To The Fieldwork Supervisor:

Assessment of competencies as an on-going process is an integral part of the counseling student’s learning process. We would like the evaluation to confirm what a student has learned as well as guide his/her future developmental needs. The evaluation should be both diagnostic and prescriptive. It should be completed in collaboration with the student.

Thank you for your time and attention.

To Be Completed By The Student/Intern:

Name of student/intern: ________________________________
Name of supervisor: ________________________________
Supervisor’s title: ___________________________________
Fieldwork site: _____________________________________
Telephone number: _________________________________
Number of days per week: ____________________________
Number of hours per week: ____________________________

**EVALUATION CRITERIA**

1. **Excellent** - needs minimal supervision, extensive knowledge of interventions, utilizes testing appropriately, advocates for client systemically, required paperwork current, interacts effectively with colleagues and clients. (Please consider this category carefully.)
2. **Very Good** - conceptualizes and utilizes interventions successfully, able to implement programming, recognizes personal issues which impact client relationships, utilizing supervision and colleagues when necessary, presents/offers feedback at case management meetings.
3. **Good** - utilizes suggested interventions, open to scrutinizing personal issues in supervision, presents cases to treatment team members, maintains paperwork within two weeks.
4. **Adequate** - content-oriented supervision, requires assistance/direction implementing interventions.
5. **Poor/Unsatisfactory** - unable to implement interventions, unable or unwilling to participate in case management, difficulty maintaining boundaries, unaware of personal issues, judgmental of client population, unable to do required paperwork.
6. **N/A (Not Applicable)** - service not required at site or not available to interns.

**INDIVIDUAL COUNSELING SKILLS**

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Adequate</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
</table>

**FALL 20**

**SPRING 20**

**SUMMER 20**
**Does intern have the ability to:**

(circle)

<table>
<thead>
<tr>
<th>Ability</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established rapport with clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseled individual clients about personal and/or social concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseled individual clients about educational and/or career plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worked with school - level articulation (i.e. college advising, high school choice)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintained appropriate relationships with clients/students/patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capably managed emergency situations with clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confronted self-destructive client beliefs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilized silence with client</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helped client set attainable goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listened to others non-judgmentally</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicated respect, acceptance and unconditional positive regard toward clients/students/patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtained client history and background information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe the student’s strengths as they relate to individual counseling skills:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**GROUP SKILLS**

Excellent  Very Good  Good  Adequate  Poor  N/A
### Has this intern:

- Facilitated or co-facilitated a small group: 1 2 3 4 5 6
- Consulted with parents and/or significant others: 1 2 3 4 5 6
- Referenced environment/culture when making decisions: 1 2 3 4 5 6
- Been able to orient to the social context of different groups of clients/students/patients: 1 2 3 4 5 6
- Addressed cross-cultural issues as part of group process when appropriate: 1 2 3 4 5 6

Describe the student’s strengths as they relate to group skills:

---

### SUPERVISION

**Does intern have the ability to:**

- Accept and follow through with assigned responsibilities: 1 2 3 4 5 6
- Effectively implement suggested interventions: 1 2 3 4 5 6
- Maintain open communication with supervisor: 1 2 3 4 5 6
- Present cases during treatment team meetings: 1 2 3 4 5 6
- Remain open to feedback that will enhance self development/counseling skills: 1 2 3 4 5 6
- Act in a professional and ethical manner: 1 2 3 4 5 6
- Demonstrate a level of self-awareness and emotional stability necessary for working with others: 1 2 3 4 5 6
- Recognize their own areas of need and development as well as work actively to facilitate this development: 1 2 3 4 5 6

Describe student strengths as they relate to utilization of supervision:

---

### SYSTEMIC SKILLS
Is this intern: (circle)

Knowledgeable about outside referral sources 1 2 3 4 5 6
Able to consult with team members and staff from other disciplines 1 2 3 4 5 6
Able to successfully transition client to other services 1 2 3 4 5 6
Able to assist clients in advocating for themselves 1 2 3 4 5 6

Describe the student’s strengths as they relate to systemic responsiveness:

Administrative Skills

<table>
<thead>
<tr>
<th>Has this intern: (circle)</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Adequate</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administered and interpreted test instruments</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposed, developed, initiated a specialized group or implemented a project</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participated in research or evaluation of any program</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintained accurate and timely process notes</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilized work hours efficiently</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been able to work independently</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicated effectively both orally and in writing</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe the student’s strengths as they relate to administrative responsibility:
Please give a clinical example that shows any difficulties, strengths, interpersonal style or personality traits of this student/intern that show growth or the need for additional work.

__________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________

Student Comments:

__________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________

Supervisor’s Signature: ___________________________ Date: _____________

Student’s Signature: ___________________________ Date: _____________

Thank you for completing this evaluation, and for your effort in contributing to the professional development of our students.