





**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**

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**GENERAL CONDUCT:**

**RATING**

*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.*

Neuroscience & Applied Cognitive Science  
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:

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*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?

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.



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*Student's signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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