

## Faculty Evaluation of Personal Competencies

Student: \_\_\_\_\_ ID #: \_\_\_\_\_

Advisor: \_\_\_\_\_

*All school psychology students sign this document during an orientation to signify that they understand that the personal competencies or work characteristics in this document are evaluated by faculty at candidacy and prior to practicum and internship placement and that, at any time, a faculty member may initiate an evaluation of a student on any competencies that may be unsatisfactory. These competencies complement knowledge and skills (including clinical competencies) evaluated in coursework throughout the program.*

Students must be satisfactory in all personal competencies/ work characteristics to be granted *Approval* for candidacy and to start field placements. *Denial* of candidacy or permission to start a field placement may result if any competency is unsatisfactory. *Deferral* of candidacy or permission to start a field placement if any competency is unsatisfactory may include, if appropriate, a remediation plan. Should a faculty member initiate an evaluation, the student will meet with the faculty member and/or advisor (as appropriate) to discuss any competency in question and to determine a plan for satisfactory evaluation of the competency. Each competency has a respective disposition(s): ethical, professional, reflective, service, diversity. Descriptions of these dispositions are in the program handbook.

**RATING SCALE:** Personal competencies are rated according to the following scale.

- U = Unsatisfactory:** Inconsistent demonstration of behavior (1)
- S = Satisfactory:** Frequent demonstration of behavior (2)
- E = Exceptional:** Consistent demonstration of behavior (3)

**DECISION DEFINITIONS:**

- *Approval* - the student has met all personal competencies necessary.
- *Deferral* - candidacy has been deferred; reasons for deferral and a remediation plan are documented in attachments.
- *Denial* - candidacy has been denied; reasons for denial are documented in attachments.

**Orientation:** By signing below, the student certifies that he/she understands the personal competencies/ work characteristics that will be evaluated at candidacy, pre-practicum, pre-internship, or any time deemed appropriate by faculty.

Student Signature

Date

# SEATTLEU<sup>®</sup>

COLLEGE OF EDUCATION  
SCHOOL PSYCHOLOGY

Competency	Candidacy	Practicum	Internship	COE Disposition
1. Demonstrates accountability to self and others				Professional
2. Demonstrates ability to take on leadership roles and ability to work collaboratively with others				Professional
3. Demonstrates effective interpersonal awareness and communication skills				Reflective Professional
4. Demonstrates understanding of the ecologies of educational systems and works within these systems and structures				Professional
5. Demonstrates initiative in soliciting, accepting, and integrating feedback				Reflective
6. Demonstrates self-awareness of mental and emotional well being, and ways to manage stress; actively striving to pursue well being				Ethical Professional
7. Demonstrates and integrates ethical and legal standards and principles of the profession				Ethical Professional
8. Demonstrates progress towards independence as school psychologist				Professional
9. Demonstrates engagement in reflective and professional development activities				Reflective Professional
10. Demonstrates commitment to cultural competence, which includes willingness to engage in cultural self-awareness and valuing the cultural intersectionality of others				Diversity
11. Demonstrates commitment to work for a more socially just world through school psychology				Service
SPSY Program Office to complete	Credits:			
	GPA:			
	Recorded in Database:			
<b>Approved</b>				
<b>Deferred</b>				*
<b>Denied</b>				*

*\*see requirements on page 3*

## Candidacy

**Advisor Signature**

**Date**

\_\_\_\_\_ **Student Signature**

**Date**

**SEATTLEU**  
COLLEGE OF EDUCATION  
SCHOOL PSYCHOLOGY

**Practicum**

**Advisor Signature**

**Date**

\_\_\_\_\_  
**Student Signature**

**Date**

**Internship**

**Advisor Signature**

**Date**

\_\_\_\_\_  
**Student Signature**

**Date**

**Internship Deferral and Denial:**

**By signing below, both the student and the advisor acknowledge:**

\_\_\_\_\_ *Deferral:* Approval to start the internship has been deferred; reasons for deferral and a remediation plan are documented in attachments.

\_\_\_\_\_ *Denial:* Approval to start the internship has been denied; reasons for denial are documented in attachments.

_____	_____	_____	_____
<b>Advisor Signature</b>	<b>Date</b>	<b>Student Signature</b>	<b>Date</b>

**Faculty Initiated Evaluation:**

By signing below, the student and the advisor acknowledge understanding of the competency /competencies that has/have not been satisfactorily met. If a remediation plan is devised, it is attached and a date is set for re-evaluation.

_____	_____	_____	_____
<b>Advisor Signature</b>	<b>Date</b>	<b>Student Signature</b>	<b>Date</b>