**SUPERVISOR’S EVALUATION OF WFU CLINICAL MENTAL HEALTH COUNSELING PRACTICUM/INTERNSHIP STUDENT**

**🞎 Site Supervisor or 🞎 University Supervisor**

**🞎 Practicum or 🞎 Internship Site ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**🞎 Midterm evaluation or 🞎 Final evaluation Semester/Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please rate the student on the following scale:**

**Excellent = 5, Strong = 4, Average = 3, Weak = 2, Poor = 1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal Characteristics** |  |  |  |  |  |  |
| **Student Demonstrates:** | **Excellent** | **Strong** | **Average** | **Weak** | **Poor** | **Unable to Rate** |
| Awareness and understanding of self |  |  |  |  |  |  |
| Emotional Stability |  |  |  |  |  |  |
| Self-Control |  |  |  |  |  |  |
| Appropriate Self-confidence |  |  |  |  |  |  |
| Ability to accept and use feedback |  |  |  |  |  |  |
| Clear and effective communication |  |  |  |  |  |  |
| Tact |  |  |  |  |  |  |
| Ability to understand and adapt to change |  |  |  |  |  |  |
| **Attitude towards clients** | **Excellent** | **Strong** | **Average** | **Weak** | **Poor** | **Unable to Rate** |
| Genuine interest in clients |  |  |  |  |  |  |
| Ability to understand other person’s point of view |  |  |  |  |  |  |
| Capacity to build cooperation of clients in individual and group settings |  |  |  |  |  |  |

**Any additional thoughts or feedback related this student’s personal characteristics?**

**Please rate the student on the following scale:**

**Excellent = 5, Strong = 4, Average = 3, Weak = 2, Poor = 1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Counseling Skills** |  |  |  |  |  |  |
| **Student Demonstrates:** | **Excellent** | **Strong** | **Average** | **Weak** | **Poor** | **Unable to Rate** |
| Ability to establish and maintain relationships |  |  |  |  |  |  |
| Cultural competence and sensitivity |  |  |  |  |  |  |
| Ability to gauge the needs of the client |  |  |  |  |  |  |
| Ability to identify and respond to feelings |  |  |  |  |  |  |
| Ability to match client needs to intervention |  |  |  |  |  |  |
| Ability to establish, work toward and assess counseling goals |  |  |  |  |  |  |
| Ability to understand and adapt to change in the relationship |  |  |  |  |  |  |
| Ability to understand other person’s point of view and express empathy |  |  |  |  |  |  |
| Ability to maintain confidentiality |  |  |  |  |  |  |
| Seeks supervision when necessary |  |  |  |  |  |  |
| Skill in organizing groups |  |  |  |  |  |  |
| Ability to lead group interactions |  |  |  |  |  |  |
| Ability to understand and evaluate group progress |  |  |  |  |  |  |

**Any additional thoughts or feedback related to this student’s counseling skills?**

**Please rate the student on the following scale:**

**Excellent = 5, Strong = 4, Average = 3, Weak = 2, Poor = 1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Attitude Toward Work** |  |  |  |  |  |  |
| **Student Demonstrates:** | **Excellent** | **Strong** | **Average** | **Weak** | **Poor** | **Unable to Rate** |
| Initiative |  |  |  |  |  |  |
| Promptness |  |  |  |  |  |  |
| Dependability |  |  |  |  |  |  |
| Cooperation |  |  |  |  |  |  |
| Ability to carry out suggestions |  |  |  |  |  |  |
| Asks for help when needed |  |  |  |  |  |  |
| Willingness to share extra duties |  |  |  |  |  |  |
| Good relations with all |  |  |  |  |  |  |
| Contributions in meetings, etc. |  |  |  |  |  |  |
| Willingness to learn |  |  |  |  |  |  |
| Curiosity about procedures and policies |  |  |  |  |  |  |
| Appreciation for differences in work styles |  |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |  |

**Any additional thoughts or feedback related to this student’s attitude towards work?**

**Please rate the student on the following scale:**

**Excellent = 5, Strong = 4, Average = 3, Weak = 2, Poor = 1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program Duties** |  |  |  |  |  |  |
| **Student Demonstrates:** | **Excellent** | **Strong** | **Average** | **Weak** | **Poor** | **Unable to Rate** |
| Ability to organize work according to the setting needs |  |  |  |  |  |  |
| Knowledge of referral process and sources |  |  |  |  |  |  |
| Knowledge of assessments used in setting and proper interpretation |  |  |  |  |  |  |
| Ability to consult with appropriate sources |  |  |  |  |  |  |
| Ability to interact productively with all personnel |  |  |  |  |  |  |
| Ability to function as a team member |  |  |  |  |  |  |
| Overall understanding of the organization and functions |  |  |  |  |  |  |
| Ability to advocate for clients |  |  |  |  |  |  |
| Ability to use data to guide decisions about work and effectiveness |  |  |  |  |  |  |
| Seeks supervision when necessary |  |  |  |  |  |  |

**Any additional thoughts or feedback related to this student’s performance of program duties?**

**Please rate the student on the following scale.**

**Excellent = 5, Strong = 4, Average = 3, Weak = 2, Poor = 1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Overall Rating of Student** |  |  |  |  |  |  |
|  | **Excellent** | **Strong** | **Average** | **Weak** | **Poor** | **Unable to Rate** |
| Personal fit for counseling |  |  |  |  |  |  |
| Counseling ability |  |  |  |  |  |  |
| Work Habits |  |  |  |  |  |  |
| Knowledge of field |  |  |  |  |  |  |
| Potential for success |  |  |  |  |  |  |

**Based upon your clinical judgment, at this point in the semester, how would you grade this student’s overall performance as compared to other students at the same point in their training (check one):**

🞎 A 🞎 A- 🞎 B+ 🞎 B 🞎 B- 🞎 C+ 🞎 C 🞎 C- 🞎 F

**Identify areas you consider to be strengths for this student.**

**Identify areas for this student that you consider to need further development.**

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Student’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Supervisor’s signature Date