NACS: RECORD OF PRACTICUM PLACEMENT

Course: 6471  6472  6473

Academic Term:

Faculty Instructor for Practicum (NACS area coordinator): Naseem Al-Adroos

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:
PRACTICUM FEEDBACK REPORT
Neuroscience & Applied Cognitive Science
Department of Psychology, University of Guelph

Student: ______________________   On-site Supervisor: ___________________

It is important that students and the Department practicum course faculty co-ordinator receive evaluative comments and observations from the practicum on-line supervisor. Please complete this written evaluation and discuss it with the student. Both the on-site supervisor and the student must sign this form. The student will return the form to the practicum course co-ordinator. The original will be placed in the student's graduate file.

PRACTICUM SUPERVISOR:

AFFILIATION:

START AND END DATE OF PRACTICUM: 647I 647II 647III

INDICATE THE TRAINING ACTIVITIES AND NUMBER OF HOURS

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
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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)

<table>
<thead>
<tr>
<th>unsatisfactory</th>
<th>near satisfactory</th>
<th>satisfactory</th>
<th>more than satisfactory</th>
<th>Not Observed</th>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NO</td>
</tr>
</tbody>
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**ACTIVITY (Please specify) | RATING**


**GENERAL CONDUCT:**

*Punctuality for appointments*  
______

*Timely conduct/completion of tasks*  
______
Comments:

*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 Report

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 Course 6471, 6472, 6473: Neuroscience & Applied Cognitive Science

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 from 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?
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: ________________