

**END OF PROGRAM ASSESSMENT OF
MFT STUDENT'S KNOWLEDGE AND COMPETENCE**

Student Name: _____

Date: _____

Assessment Committee: _____, MFT Faculty

_____, Faculty

_____, Student

Is the Student Ready to Graduate? _____

If no, what must be done to qualify for graduation?

Areas of Strength:

Areas of Needed Improvement, after graduation, but not required for graduation:

Other Comments