

**COMPLETION FORMS  
COLLEGE COUNSELING  
FIELD II**

This packet contains forms necessary for the completion of your counseling field II experience. Please give the two evaluation forms that your supervisor will use to evaluate your performance (interim evaluation and final evaluation) to him or her early in the semester so that supervisors will be aware of the criteria on which they will make their evaluation.

1. Supervisor Interim Evaluation of Student Performance .....

This form is to be completed by your site supervisor near the midpoint of the semester. Your course instructor will advise you whether or not your supervisor needs to mail it directly to him or her or if your supervisor should return it via you.

2. Supervisor End of Semester Evaluation of Student Performance .....

This form is to be completed by your site supervisor near the end of the semester. Your course instructor will advise you whether or not your supervisor needs to mail it directly to him or her or if your supervisor should return it via you.

3. Student Site Evaluation Form .....

This form is required to be completed by YOU at the end of the semester and returned to your instructor. It will then be filed in the listing of Approved sites for other students to peruse as they search for an appropriate site.

4. Supervisor Rating Form .....

This rating scale rates the quality, quantity and other aspects of your supervision. It should be completed at the end of the semester and returned to your instructor.

5. Completion Form .....

This is one of the most important forms in the package. It must be completed by you, certified by your site supervisor, and finally, verified by your course instructor. Complete Part A and have your site supervisor complete Part B. Return the form to your instructor. Following the instructor's verification of hours, this form will be placed in your permanent file.

**COLLEGE COUNSELING**  
**Field II Evaluation: Supervisor Form**  
**MIDTERM EVALUATION**

Student's Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Internship Site: \_\_\_\_\_

**Instructions:**

This form is designed to help supervisors provide feedback about the performance and competency of interns. I know you are busy, but the form usually takes just ten (10) to fifteen (15) minutes to complete. Also, your answers and comments will be much appreciated. This form will become part of the intern's record for this course and may be considered in assigning grades for the internship. Please answer each item using the scale provided. There is space at the end of this form for general comments. If you feel it would be helpful to put anything into context from the outset, please feel free to do so below.

I appreciate that it may be difficult to evaluate your intern at the midterm point. However, please go do to the best of your ability. The main goal is for you and the intern to discuss their skills, progress, areas of strength, and areas needing growth.

**Initial Comments:**

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**Directions:**

Circle the number that best evaluates the student intern on each performance and competency item at this point in time.

	Poor		Adequate		Good		Not Observed
<b>The Counseling Process</b>							
1. Recognizes defense mechanisms and/or coping skills used by the client, the purpose they serve, and helps the client evaluate their present effectiveness.	1	2	3	4	5	6	7
2. Establishes continuity from session to session	1	2	3	4	5	6	7
3. Recognizes own countertransference	1	2	3	4	5	6	7
4. Provides client with possible interpretations/ explanations for, or relationships between, behaviors, cognitions, and/or feelings	1	2	3	4	5	6	7
5. Observes client-counselor interaction and discusses when appropriate	1	2	3	4	5	6	7
6. Assumes appropriate level of responsibility for counseling process	1	2	3	4	5	6	7
7. Utilizes a wide variety of affective, behavioral, and cognitive techniques	1	2	3	4	5	6	7
<b>Case Conceptualization</b>							
1. Is able to describe hypothesis regarding the client's dynamics, issues, and choice of treatment modalities	1	2	3	4	5	6	7
2. Is able to facilitate the formation of inferences and hypotheses on the basis of clinical data	1	2	3	4	5	6	7
3. Uses relevant case data in considering various counseling strategies and their implications	1	2	3	4	5	6	7
4. Is perceptive in evaluating the effects of own counseling techniques	1	2	3	4	5	6	7
5. Is perceptive in evaluating the effects of one's personal impact on the client and the session (i.e., way of being with the client, degree of anxiety)	1	2	3	4	5	6	7
6. Explores and is aware of the socioeconomic, cultural, and personal factors that may present barriers to effective counseling	1	2	3	4	5	6	7

**Diagnosis**

1. Makes accurate diagnoses according to the current edition of the DSM	1	2	3	4	5	6	7
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**Ethical Standards**

1. Adheres to the ethical standards outlined by the ACA (i.e., confidentiality, professional boundaries)	1	2	3	4	5	6	7
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**General Supervision Comments**

1. Accepts and uses constructive criticism to enhance self-development and counseling skills	1	2	3	4	5	6	7
2. Recognizes areas that need improvement and actively works on these with supervisor (i.e., reads suggested books, researches suggested topics, actively seeks and takes advantage of resources)	1	2	3	4	5	6	7
3. Regularly brings tapes to supervision sessions	1	2	3	4	5	6	7

**Professional Standards**

1. Completes documentation in a timely manner	1	2	3	4	5	6	7
2. Deals with managed care in an effective and timely manner	1	2	3	4	5	6	7
3. Adheres to agency policies and procedures (i.e., dresses appropriately, shows up on time, has appropriate interactions with staff)	1	2	3	4	5	6	7

**Additional Comments and/or Suggestions:**

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Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

My signature indicates that I have read the above report and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Signature of Student Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

What suggestions do you have to improve this form?

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**COLLEGE COUNSELING**  
**Field II Evaluation: Supervisor Form**  
**FINAL EVALUATION**

Student's Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Internship Site: \_\_\_\_\_

**Instructions:**

This form is designed to help supervisors provide feedback about the performance and competency of interns. I know you are busy, but the form usually takes just ten (10) to fifteen (15) minutes to complete. Also, your answers and comments will be much appreciated. This form will become part of the intern's record for this course and may be considered in assigning grades for the internship. Please answer each item using the scale provided. There is space at the end of this form for general comments. If you feel it would be helpful to put anything into context from the outset, please feel free to do so below.

**Initial Comments:**

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**Directions:**

Circle the number that best evaluates the student intern on each performance and competency item at this point in time.

	<b>Poor</b>		<b>Adequate</b>		<b>Good</b>		<b>Not Observed</b>
<b>The Counseling Process</b>							
1. Recognizes defense mechanisms and/or coping skills used by the client, the purpose they serve, and helps the client evaluate their present effectiveness.	1	2	3	4	5	6	7
2. Establishes continuity from session to session	1	2	3	4	5	6	7
3. Recognizes own countertransference	1	2	3	4	5	6	7
4. Provides client with possible interpretations/ explanations for, or relationships between, behaviors, cognitions, and/or feelings	1	2	3	4	5	6	7
5. Observes client-counselor interaction and discusses when appropriate	1	2	3	4	5	6	7
6. Assumes appropriate level of responsibility for counseling process	1	2	3	4	5	6	7
7. Utilizes a wide variety of affective, behavioral, and cognitive techniques	1	2	3	4	5	6	7
<b>Case Conceptualization</b>							
1. Is able to describe hypothesis regarding the client's dynamics, issues, and choice of treatment modalities	1	2	3	4	5	6	7
2. Is able to facilitate the formation of inferences and hypotheses on the basis of clinical data	1	2	3	4	5	6	7
3. Uses relevant case data in considering various counseling strategies and their implications	1	2	3	4	5	6	7
4. Is perceptive in evaluating the effects of own counseling techniques	1	2	3	4	5	6	7
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1. Accepts and uses constructive criticism to enhance self-development and counseling skills	1	2	3	4	5	6	7
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2. Recognizes areas that need improvement and actively works on these with supervisor (i.e., reads suggested books, researches suggested topics, actively seeks and takes advantage of resources)	1	2	3	4	5	6	7
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3. Regularly brings tapes to supervision sessions	1	2	3	4	5	6	7
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**Professional Standards**

1. Completes documentation in a timely manner	1	2	3	4	5	6	7
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3. Adheres to agency policies and procedures (i.e., dresses appropriately, shows up on time, has appropriate interactions with staff)	1	2	3	4	5	6	7
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**Additional Comments and/or Suggestions:**

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Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

My signature indicates that I have read the above report and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Signature of Student Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

What suggestions do you have to improve this form?

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**Site Evaluation Form  
Shippensburg University  
Department of Counseling**

Date Completed: \_\_\_\_\_

This Site Served as a (check one) \_\_\_\_\_ Practicum    \_\_\_\_\_ Field Site

Site/Agency Name: \_\_\_\_\_

School District (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Name of Student Completing Evaluation: \_\_\_\_\_  
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On a scale of 1- (Very Poor) to 5- (Superior), please rate and comment on the above name site:

	<u>Rating</u>	<u>Comments</u>
1. Orientation to site:		
a. Adequacy of orientation	_____	_____
b. They involved me right away	_____	_____
c. Orientation continued as needed	_____	_____
2. Professional Treatment		
a. Professional expectations	_____	_____
b. I was included in activities	_____	_____
c. I was treated with respect, as a peer	_____	_____
d. They consulted me for ideas	_____	_____
e. They made me feel welcome	_____	_____
3. Quality of Supervision		
a. Supervision was regularly scheduled	_____	_____
b. Supervision was helpful	_____	_____
c. Supervision was geared to my level of training	_____	_____
d. Supervision was supportive	_____	_____

(over)

4. Experiences
- a. Appropriate clients were plentiful \_\_\_\_\_
  - b. I learned the overall agency operation \_\_\_\_\_
  - c. I had appropriately challenging duties \_\_\_\_\_
  - d. I felt that I made a contribution \_\_\_\_\_
  - e. I rarely felt lost, bored, or left out \_\_\_\_\_

5. Global Evaluation
- a. I learned much at this site \_\_\_\_\_
  - b. I felt well prepared for assignments at this site \_\_\_\_\_
  - c. I would recommend this site for future assignments \_\_\_\_\_

6. List major activities you engaged in:

7. Name the supervisor(s) you would recommend at this site:

8. What types of clients are available at this site? (age, sex, nature of concerns presented, degree of severity of issues, etc.)

9. Other comments/recommendations/cautions



B. Development of Clinical Skills (treatment, evaluation and consultation skills)

THE SUPERVISOR:

1.	. . . . assisted student in coherent conceptualization of cases	1	2	3	4	5	n/a
2.	. . . . assisted student in translation of conceptualization into specific techniques or procedures	1	2	3	4	5	n/a
3.	. . . . was effective in providing suggestions for specific techniques	1	2	3	4	5	n/a
4.	. . . . was effective in helping to develop both short and long-range goals for clients	1	2	3	4	5	n/a
5.	. . . . was effective in facilitating student in other relationships with other professionals in the agency or site	1	2	3	4	5	n/a
6.	. . . . was sensitive to ethical concerns or issues	1	2	3	4	5	n/a
7.	Added Comments:						

C. Summary:

1. Describe something specific that your supervisor did which contributed significantly to your learning during this experience.
2. Describe specific changes you would suggest this supervisor incorporate to improve student learning in future supervision experiences.

## Counseling Completion Form

The Completion Form is to be signed by your Site Supervisor and returned to your Course Instructor for verification. This form will then be placed in your permanent file.

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**PART A: TO BE COMPLETED BY THE STUDENT**

Name \_\_\_\_\_ Program \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_

Course Completed (circle):   CNS 585 - Practicum           CNS 586 - Adv. Practicum  
CNS 580 - Field I            CNS 589 - Field II            CNS 590 - Adv. Field

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**PART B: TO BE COMPLETED BY THE SITE SUPERVISOR**

This is to certify that as of \_\_\_\_\_ (enter date) the above named student has completed \_\_\_\_\_ total hours experience under my supervision at:

Site Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Site Phone (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Site Supervisor \_\_\_\_\_

Please Print/Type Site Supervisor's Name \_\_\_\_\_

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**PART C: TO BE COMPLETED BY THE COURSE INSTRUCTOR**

1. Supervision during this experience has been provided as follows:  
\_\_\_\_ Individual supervision hours provided by Site Supervisor  
\_\_\_\_ Group meeting supervision hours provided by CNS Faculty  
\_\_\_\_ Individual supervision hours provided by CNS Faculty
  
2. Client contact hours verified:  
\_\_\_\_ Individual contact hours with clientele served on site  
\_\_\_\_ Group contact hours with clientele served on site

The accuracy of the reported information has been verified through student contact and an examination of the student's experience log.

Course Instructor \_\_\_\_\_

Date \_\_\_\_\_