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|  | ***College of Education***  ***Department of Educational Psychology*** |

**Continuing Student Evaluation Form**

During each semester following a student’s admission to an Educational Psychology program, the respective EPS Faculty Committee will evaluate the student’s progress in the program based upon the criteria identified below. If a student exhibits a weakness (rating of needs improvement or unacceptable) in any of the criteria, the student’s advisor and student, in consultation with the Educational Psychology Chair, will develop a Professional Growth Plan (PGP) to remediate the weakness. The advisor will evaluate and report to the Chair and/or Program Committee successful completion of the PGP by the student. If the Advisor and the Chair and/or Program Committee determine that the student has met the objectives, activities, and timelines of the PGP, he or she can continue in the program. If the student has not met/completed the PGP successfully, the advisor reports to the Chair and the Program Committee who will then make the determination that the student has notmet the objectives, activities, and timelines of the PGP. If it is determined that the student has not met the objectives, activities, and timelines of the PGP, he or she will be denied continuance in the program.

**Name (Last, First, MI):**       **Year in Program:**

**Program:**  Choose an item.

**Advisor’s Name:**       **Evaluation Date:** Click here to enter a date.

**Cumulative GPA:**       **Cumulative Hours:**

**Will student be rated this semester?:**  **YES**  **NO**

**If NO, please state reason:**

***Please rate this student on the following dimensions***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A. Academic Aptitude** | | | | |
|  | **Presently Unacceptable** | **Needs Improvement** | **Competent** | **Excellent** | | **Outstanding** | **Haven’t Observed** |
| **1. Writing Skills** | 1 | 2 | 3 | 4 | | 5 |  |
| **2. Speaking Ability** | 1 | 2 | 3 | 4 | | 5 |  |
| **3. Research Skills** | 1 | 2 | 3 | 4 | | 5 |  |
| **4. Assessment Skills** | 1 | 2 | 3 | 4 | | 5 |  |
| **5. Quantitative Skills** | 1 | 2 | 3 | 4 | | 5 |  |
| **6. Content Knowledge** | 1 | 2 | 3 | 4 | | 5 |  |
| **7. Technological Skills** | 1 | 2 | 3 | 4 | | 5 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B. Professional Skill Development** | | | | |
|  | **Presently Unacceptable** | **Needs Improvement** | **Competent** | **Excellent** | | **Outstanding** | **Haven’t Observed** |
| **1. Working with**  **Individuals** | 1 | 2 | 3 | 4 | | 5 |  |
| **2. Working with Groups** | 1 | 2 | 3 | 4 | | 5 |  |
| **3. Leadership &**  **Persuasive** | 1 | 2 | 3 | 4 | | 5 |  |
| **4. Teaching &**  **Presentation** | 1 | 2 | 3 | 4 | | 5 |  |

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|  | ***College of Education***  ***Department of Educational Psychology*** |

**Continuing Student Evaluation Form**

**Page 2**

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| **C. Goals & Objectives** | | | | |
|  | **Presently Unacceptable** | **Needs Improvement** | **Competent** | **Excellent** | | **Outstanding** | **Haven’t Observed** |
| **1. Student Goals** | 1 | 2 | 3 | 4 | | 5 |  |
| **2. Desire to Achieve** | 1 | 2 | 3 | 4 | | 5 |  |
| **3. Potential to**  **Complete Program** | 1 | 2 | 3 | 4 | | 5 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D. Professional and Personal Characteristics Relevant to Training** | | | | |
|  | **Presently Unacceptable** | **Needs Improvement** | **Competent** | **Excellent** | | **Outstanding** | **Haven’t Observed** |
| **1. Openness to Change** | 1 | 2 | 3 | 4 | | 5 |  |
| **2. Awareness of**  **Personal Strengths &**  **Weaknesses** | 1 | 2 | 3 | 4 | | 5 |  |
| **3. Displays Appropriate**  **Personal Adjustment**  **Professionally &**  **Personally** | 1 | 2 | 3 | 4 | | 5 |  |
| **4. Ability to Work**  **Cooperatively with**  **Others** | 1 | 2 | 3 | 4 | | 5 |  |
| **5. Ability to Work with**  **Individuals from**  **Diverse Backgrounds** | 1 | 2 | 3 | 4 | | 5 |  |
| **6. Professional & Ethical**  **Behaviors** | 1 | 2 | 3 | 4 | | 5 |  |
| **7. Displays Interpersonal**  **Behavior that is not**  **Disruptful/Injurious to**  **Students, Faculty,**  **Classes & Program** | 1 | 2 | 3 | 4 | | 5 |  |

***For students in the M.Ed. Counseling/School Counseling or M.A. Counseling programs:***

Group Experience Completed: Choose an item. Form Submitted to EPS Department: Choose an item.

Overall Strengths:

Overall Weaknesses:

**If a student is in the second year of the program, and has not completed the group experience, please formulate**

**a Professional Growth Plan (PGP) with specific guidelines.**

**Professional Growth Plan:** Choose an item.

If Yes, Please attach the Professional Growth Plan.