

Student's Name:

Ph.D. or Psy.D. (circle one)

Examiner's Name:

Date of Evaluation:

COMPETENCY DOMAIN 1: Assessment and Diagnosis

Reason for Referral & Presenting Problem

Hx of Presenting Problem

Childhood History

Educational History

Family and Social History

Vocational and Military Hx

Legal Hx (inc. DCF Involvement)

Medical Hx and Medications

Psy Hx and Medications

Family Psy and Medical Hx

Past Suicidal or Self-Inj Bx

Religious/Spiritual Issues

Cultural/Diversity Issues

Strengths and Protective Factors

	Competency Demonstrated		Competency Emerging (but below MLA)		Competency Not Demonstrated		Score
	5	4	3	2	1	0	
<p><b>Intake, History and Current Functioning</b></p> <p><i>Student provides information sufficient for diagnosis, case conceptualization and treatment planning.</i></p>	<p>The BPS report provides a <b>detailed history of presenting problem, background information, description of current functioning and/or risk assessment.</b> Comprehensive coverage of all relevant background/history (see above).</p>		<p>The document provides some useful information but lacks a complete <b>history of presenting problem, background information, description of current functioning and/or risk assessment.</b> The information provided is not sufficiently detailed to inform the development of accurate diagnostic impressions, clinical formulations, and/or treatment recommendations OR the report lacks one or more key areas.</p>		<p>The document is lacking key information about the <b>history of presenting problem, background information, description of current functioning, and/or risk assessment.</b> The information provided is incorrect, inconsistent and/or does not inform the development of diagnostic impressions, clinical formulations, and/or treatment recommendations.</p>		(0 to 5)

	Competency Demonstrated	Competency Emerging (but below MLA)	Not Demonstrated		Score
	3	2	1	0	
<p><b>Mental Status Examination</b></p> <p><i>Student gathers information needed to quickly assess client functioning</i></p>	<p>MSE findings are generally summarized fully and accurately within the BPS report, including all components of mental status examination (and a suicide assessment). The mental status and behavioral observations inform diagnostic impressions and treatment formulations.</p>	<p>MSE findings are present but incomplete or inaccurate. Some important areas of assessment are incomplete or missing and/or findings in some areas are inaccurately or incompletely summarized in the document. MSE and behavioral observations offer little toward diagnostic impressions and/or treatment formulations.</p>	<p>MSE is omitted or wholly inadequate. Many important areas of assessment are incomplete or missing and/or findings across many areas are inaccurately or incompletely summarized in the document.</p>		(0 to 3)

	Competency Demonstrated	Competency Emerging (but below MLA)	Not Demonstrated		Score
	3	2	1	0	
<p><b>Psychological Testing</b> Personality Test or Broad/Narrow-Band Mental Health Measure or Behavior Checklist</p> <p>Reminder: Students' alternate assessment plans can be used to score this domain, if provided.</p>	<p>The measures selected <i>within this domain</i> are appropriate given the presenting problem(s). No obvious errors in administration or scoring are evident OR few minor errors in administration or scoring are evident, but do not compromise the validity of findings. Interpretation of results is complete and accurate and document demonstrates effective integration of testing data to yield a complete and accurate portrait of the client.</p>	<p>The measures selected <i>within this domain</i> are appropriate given the presenting problem(s), but perhaps incomplete. Several errors in administration and scoring are evident. Interpretation of results is accurate, but perhaps incomplete OR interpretation only superficially integrates testing data and so the portrait of the client is incomplete.</p>	<p>The measures selected <i>within this domain</i> were inappropriate given the presenting problem(s). Major errors in administration or scoring were evident that significantly compromise the validity of the findings. Interpretation of results is unsound, painting an inaccurate or misleading portrait of the client.</p>		<p><b>SCORE ONLY ONE</b> <u>ONE</u>  (0 to 3)</p>
<p><b>Psychological Testing</b> Projective Test</p> <p>Reminder: Students' alternate assessment plans can be used to score this domain, if provided.</p>	<p>The measures selected <i>within this domain</i> are appropriate given the presenting problem(s). No obvious errors in administration or scoring are evident OR Few minor errors in administration or scoring might be evident, but these do not significantly compromise the validity of the findings. Interpretation of results is complete and accurate and document demonstrates effective integration of testing data to yield a complete and accurate portrait of the client.</p>	<p>The measures selected <i>within this domain</i> are appropriate given the presenting problem(s), but perhaps incomplete. Interpretation of results is accurate, but perhaps incomplete OR interpretation only superficially integrates testing data and so the portrait of the client is incomplete.</p>	<p>The measures selected <i>within this domain</i> were inappropriate given the presenting problem(s). Major errors in administration or scoring were evident that significantly compromise the validity of the findings. Interpretation of results is unsound, painting an inaccurate or misleading portrait of the client.</p>		<p><b>SCORE ONLY ONE</b> <u>ONE</u>  (0 to 3)</p>
<p><b>Psychological Testing</b> Functional Analysis of Behavior</p>	<p>Clear statement of function, paired with a clear, well-formulated statement of the problem behavior (operational definition of the problem target). The resulting analysis yields some very targeted recommendations that allow the intervention's impact to be maximized or more efficient (i.e., analysis stressed providing a child with alternative, more socially-acceptable means of escape/avoidance of aversive activities).</p>	<p>Some reference was made to the function of behavior, but little effort was made to connect the function to any meaningful recommendations for intervention, so the value of the behavioral analysis was minimal.</p>	<p>There is no mention of the functions of behavior (i.e., attention, escape, access to activities/tangibles or sensory) and/or the behaviors of interest [i.e., target behavior(s)] were too poorly defined to yield an effective behavior analysis.</p>		<p><b>SCORE ONLY ONE</b> <u>ONE</u>  (0 to 3)</p>

	Competency Demonstrated	Competency Emerging (but below MLA)	Not Demonstrated		Score
	3	2	1	0	
<p><b>Monitoring of Treatment Progress</b></p> <p><i>This item addresses the question “how will you know that your client is getting better?” Student demonstrates the ability to track treatment progress and outcome using measures appropriate to the treatment goals and/or clinical observation.</i></p> <p>Reminder: Students’ alternate assessment plans can be used to score this domain, if provided.</p>	<p>The document contains meaningful and accurate information concerning how the client is or is not benefiting from treatment. Data are obtained for either change in client behavior (i.e., presenting problems or symptoms) or change in attitudes or perceptions (if those are treatment targets). Data should be collected at least twice (pre- and post-treatment) but preferably more frequently during treatment. Improvements in client functioning based on client report and/or clinical observation can also be used. Visual representation of progress (i.e., graphs) is preferred but not essential to meet this competency.</p>	<p>The document contains information concerning how the client is or is not benefiting from treatment (see “competency demonstrated” description), but those data are inadequate for evaluating progress, either because the data are not consistent with treatment goals or because the data were not collected frequently enough or were of poor quality (unreliable/invalid).</p> <p>Note: Idiographic measures <b>can be valid</b> if the client is trained in data collection methods that provide important data on outcome- i.e., sleep logs, etc.)</p>	<p>The document contains little or no information concerning how the client is or is not benefiting from treatment (see “competency demonstrated” description). When asked, the student is unable to identify any possible measures or methods that might provide information about the client’s achievement of the therapeutic goals.</p>	(0 to 3)	

	Competency Demonstrated		Competency Emerging (but below MLA)		Competency Not Demonstrated		Score
	5	4	3	2	1	0	
<p><b>DSM-5 Diagnosis</b></p> <p><i>Student provides accurate diagnos(es), including appropriate justification for diagnoses selected; relevant specifiers are included.</i></p>	<p>Student accurately summarizes symptoms, assigns reasonable diagnoses and considers and assigns relevant comorbidities and specifiers.</p> <p>Note: This item allows for the fact that even experienced clinicians will sometimes differ in their views of the most appropriate diagnosis. When rating this item, please consider the students' justification for diagnoses assigned as well as knowledge of diagnostic criteria.</p>	<p>Student inaccurately summarizes some symptoms or provides an inaccurate diagnosis, but one within the same class of diagnoses that does not significantly impact treatment planning. OR student provides one reasonable diagnosis, but overlooks a likely co-morbid diagnosis.</p>	<p>Multiple required elements for assigning a reasonable diagnosis may be missing AND/OR several errors were made (i.e., inaccuracies or omissions) in describing findings. Rationale for diagnosis is questionable or the summary and rationale do not lead logically to the assigned diagnosis.</p>	(0 to 5)			

	Competency Demonstrated		Competency Emerging (but below MLA)		Not Demonstrated		Score
	3		2		1	0	
<p><b>Differential Diagnosis</b></p> <p><i>Student identified appropriate alternative diagnoses and provided rationale for ultimately ruling them out.</i></p>	<p>Student considered appropriate alternative diagnoses. The rationale for considering these diagnoses and the justification for ruling them out were clear.</p>	<p>Student considered appropriate alternative diagnoses, but rationale for consideration or justification for ruling them out were inaccurate or unclear.</p>	<p>Student did not identify appropriate differential diagnoses for the case or inappropriately ruled out a diagnosis that should have been assigned.</p>	(0 to 3)			
<p><b>(Written) Justification for Diagnoses</b></p> <p><i>Student provides appropriate justification for diagnoses selected by linking symptoms to DSM-5 criteria using DSM-5 language.</i></p> <p>NOTE: Raters can score this domain based on whether diagnoses and their justification were clear from the written document alone.</p>	<p>The document provides complete and accurate justification for diagnoses, including a complete description of symptoms, frequency/duration, statement re: distress/impairment, and any other criteria laid out in DSM-5 for making the diagnoses. Any relevant specifiers are included and the justification for each is clear. Any errors or omissions are minor and do not significantly compromise the students' justification for assigned diagnoses.</p> <p>Student uses DSM-5 language appropriately and consistently in describing symptoms and diagnoses.</p> <p>NOTE: The requirements above must be met for each assigned diagnosis.</p>	<p>The summary of findings in the document is missing required elements for a correct diagnosis (e.g., course, statement of impairment/distress, etc.) and may contain minor errors (i.e., inaccuracies or omissions), such that rationale for assigned diagnoses is unclear. Relevant specifiers and/or their justification are omitted.</p> <p>Student uses DSM-5 language inconsistently; symptom descriptions are not clearly tied to DSM-5 criteria.</p>	<p>Multiple required elements for making an accurate diagnosis may be missing AND/OR several errors were made (i.e., inaccuracies or omissions) in describing findings. Rationale for diagnosis is questionable or the summary and rationale do not lead logically to the assigned diagnosis.</p> <p>Student rarely uses DSM language; links between reported symptoms and DSM criteria are missing or unclear, leading the reader to question the diagnosis.</p>	(0 to 3)			

**ASSESSMENT AND DIAGNOSIS SUBSCORE (POSSIBLE POINTS: 0 TO 25)**

**[COMPETENCY ATTAINMENT = 17.5 OR HIGHER]**

*NOTE: Scores within competency domains will not be used to make pass vs. fail decisions, but we are collecting these data to evaluate competencies for the APA Self Study and to provide students with feedback on their performance in relevant competency domains.*

COMPETENCY DOMAIN 2: Intervention (formerly Case Conceptualization and Treatment Formulation)

	Competency Demonstrated		Competency Emerging (but below MLA)		Not Demonstrated		Score
	5	4	3	2	1	0	
<b>Theoretical Model</b>	Student is able to articulate a professionally accepted theoretical approach and/or a set of empirically validated procedures or systematically integrate two or more such approaches with evidence of significant depth of understanding of these approaches.		Student is able to describe a theoretical approach or integration of two or more such approaches with adequate depth of understanding of the theories.		Presents a theoretical approach reflecting little depth of understanding and/or integrates two or more such approaches inappropriately or in a way that violates the assumptions of those theories.		(0 to 5)
<b>Relevance</b>	The approach is based on a careful consideration of client and therapist goals and a thorough assessment of all the most clinically relevant issues that are presented (i.e., suicidal behavior, history of sexual abuse, substance abuse, severe psychopathology).		The approach reflects basic or superficial goals and an assessment that addresses the most obvious issues, while ignoring more subtle issues or those that would have required a more careful evaluation.		The approach ignores the client's most important goals and needs and fails to address the most clinically relevant issues, while focusing on superficial problems.		(0 to 5)
<b>Integration</b>	The conceptualization incorporates the client's unique history, current problems and personality style and applies the theoretical model and/or the empirically validated approach to the actual data of the client's life in a highly individualized manner.		The formulation incorporates some important data of the client's life but fails to account for much of the relevant history or life situation, appealing to theoretical assumptions from the model without adequate empirical support.		The conceptualization relies mostly on theoretical constructs and offers little in the way of integration of relevant historical, mental status or personality variables that are empirical.		(0 to 5)
<b>Flexibility of Approach</b>	Student is able to articulate one alternative, appropriate and distinct theoretical approach or other empirically validated procedure(s) of their choosing to the case with a sound depth of understanding and appropriateness to the client's situation.		Student is able to describe an alternative approach with adequate understanding of the basic principles and some degree of applicability to the case.		Student is unable to articulate an alternative model and/or provides no applicability to the actual case.		(0 to 5)
<b>Strengths and Limitations of Intervention Model and Alternate Model</b>  <i>Student clearly identifies the strengths and limitations of the <u>treatment</u> they selected and their alternate treatment.</i>	Student is able to clearly describe the indications and limitations of the intervention model chosen for the case as well as the alternate model that the student has chosen.		Student has some understanding of the limitations of the model, but unaware of many contraindications or has no insight into the limitations of the alternate model.		Student is unable to adequately discuss the limitations or indications of both their intervention model and the alternate model.		(0 to 5)

	Competency Demonstrated		Competency Emerging (but below MLA)		Not Demonstrated		Score
	5	4	3	2	1	0	
<p><b>Fidelity of Intervention</b></p> <p>This item should be rated across the document, presentation and taped session.</p>	The document, presentation and taped session describe many interventions that accurately and consistently reflect the student's conceptualization and adherence to their treatment model(s).		The document, presentation and taped session reflect some interventions that are consistent with the student's conceptualization, but the interventions are often unrelated or inconsistent with the student's conceptualization and treatment model(s).		The document, presentation and taped session reflects little to no correspondence with the student's treatment model(s) OR it is difficult to tell from the taped session that the student was guided by his/her conceptualization or treatment model(s). For example, the taped session might reflect a warm, positive conversation, but therapeutic content is largely absent.		(0 to 5)
<p><b>Intervention Skills</b></p> <p>This item is specific to Intervention Skills as demonstrated in the taped session.</p>	Intervention skills (as demonstrated in tape) were organized and well-executed. If mistakes are present, they are minor, do not fundamentally misrepresent the intervention, and are not expected to negatively impact the client's response to treatment.		Intervention skills (as demonstrated in tape) reflected a basic understanding of the intervention skills implemented, but contained one or more major error (s) or multiple smaller errors. Although some core skills are present, it was not enough to capture the spirit of the approach and/or would possibly negatively impact the client's response to treatment.		Intervention skills (as demonstrated on tape) were poorly implemented and contained significant errors or specific intervention strategies were inadequate or missing. The work demonstrated on the tape would likely negatively impact the client's response to treatment.		(0 to 5)
<p><b>Individualization of Treatment</b></p>	The treatment plan clearly tailors strategies presented to the specific information provided about the case. Consideration of the individual case can be seen in almost all descriptions of the treatment plan and/or intervention strategies to be implemented. Even in directive sessions, student tailors manualized content to situations in the client's life and looks to additional evidence-based practices or treatments when some element of the client's presenting problem is not covered within the treatment chosen.		Important aspects of the case are considered and incorporated into treatment planning. However, most descriptions of the treatment plan and/or intervention strategies are generic and not tailored to the case (e.g., rigidly following a treatment manual without considering important aspects of the case or failing to incorporate important elements of the client's presenting problem simply because it is not covered within the treatment chosen).		The treatment plan does not adequately consider specific case characteristics and does not address important aspects of the case.		(0 to 5)
<p><b>INTERVENTION (POSSIBLE POINTS: 0 TO 40)</b></p> <p><b>[COMPETENCY ATTAINMENT = 28 OR HIGHER]</b></p> <p><i>NOTE: Scores within competency domains will not be used to make pass vs. fail decisions, but we are collecting these data to evaluate competencies for the APA Self Study and to provide students with feedback on their performance in relevant competency domains.</i></p>							

COMPETENCY DOMAIN 3: Communication and Interpersonal Skills (formerly Relationship Skills and Communication)

	Competency Demonstrated		Competency Emerging (but below MLA)		Not Demonstrated		Score
	5	4	3	2	1	0	
<p><b>Listening, Understanding and Empathy</b></p> <p><i>Student demonstrates listening skills that facilitate rapport building and the therapeutic alliance</i></p>	<p>The taped session reflects a solid command of effective listening and communication of understanding and empathy. For example, student uses verbal encouragers, content and feelings reflections, and summaries to communicate an understanding of client’s concerns and feelings. There are few, if any, therapist interruptions or digressions.</p>		<p>The taped session reflects adequate command of effective listening and communication of understanding and empathy. For example, student uses some verbal encouragers, content and feelings reflections, and summaries, but there are several notable missed opportunities to communicate an understanding of client’s concerns and feelings. There are several therapist interruptions or digressions and/or summaries might inaccurately capture client concerns.</p>		<p>The taped session reflects poor command of effective listening and communication of understanding and empathy. For example, student rarely uses verbal encouragers, content and feelings reflections, and summaries, or there are many notable missed opportunities to communicate an understanding of client’s concerns and feelings. There are several therapist interruptions or digressions and/or summaries often miss the client’s expressed concerns.</p>		(0 to 5)
<p><b>Open-Ended Questioning &amp; Other Facilitating Techniques</b></p>	<p>The taped session reflects a solid command of use of open-ended questions and other facilitating techniques, including clarification, confrontation, feedback, and silences in exploring client concerns.</p> <p>In more directive sessions, the therapist engages client’s in their own learning, checks their understanding of material covered, and paces the session appropriately by meeting the client where they are in their learning.</p>		<p>The taped session reflects an adequate command of use of open-ended questions and other facilitating techniques, including clarification, confrontation, feedback, and silences in exploring client concerns, but the therapist uses these strategies infrequently or in ineffective ways resulting in some missed opportunities to enhance client exploration.</p> <p>In more directive sessions, the therapist misses opportunities to engage clients in their own learning, infrequently checks clients’ understanding of material covered, and sometimes misses client cues in pacing the session, resulting in a mismatch between material covered and client learning.</p>		<p>The taped session reflects poor command of use of open-ended questions and other facilitating techniques, including clarification, confrontation, feedback, and silences in exploring client concerns. The therapist rarely uses these strategies or uses them ineffectively resulting in many missed opportunities to enhance client exploration.</p> <p>In more directive sessions, the therapist only minimally engages client’s in their own learning, rarely checks clients’ understanding of material covered, and inadequately paces the session, resulting in a mismatch between material covered and client learning that is likely to undermine the client’s progress.</p>		(0 to 5)

	Competency Demonstrated		Competency Emerging (but below MLA)		Not Demonstrated		Score
	5	4	3	2	1	0	
<p><b>Written Communication</b></p> <p><i>Student exhibits a command of written communication skills in the CCE document and presentation.</i></p>	<p>Organization: The written report is clearly written, easy to follow, and organized using headings and subheadings. The paper is generally commensurate with doctoral-level training.</p> <p>Grammar: Few (if any) grammatical, syntactical, spelling errors and/or typographical errors.</p> <p>This is a polished final draft which was carefully reviewed and proofread.</p>	<p>Organization: The document is disorganized or confusing and the information follows a specific structure inconsistently (e.g., headings and subheadings used inconsistently, information presented in wrong area).</p> <p>Grammar: Some grammatical, syntactical, spelling errors and/or typographical errors occasionally noted, but generally easy to read.</p>	<p>Organization: The document is very disorganized and/or incoherent and the information is presented haphazardly with little attention to structure and organization, making it hard to follow or read.</p> <p>Grammar: Significant grammatical, syntactical, spelling errors and/or typographical errors noted throughout the document, making it difficult to read.</p>	(0 to 5)			
<p><b>Oral Communication</b></p> <p><i>Student exhibits a command of presentation skills during the presentation and of interpersonal communication skills during their oral defense.</i></p>	<p>Student presented in a confident, poised, and well-organized manner. They were well-prepared for questions and evidenced an ability to understand, consider and appropriately respond to questions during their oral defense.</p>	<p>The student's presentation was somewhat disorganized or unclear (e.g., issues with timing, flow or preparation). They were underprepared for questions and exhibited difficulty understanding, considering and appropriately responding to questions during their oral defense.</p>	<p>The student's presentation was very disorganized and unclear. Issues with timing, flow or preparation were all present. They were unprepared for even basic questions about their case and exhibited difficulty understanding, considering and appropriately responding to questions during their oral defense, even those that assess for basic knowledge in the field.</p>	(0 to 5)			
<p><b>COMMUNICATION AND INTERPERSONAL SKILLS (POSSIBLE POINTS: 0 TO 20)</b></p> <p><b>[COMPETENCY ATTAINMENT = 14 OR HIGHER]</b></p> <p><i>NOTE: Scores within competency domains will not be used to make pass vs. fail decisions, but we are collecting these data to evaluate competencies for the APA Self Study and to provide students with feedback on their performance in relevant competency domains.</i></p>							



COMPETENCY DOMAIN 4: Professionalism (This section pulls together items that were formerly in other Competency Areas.)

	Competency Demonstrated		Competency Emerging (but below MLA)		Not Demonstrated		Score
	5	4	3	2	1	0	
<b>Legal/Ethical Issues</b>	Student carefully considers legal implication of case, including reporting requirements, while maintaining respect for client confidentiality and commitment to high professional standards.		Student adequately protects client confidentiality but ignores more subtle issues pertaining to the professional relationship (e.g., boundary issues) or fails to consider legal implications, including reporting requirements.		Student fails to address important legal responsibilities in case, including overlooking important reporting requirements, and/or fails to protect client confidentiality.		(0 to 5)
<b>Diversity</b> <i>Student clearly identifies diversity issues relevant to the case and describes how these were incorporated into treatment.</i>  NOTE: The term “cultural” refers broadly to human diversity issues (e.g., gender, ethnicity, faith, immigration status, LGBTQ, disability, etc.).	Discussion of diversity issues relevant to the case was sophisticated and commensurate with doctoral-level training. The cultural expressions of the disorder and its culture-specific risk and protective factors were clear and incorporated into treatment.		Diversity issues relevant to the case were noted, but lacked a sophisticated understanding of the cultural expressions of the disorder or its culture-specific risk and protective factors was lacking and/or diversity issues were not incorporated into treatment.		Very few diversity issues relevant to the disorder were noted, and discussion was superficial or largely absent.		(0 to 5)
<b>Professional values, attitudes, and behaviors:</b> Outcome/Self-Critique: Strengths and Limitations in Students’ Clinical Work  <i>Student clearly identifies the strengths and limitations of their clinical work and implementation of treatment.</i>	Student clearly describes and documents client outcome and understands and is able to self-critique and explain the basis for success or failure of the intervention as well as his/her therapeutic errors or oversights.		Student is able to describe client outcome, but is limited in the ability to self-critique and explain the basis for success or failure of the intervention.		Student cannot clearly describe or document client outcome and is unable to self-critique and explain the basis for the success or failure of the intervention.		(0 to 5)
<b>PROFESSIONALISM (POSSIBLE POINTS: 0 TO 15)</b>							
<b>[COMPETENCY ATTAINMENT = 10.5 OR HIGHER]</b>							
<i>NOTE: Scores within competency domains will not be used to make pass vs. fail decisions, but we are collecting these data to evaluate competencies for the APA Self Study and to provide students with feedback on their performance in relevant competency domains.</i>							

<b>COMPETENCY DOMAIN</b> <b>(POSSIBLE SCORE/COMPETENCY ATTAINMENT SCORE)</b>  <i>Scores within competency domains will not be used to make pass vs. fail decisions, but we are collecting these data to evaluate competencies for the APA Self Study and to provide students with feedback on their performance in relevant competency domains.</i>	<b>SCORE</b>
<b>ASSESSMENT AND DIAGNOSIS</b> <i>(0 TO 25; COMPETENCY ATTAINMENT = 17.5+)</i>	
<b>INTERVENTION</b> <i>(0 TO 40; COMPETENCY ATTAINMENT = 28+)</i>	
<b>COMMUNICATION AND INTERPERSONAL SKILLS</b> <i>(0 TO 20; COMPETENCY ATTAINMENT = 14+)</i>	
<b>PROFESSIONALISM</b> <i>(0 TO 15; COMPETENCY ATTAINMENT = 10.5+)</i>	
<b>TOTAL SCORE</b> <b>(0 TO 100: TOTAL SCORE MUST BE GREATER THAN OR EQUAL TO 70 IN ORDER TO PASS THE CCE.)</b>	

\_\_\_\_\_ PASS (TOTAL SCORE IS GREATER THAN OR EQUAL TO 70)

\_\_\_\_\_ REMEDIATE (TOTAL SCORE IS LESS THAN 70)

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

Please enter your ratings electronically within **five days**. Thank you!