

**UT San Antonio Department of Counseling
Fitness to Practice Evaluation (FTPE) Form**

Student Name	
Student Email Address	
Student's Program	
Number of Credits the Student Has Completed	
Name of Person Completing the FTPE	
Date FTPE is Being Completed	
Date or Date Range of Incident(s) Leading to FTPE	
Fitness to Practice Areas Specific to this FTPE	<p>Please select one or more of the following as they apply to this FTPE and remove the rest:</p> <ul style="list-style-type: none"> • Academic Success • Key Performance Indicators • Professional Dispositions • Skills Acquisition (specify individual or group skills) • Rules, Regulations, or Policy Violation(s) • Dismissal from a Practicum or Internship Site
<p>Are you completing this form based on an incident(s) you a) directly observed; b) student self-report, c) gained knowledge about an incident(s) through a third party (e.g., site supervisor) or d) both: you observed an incident(s) directly <i>and</i> gained knowledge about an incident(s) through a third party.</p> <p>Please indicate your response and provide a brief explanation.</p>	

Description of Concerns

1. What incident(s) has led to completing this FTPE? Please explain fully what has occurred for each specific Fitness to Practice Area listed in the above section.

2. Are there other individuals who have been impacted by the incident(s) described in question one? Please explain and if possible, please name the individuals.

3. Are there any other entities involved in the incident(s) described in question one (e.g., UT San Antonio BIT, Title IX Office, UT San Antonio Police, etc.)? If yes, please describe.
4. Do you have an immediate safety concern for anyone involved in this situation? If yes, please contact the Department of Counseling Chair and the Graduate Advisor of Record (GAR) for the appropriate program (i.e., Clinical Mental Health Counseling, School Counseling, or Doctoral Program) immediately. If the safety concern is harm to self or others, immediately contact the UT San Antonio Police Department or UT San Antonio Behavioral Intervention Team (BIT) prior to contacting department leadership.
5. To date, what actions have faculty or other Program constituents taken to work with the student regarding the concern(s) documented in question one?
6. To date, what actions has the student taken to correct the concern(s) documented in question one?
7. Please attach all pertinent documentation related to the concern(s). If the specific Fitness to Practice Area is a key performance indicator, professional dispositions, or skills acquisition, please indicate whether the assessments were part of regular assessment and attach assessments. If the concern is connected to a practicum or internship placement site, please include site supervisor evaluations. Other forms of documentation may include but are not limited to, emails, assignments, assignment rubrics and/or feedback.
8. As per the remediation and retention policy, the GAR will decide how to proceed with this FTPE. However, do you have any recommendations for the GAR to consider?

Names and Signatures

Name of Evaluator: _____

Evaluator Signature and Date: _____

Name of Student: _____

*Student Signature and Date: _____

**Student signature indicates receipt of the FTPE Form not agreement with the contents of the FTPE Form. The FTPE Form is intended to be a documented record of the evaluator's concern(s) about a student's performance*