

APPENDIX Q: Continuous Evaluation Form

St. Cloud State University

This form is for students seeking a graduate degree in Clinical Mental Health Counseling in the Department of Community Psychology Counseling and Family Therapy. *Any instructor of a course may file this form if a student's suitability to enter or continue in the program is in question.* A student may be evaluated when there is reason to believe that the student has deficiencies or is unsuitable to continue due to ethical conduct, professional attitudes and behaviors, or essential mental or physical functions needed to perform the required skills. A copy signed by the instructor and preferably by the student must be submitted to the Clinical Mental Health Counseling Program Coordinator for review by the faculty.

Course Enrolled: _____ Date: _____

Student's Name: _____ Student ID Number _____

Please state the nature of the deficiency. Provide specific examples to support this evaluation.
(Attach additional pages or materials if needed)

Student Response:
(attach additional pages or materials if needed)

Faculty Signature Date Student Signature Date

*The student's signature here indicates only that the student has read the evaluation, not that the student agrees with it.