

University of Texas at San Antonio
Counseling Department

Fitness to Practice Evaluation Form

Student Name: _____ Student ID _____

Evaluator: _____ Date: _____

This is to notify you that your professional performance has been evaluated according to the Fitness to Practice (FTP) Review policy in the Student Handbook:

Standard	Competence not achieved	Competence achieved	No opportunity to observe
1. Follows ethical and legal considerations	__0	__1	__N
2. Displays multicultural competence	__0	__1	__N
3. Open to new ideas	__0	__1	__N
4. Aware of own impact on others	__0	__1	__N
5. Responsive, adaptable, and cooperative	__0	__1	__N
6. Receptive to and uses feedback	__0	__1	__N
7. Responds to conflict appropriately	__0	__1	__N
8. Accepts personal responsibility	__0	__1	__N
9. Expresses feelings effectively and appropriately	__0	__1	__N
10. Dependable in meeting obligations	__0	__1	__N

I. Competence achieved in each FTP Standard observed?: ___ yes ___ no
If no, describe the specific behavior(s) observed indicating competence not achieved:

What will happen next? (*describe responsibility of student and/or faculty*)

____ resolved ____ remediation plan ____ referred to Faculty Review Committee
__ Other (explain)

Signatures (acknowledges the student received this evaluation):

Student

Evaluating Faculty

Others in attendance