NACS: RECORD OF PRACTICUM PLACEMENT

Course: 6471 6472 6473

Academic Term:

Faculty Instructor for Practicum
(NACS area coordinator): Harvey H. C. Marmurek, 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:
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

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<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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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NO</td>
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**ACTIVITY (Please specify) **

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<tr>
<th>ACTIVITY</th>
<th>RATING</th>
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**GENERAL CONDUCT:**

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<th>Punctuality for appointments</th>
<th>_____</th>
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<tr>
<td>Timely conduct/completion of tasks</td>
<td>_____</td>
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**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 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.)
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?

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: ________________