

Confidential
Annual Student Evaluation Form
Programs in School Psychology

Student's Name: _____ program: _____ Ph.D. _____ Ed.S

Program Advisor: _____ SEMESTER _____ 20 ____

This form is to be provided to all non-School Psychology instructors for the classes in which students have been enrolled in the last year. This information as well as your response to the annual review is discussed during the Faculty Review Meeting. Following this meeting, feedback is provided to students through their advisors. The forms are confidential and are not shared with the students. Faculty, could you please complete and return the form to the student's advisor (indicated above) in **the next 14 days**. Thank you for your help.

	Below Expectations	Meets Expectations	Above Expectations
1. Academic Performance	1	2	3
2. Contributions to Class	1	2	3
3. Interpersonal Skills	1	2	3
4. Motivation/Maturity	1	2	3
5. Initiative	1	2	3
6. Reliability/Dependability	1	2	3
7. Respect for Diversity	1	2	3
8. Communication Skills	1	2	3
9. Ethical Behavior	1	2	3
10. Other:	1	2	3

Comments:

This student should be: _____ encouraged to continue in the program
 _____ encouraged to continue (concerns are present)
 _____ reviewed after another semester (serious concerns are present)
 _____ discouraged from continuing in the program

 Professor's Signature

 Course

 Date

cc: _____ Student File _____ Program Advisor

