

**COMPLETION FORMS
COLLEGE COUNSELING
PRACTICUM / FIELD I**

This packet contains forms necessary for the completion of your counseling practicum or field 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
Practicum/Field I 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 do so 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:

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
The Counseling Process							
1. Facilitates client expression of concerns and feelings	1	2	3	4	5	6	7
2. Recognizes own countertransference	1	2	3	4	5	6	7
3. Identifies patterns and themes in client's story	1	2	3	4	5	6	7
4. Establishes counselor-client relationships conducive to productive counseling	1	2	3	4	5	6	7
5. Is aware of the issue of responsibility in sessions (i.e., counselor is too passive or overly responsible)	1	2	3	4	5	6	7
Case Conceptualization							
1. Is able to discriminate important client data from less important client data	1	2	3	4	5	6	7
2. Can conduct an intake interview based on biopsychosocial information for the purpose of treatment planning	1	2	3	4	5	6	7
Diagnosis							
1. Can identify coping behaviors, issues, and/or feelings in the client important in making a diagnosis according to the current edition of the DSM	1	2	3	4	5	6	7
Ethical Standards							
1. Adheres to the ethical standards outlined by the ACA (i.e., confidentiality, professional boundaries)	1	2	3	4	5	6	7
General Supervision Comments							
1. Accepts and uses feedback to enhance self-development and counseling skills	1	2	3	4	5	6	7
2. Recognizes areas that need improvement and actively works on those 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:

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?

COLLEGE COUNSELING
Practicum/Field I 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:

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
The Counseling Process							
1. Facilitates client expression of concerns and feelings	1	2	3	4	5	6	7
2. Recognizes own countertransference	1	2	3	4	5	6	7
3. Identifies patterns and themes in client's story	1	2	3	4	5	6	7
4. Establishes counselor-client relationships conducive to productive counseling	1	2	3	4	5	6	7
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Signature of Supervisor: _____ Date: _____

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Signature of Student Counselor: _____ Date: _____

What suggestions do you have to improve this form?

**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: _____

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

----- **EVALUATION OF SUPERVISOR FORM (Counseling Program)** -----
(To be completed by student at end of Semester)

Student's Name

Supervisor's Name

The Supervisor Served as a Supervisor for the (check one) ___ Practicum ___ Field Level

USE THE RATING SCALE 1=Poor 2=Fair 3=Average 4=Very Good 5=Excellent

A. General Characteristics of Supervision

THE SUPERVISOR:

- | | | | | | | | |
|-----|---|---|---|---|---|---|-----|
| 1. | was available for discussion, questions, etc. | 1 | 2 | 3 | 4 | 5 | n/a |
| 2. | kept sufficiently informed of my cases | 1 | 2 | 3 | 4 | 5 | n/a |
| 3. | allotted sufficient time for supervision | 1 | 2 | 3 | 4 | 5 | n/a |
| 4. | was interested in and committed to individual supervision | 1 | 2 | 3 | 4 | 5 | n/a |
| 5. | set clear objectives and responsibilities for supervision | 1 | 2 | 3 | 4 | 5 | n/a |
| 6. | provided direct observation with clients (live/audio/video) | 1 | 2 | 3 | 4 | 5 | n/a |
| 7. | used effective aids in supervision (role-playing/recordings, etc.) | 1 | 2 | 3 | 4 | 5 | n/a |
| 8. | presented a positive role model | 1 | 2 | 3 | 4 | 5 | n/a |
| 9. | provided regular feedback on performance | 1 | 2 | 3 | 4 | 5 | n/a |
| 10. | encouraged appropriate independence | 1 | 2 | 3 | 4 | 5 | n/a |
| 11. | demonstrated concern and interest in my progress, problems, ideas | 1 | 2 | 3 | 4 | 5 | n/a |
| 12. | maintained reasonable expectations | 1 | 2 | 3 | 4 | 5 | n/a |
| 13. | maintained appropriate interpersonal distance | 1 | 2 | 3 | 4 | 5 | n/a |
| 14. | treated me in a professional manner | 1 | 2 | 3 | 4 | 5 | n/a |
| 15. | Added Comments: | | | | | | |

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.

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

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 _____

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 _____