

<b>Student:</b>	
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<b>Supervisor:</b>	
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<b>Date:</b>	
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**Based on the team presentation and written case conceptualization, evaluate the student's competency case on the sections detailed below using the following scale:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>Insufficient</i>	<i>Minimal</i>	<i>Adequate</i>	<i>Good</i>	<i>Excellent</i>

1. Client demographics and statement of presenting problem

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

2a. Assessment

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

2b. Assessment: considerations of cultural and diversity issues as appropriate

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

2c. Assessment: consulting and incorporating extant literature

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

3. Diagnoses

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

4. Case conceptualization

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

5. Treatment Plan: linked to assessment and literature

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

6. Discussion of ethical issues in treatment

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

7. Methods of data collection and treatment outcome data

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

8. Sensitivity to cultural/diversity issues, if relevant

☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5

Summary of overall evaluation, strengths and weaknesses of case conceptualization:

**Overall Rating:**

☐ **1**

☐ **2**

☐ **3**

☐ **4**

☐ **5**

Student ☐ *has* ☐ *has not* successfully completed competency case.

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date

I have reviewed this evaluation with my supervisor. My signature does not necessarily indicate agreement with the above review.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

*Student should submit evaluation form and a copy of the case conceptualization to the DCT.  
All client identifying information must be removed.*