

**Oregon Board of Psychology**  
***FINAL RESIDENT EVALUATION FORM***

*This evaluation is to be discussed and completed by the Primary and Associate Supervisor(s) together (if applicable) at the conclusion of the residency.*

Resident's Name: \_\_\_\_\_

Primary Supervisor's Name: \_\_\_\_\_

This Evaluation Covers a Period From: \_\_\_\_\_ To: \_\_\_\_\_

**RESIDENT PERFORMANCE FACTORS**

	Below Standards	Meets Standards	Exceeds Standards	Outstanding
<b>SUPERVISION:</b>				
• Prepares for supervision				
• Makes use of supervision and feedback				
• Effective in communication with supervisor				
• Use of ongoing consultation to manage difficult cases				
<b>COMMENTS:</b>				
<b>CLINICAL:</b>				
• Able to establish and maintain therapeutic alliance				
• Understand and conceptualize client problems using DSM-V				
• Formulate realistic treatment goals that are measurable and objective				
• Effective in pursuit of treatment goals				
• Able to provide focused therapy				
• Demonstrate knowledge of treatment approach used with specific population				
• Knowledge of individual and cultural differences and sensitive to diversity related issues in treatment, case management and community collaboration				
• Knowledge of empirical based treatment and best practices with population being served				
• Coordinate with other professionals and services				
• Provide case management, referral and follow up				
• Knowledge of personal weaknesses and strengths related to providing treatment				
<b>COMMENTS:</b>				

	Below Standards	Meets Standards	Exceeds Standards	Outstanding
<b>ASSESSMENT</b>				
• Interviewing skills				
• Advanced test administration and test scoring skills				
• Knowledge base of personality and pathology				
• Ability to respond to referral questions				
• Ability to conceptualize case and integrate findings				
• Ability to formulate appropriate and practical recommendations				
• Communication of findings: oral and written				
• Awareness of influences of individual and cultural diversity in assessment				
• Knowledge of cultural impact on assessment tools, findings and interpretation in formal psychological evaluations				
• Timely and accurate completion				
• Referral, feedback and follow up				
• (Other/Optional, such as Dual Diagnosis issues)				
<b>COMMENTS:</b>				
<b>COMMUNITY INVOLVEMENT</b>				
• Interpersonal effectiveness (Ability to relate to other professionals and agencies)				
• Ability to work with a variety of customers and clients				
• Demonstrate appropriate community goals and interventions				
• Effective communication with other professionals				
• Familiarity with community resources				
<b>COMMENTS:</b>				

	Not Applicable	Below Standards	Meets Standards	Exceeds Standards	Outstanding
<b>PROGRAM/ADMINISTRATION</b>					
• Understand and adhere to agency and program procedures					
• Access and utilize systems within agency					
• Timely documentation and compliance with all established standards					
• (Other/Optional)					
<b>COMMENTS:</b>					
<b>PROFESSIONAL DEVELOPMENT/CONDUCT</b>					
• Job attitude (shows positive intent, involved, enthusiastic, interested, flexible)					
• Reliable (dependable, prepared, exhibits follow-through, organized, punctual, good attendance)					
• Demonstrates appropriate professional boundaries					
• Exhibits good judgment (calm, discreet, plans ahead, anticipates implications, involves supervisor appropriately, good self-presentation)					
• Practices with appropriate independence and self direction					
• (Other/Optional)					
<b>COMMENTS:</b>					
<b>RISK MANAGEMENT - LEGAL AND ETHICAL AREAS</b>					
• Attendance and participation in formal seminar					
• Understand and adhere to APA Ethical Guidelines, Oregon Administrative Rule and Federal Law related to delivery of mental health and addictions services					
• Active use of consultation with senior clinical staff					
• Knowledge and adherence to agency Risk Management policies and procedures					
• (Other/Optional)					
<b>COMMENTS:</b>					
<b>MANAGED CARE AND UTILIZATION REVIEW</b>					
• Knowledge of managed care principles appropriate to population served					
• Attendance and participation in Utilization Review Committee					
• Use of managed care principles in treatment and care of clients					
• (Other/Optional)					

**Resident Comments:**

*This section is to be completed by the resident.*

**Date the resident supervision contract will end:** \_\_\_\_\_

*Do not submit a final evaluation or hours log more than 10 days prior to your contract expiration or termination date. Note that the resident may not continue to practice psychology (provide any psychological services) after the residency contract expiration or termination date. To do so may subject the resident and supervisor to disciplinary action for practicing and aiding the practice of psychology without a license.*

The Resident and I complied with all of the terms and requirements as set forth in the resident supervision contract.  Yes  No

The Resident demonstrated overall performance at or above the level of minimal competence expected for independent practice.  Yes  No

*If the answer to either of the above questions is "no," please attach an explanation on a separate sheet.*

**SIGNATURES**

I understand that my signature indicates that the evaluation was discussed with me, and does not necessarily signify my agreement with the evaluation.

**Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I swear and affirm by my signature that all of the information I have provided in this evaluation is true and correct to the best of my knowledge.

**Primary Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Associate Supervisor Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

Associate Supervisor Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

**Residents:** please submit this form via the Licensee Portal