

NACS: RECORD OF PRACTICUM PLACEMENT

Course: 6471 6472 6473

Academic Term:

**Faculty Instructor for Practicum
(NACS area coordinator): Mark Fenske, PhD**

Student Name _____
ID# _____ **Semester #:** _____
Email _____

Practicum Supervisor (on-site) _____ **Degree** _____

Secondary Supervisor for practicum (on-site) _____ **Degree** _____

Start Date: _____ **Estimated End Date:** _____

Brief statement of practicum objectives:

Neuroscience & Applied Cognitive Science
Practicum Report

On the following pages you will be asked to consider the student's skill in various areas which may have been required in the course of his/her practicum. Please rate the quality in terms of the following 4-point scale (with NO for Not Observed)

unsatisfactory	near satisfactory	satisfactory	more than satisfactory	Not Observed
1	2	3	4	NO

ACTIVITY (Please specify)

RATING

GENERAL CONDUCT:

RATING

Punctuality for appointments

Timely conduct/completion of tasks

Comments:

Neuroscience & Applied Cognitive Science
Practicum Report

*Provide an overall rating for this student as observed in the practicum placement
(Circle the number that best describes your rating).*

- 1** was unsatisfactory for the practicum
- 2** minimally satisfactory, marked improvement needed
- 3** generally satisfactory, some improvement needed
- 4** wholly satisfactory, met expectations for competence
- 5** more than satisfactory, exceeded expectations for competence
- 6** much more than satisfactory, greatly exceeded expectations for competence

In what ways do you feel the student was prepared for the demands of the practicum setting?

Do you have any suggestions for better preparation for the demands of the practicum setting?

Please note any other comments here.

Practicum supervisor's signature _____ **Date** _____
(Note that the student may make a copy of this assessment for his/her files.)

Student's signature _____ **Date** _____
(Note that the signature of the student does not imply agreement with the evaluation; it simply confirms having received this evaluation).

**Student Comments on Practicum
Neuroscience & Applied Cognitive Science**

Course 6471

6472

6473

These pages are to be completed by the students after they have read and signed the evaluation from their practicum.

Student name:

Practicum Supervisor:

Affiliation:

Faculty instructor (NACS area coordinator):

Dates of Practicum:

Please respond as to your level of satisfaction regarding the various aspects of your practicum training.

1. Approximately, how much of your supervision was carried out by your practicum supervisor?

10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

2. Approximately, how much of your supervision was carried out by a secondary practicum supervisor (a technician, post-doctoral fellow)?

Please identify the secondary supervisor.

10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

3. How would you rate your rapport with your practicum supervisor?

Low Relatively Low Relatively High High

4. How would you rate your rapport with your secondary practicum supervisor?

Low Relatively Low Relatively High High

5. How valuable did you find the feedback given to you by your primary supervisor during training?

Not at all valuable Somewhat valuable Quite valuable Very valuable

6. How valuable did you find the feedback given to you by your secondary practicum supervisor during training?

Not at all valuable Somewhat valuable Quite valuable Very valuable

7. How many cases (projects) were given to you for involvement during your training?

Very few Relatively few Enough to Manage Well Far too many

8. How clear were the instructions for the tasks you were asked to perform during supervision?

Not at all clear A little clear Quite clear Very clear

9. Did you ever feel that you were left on your own with difficult cases/tasks that you would have liked to have support form the supervisory staff?

Never Sometimes Quite a lot A lot

10. How adequate were the resources available to you in carrying out your tasks?

Not very adequate Relatively adequate Quite adequate Very adequate

11. How do you rate the climate of the setting and the harmony of its interdisciplinary team environment?

Negative A little negative Quite positive Very positive

12. If you were asked, would you have recommended this setting to other practicum students?

Not at all With reservations Perhaps I would Definitely I would

13. Please list the four best things about this practicum placement:

i. _____

ii: _____

iii: _____

iv: _____

14. Please list the four worst things about this practicum placement:

i. _____

ii: _____

iii: _____

iv: _____

15. What things would you have liked to be exposed to, but were not?

i. _____

ii: _____

iii: _____

iv: _____

16. Please provide your comments about your practicum supervisor's assessment of your performance.

Student's signature: _____ *Date:* _____

Faculty instructor (NACS area coordinator) signature to indicate review of this evaluation: _____ *Date:* _____