Faculty Evaluation of Personal Competencies
School Psychology Program: College of Education, Seattle University

Student: ___________________________________________  ID# __________________________

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

Students must be satisfactory in all personal competencies to be granted Approval for candidacy and to start internship. Denial of candidacy or permission to start internship may result if any competency is unsatisfactory. Deferral of candidacy or permission to start internship if any competency is unsatisfactory may include, if appropriate, a remedial 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 dispositions are in the student 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)

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

__________________________________________  __________
Student                                                      Date
<table>
<thead>
<tr>
<th>Competency</th>
<th>Candidacy</th>
<th>Internship</th>
<th>COE Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates effective interpersonal communication skills (e.g.</td>
<td></td>
<td></td>
<td>Professional</td>
</tr>
<tr>
<td>listen actively, expresses thoughts and feelings effectively)</td>
<td></td>
<td></td>
<td>Ethical</td>
</tr>
<tr>
<td>2. Relates effectively to diverse kinds of people</td>
<td></td>
<td></td>
<td>Diversity</td>
</tr>
<tr>
<td>3. Demonstrates realistic awareness and expectations of self</td>
<td></td>
<td></td>
<td>Reflective</td>
</tr>
<tr>
<td>4. Works collaboratively with others</td>
<td></td>
<td></td>
<td>Professional</td>
</tr>
<tr>
<td>5. Demonstrates ability to receive, give and integrate feedback</td>
<td></td>
<td></td>
<td>Ethical Reflective</td>
</tr>
<tr>
<td>6. Accepts responsibilities and assignments and follows through in</td>
<td></td>
<td></td>
<td>Ethical Professional</td>
</tr>
<tr>
<td>an efficient and timely manner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Is well-prepared and well-organized</td>
<td></td>
<td></td>
<td>Professional</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Quality Service</td>
</tr>
</tbody>
</table>

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

- **Approval** - the student has met all personal competencies necessary for candidacy.
- **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.

_____________________________   __________   ________________________________   __________
Advisor                        Date                   Student                         Date
**Internship: Approval:** By signing below, the advisor acknowledges that the student has met the personal competencies necessary to start the internship.

__________________________________________________________________________  __________
Advisor                                                   Date

**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.

__________________________________________________________________________
Student                                                   Date

__________________________________________________________________________
Advisor                                                   Date

**Faculty Initiated Evaluation:** By signing below, the student acknowledges 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.

__________________________________________________________________________
Student                                                   Date

__________________________________________________________________________
Faculty                                                   Date