Case Western Reserve University
Graduate Training Program in Clinical Psychology

Evaluation of Student Progress in Cognitive-Behavioral Psychotherapy

Student:

Semester: Fall Spring Year: ______________

Supervision meetings occurred ___ weekly throughout the semester ___ as needed

Brief Description of the Clients:

Please rate the student on each item using the following scale:
- The student will need additional work on this issue
√ The student has performed in an adequate manner and seems competent in this skill
+ The student has done quite well in this area, and seems above average in these skills
NA This item does not apply to the current clinical work

Response to Supervision:

+ √ - The student independently seeks out published articles to guide the clinical work
+ √ - The student appears sensitive to his/her own strengths and weaknesses
+ √ - The student accepts criticism as feedback for making positive changes
+ √ - The student effectively summarizes case material in supervision
+ √ - The student works to incorporate suggestions into the therapy session
+ √ - The student functions well, even with minimal supervision

Assessment Strategies:

+ √ - NA The student conducts a thorough intake assessment
+ √ - NA The assessment incorporates brief questionnaires and interviewer ratings
+ √ - NA The assessment incorporates behavioral observation when appropriate
+ √ - NA The student implements a single-case research design methodology

Therapeutic Relationship:

+ √ - NA The student has been able to establish rapport with each client
+ √ - NA The student emphasizes teamwork and collaboration in each session
+ √ - NA The student uses a variety of questions to explore ideas and alternatives
+ √ - NA The student displays empathy, warmth, and genuineness
+ √ - NA The student displays a calm, confident, professional manner
+ √ - NA The student is careful with professional roles and boundaries
Clinical Documentation:

| + √  -  NA | The student completes a comprehensive intake evaluation for each client,
| + √  -  | The student completes progress notes after each session
| + √  -  NA | The student completes a thorough discharge summary for each client
| + √  -  NA | The student provides extra documentation when dealing with emergencies

Case Conceptualization, rated in terms of the supervisee’s current level of training

| + √  -  NA | The student can develop and support an initial plan for treatment
| + √  -  NA | The student incorporates a broad bio-psycho-social model for treatment
| + √  -  NA | Therapy is conceptualized in terms of the core problems to be solved
| + √  -  NA | Each session concentrates on 1-2 specific problem areas
| + √  -  NA | The student retains a focus on broad psychological principles of change
| + √  -  NA | The student is sensitive to aspects of diversity in clinical work
| + √  -  NA | The student is aware of legal and ethical issues pertaining to clinical work

Strategies for Change:

| + √  -  NA | The student sets an agenda and has a plan for each session
| + √  -  NA | Therapy sessions are structured yet flexible
| + √  -  NA | Each session begins with a review of the previous assignment
| + √  -  NA | The student limits the time spent on tangential issues
| + √  -  NA | The student identifies and works to attain specific therapeutic goals
| + √  -  NA | The supervisee explores connections between emotions and thoughts
| + √  -  NA | The student helps clients learn to express their emotional reactions
| + √  -  NA | The student has uses problem-solving strategies to guide sessions
| + √  -  NA | Role-played interactions are used when appropriate
| + √  -  NA | The student has learned specific strategies (e.g., relaxation training, assertiveness training, cognitive restructuring, reinforcement principles)

Comments on the Student’s Strengths as a Therapist:

Comments on Areas needing additional improvement:

**Student has been directly (i.e., in person or with video) observed at least once. □**

Brief Comments:

Supervisor: ___________________________ Date: ______________

Student: ___________________________ Date: ______________