Report writing ..................................................................
Case conference/team meetings ....................................
Individuals therapy .......................................................
Group therapy ..............................................................
Supervision .....................................................................
Other (specify below):
.................................................................................
.................................................................................

Please circle the number that corresponds to your evaluation of your job.

1. How much did you enjoy you job?

   1  2  3  4  
   Not at all  Somewhat  Moderately  Very Much

2. Do you feel your job contributed to your training?

   1  2  3  4  
   Not at all  Somewhat  Moderately  Very Much