



**REHABILITATION AND MENTAL HEALTH COUNSELING PROGRAM
MASTER'S DEGREE FINAL EVALUATION REPORT**

Name of candidate: _____ Date of report: _____

I: Professional Portfolio

- Level of performance: Exceptional
 Satisfactory
 Unsatisfactory

II: Oral Defense

- Level of performance: Exceptional
 Satisfactory
 Unsatisfactory

The oral defense committee has met with the candidate for a final evaluation in which all aspects of the candidate's program were reviewed. The committee's final recommendation is:

- Degree should be awarded
 Degree should not be awarded (*Specify remedial activities or alternative.*)

Committee Chair:

Name: _____ Signature: _____ Date: _____

Committee Members:

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____