

Presenter _____ Evaluator _____ Date _____

Please rate the presenter on each dimension from 1 (Inadequate) to 5 (Excellent) with NA indicating insufficient information.

1. Conceptualization of Clinical Focus **Inadequate** **Excellent**
 Including the understanding of psychopathology and relevant contributions from developmental, social, and biological domains. 1 2 3 4 5 NA

Comments/Suggestions: _____

2. Assessment **Inadequate** **Excellent**
 Use of assessment to provide diagnosis and case conceptualization, including rationale for assessment approach and methods chosen. 1 2 3 4 5 NA

Comments/Suggestions: _____

3. Integration **Inadequate** **Excellent**
 Integration of empirically supported interventions for the clinical concern, including strategies for adapting existing treatments to the client's presentation. 1 2 3 4 5 NA

Comments/Suggestions: _____

4. Clinical Data **Inadequate** **Excellent**
 Use of clinical data and discussion of how these data informed treatment decisions. 1 2 3 4 5 NA

Comments/Suggestions: _____

5. Diverse Communities **Inadequate** **Excellent**
 Recognition of client's membership in diverse communities and/or groups that may influence expression of abnormal behavior and treatment for it. 1 2 3 4 5 NA

Comments/Suggestions: _____

6. Ethical Questions **Inadequate** **Excellent**
 Recognition of ethical questions that influenced treatment decisions or remain for consultation. 1 2 3 4 5 NA

Comments/Suggestions: _____

7. Group Discussion **Inadequate** 1 2 3 4 5 **Excellent**
Ability to generate appropriate questions for group discussion/consultation
From case conference participants.

Comments/Suggestions: _____

8. Public Speaking **Inadequate** 1 2 3 4 5 **Excellent**
Public speaking/Presentation skills including eye contact, voice modulation,
clarity of speech, and organization of materials.

Comments/Suggestions: _____

Average score across all items (an average score of 3 or above is required to pass): _____

Strengths demonstrated during case conference presentation:

Areas for improvement:

Was a need for remediation identified? If yes, how will this be accomplished?

Additional Comments:

Presenter Signature: _____ Date _____

Evaluator Signature: _____ Date _____