

Student's Practicum Competency Self-Study

Term: _____ Practicum Site: _____ Supervisor: _____

Please answer the questions below in a bulleted list format, using as many specific examples as possible to support your opinions. For additional help, confer with the Director of Clinical Programs.

1. **Your Clinical Goals This Term:** At the beginning of this term, you and your supervisor identified practicum goals for this setting. To what extent do you believe each was accomplished? How independent do you feel in performing each of these clinical procedures? When do you need help and what kind of assistance do you prefer?

2. **Your Clinical Performance Strengths:** Considering this practicum experience, please list specific clinical procedures/activities where you feel some degree of *competence*. Comment on your clinical independence for each (e.g., how much supervisor support do you need: none? occasional? frequent?). Give examples.

3. **Your Clinical Performance Needs:** Considering your practicum experiences overall, please list specific clinical skills and/or interpersonal factors that you believe *need further development and/or refinement*. Comment on any potential barriers to achieving independence in these procedures. Give examples.

4. **Goal Setting:** What are some of your specific, competency-based practicum goals for next term?