

# Oregon Board of Psychology

## *INTERIM RESIDENT EVALUATION FORM*

*This evaluation is to be discussed and completed by the Primary and Associate Supervisor(s) together (if applicable). It is to be provided to the Board on request.*

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.*

**SIGNATURES**

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

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

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

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

***If required, please return this completed evaluation form to:***

Oregon Board of Psychology  
3218 Pringle Road SE, Suite 130  
Salem, OR 97302-6309