

## Clinical Competence Evaluation Form\*

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**Student Name**                      **Semester/Term**                      **Year**                      **Supervisor Name**

MS or PhD (circle one)

Semester/Term in practicum (circle one): 1 2 3 4 5 6 7 8

Number of client hours for semester	Individual	Relational
Is percentage consistent with required totals and ratios? – Include percentage		
Number of client contact hours completed this semester/term		

Number supervision hours completed for this semester/term.	
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\*Overall competency evaluation based on developmental level (circle one):

<b>Beginning (Semesters 1-3)</b>			<b>Intermediate (Semesters 4-+)</b>			<b>Advanced</b>
1	2	3	4	5	6	7
Below Expectations	Meets Expectations	Exceeds Expectations	Below Expectations	Meets Expectations	Exceeds Expectations	Professional

Using the 7 point scale above, the average rating for domain was as follows:

	Student	Supervisor	Comments
<i>(a) Admission to Treatment</i>			
<i>(b) Clinical Assessment and Diagnosis</i>			
<i>(c) Treatment Planning and Case Management</i>			
<i>(d) Therapeutic Interventions</i>			
<i>(e) Legal Issues, Ethics, and Standards</i>			
<i>(f) Understand and respect cultural diversity</i>			
<i>(g) Supervision and Self of the Therapist</i>			

**Please submit this form to MFT Graduate Secretary to be retained in student file**