Resident’s Name: ______________________________

Please evaluate the resident’s conceptualization of the case on the following rating scale (circle the appropriate number). You are encouraged to use the “comments” section following the evaluation items to qualify or elaborate your ratings.

1 Development Required: Further training and supervision is required to meet expectations.

2 Meets Expectations: Functions adequately to above average for level of training.

3 Exceeds Expectations: Functions exceptionally for level of training.

Resident Clinical Skill Ratings:

A. The conceptualization demonstrated a good understanding of the additional data that are needed to form an effective “theory of the patient.” 1 2 3

B. The conceptualization provided an integration of the “data” in a manner that reflected a process of effective theory building. 1 2 3

C. The conceptualization provided a treatment plan that fit the “theory of the patient” and constructed an intervention approach that integrated the idiographic aspects of the patient’s needs along with knowledge of empirically supported treatments. 1 2 3

D. The conceptualization directly addressed the pertinent cultural/diversity data and the impact of this data in guiding the conceptualization of the case and the development of the treatment plan. 1 2 3

E. The work sample reflected recovery based principles of mental health care as denoted by delineation of person centered goals, identification of personal strengths, and assessment of the individual’s level of hope (self-efficacy and outcome expectancy). 1 2 3

Overall Performance
Development Required: Further training and supervision is required to meet expectations for diagnostic interviewing skills.

Remediation Efforts Recommended:

Meets Expectations: Functions adequately to above average for level of training

Exceeds Expectations: Functions exceptionally for level of training.

Justification for this exceptional rating:

Comments:

Resident’s Comments:

We have reviewed and discussed this evaluation.

Resident’s Signature: ___________________________ Date: ____________

Overall Supervisor’s Signature: ___________________________ Date: ____________

Training Director’s Signature: ___________________________ Date: ____________

Forward To: Alex Mabe, Ph.D. Director of Psychology Residency Training
EG 2025
Outpatient Psychiatry Clinic
Medical College of Georgia