STUDENT NAME ____________________________________________
SUPERVISOR _____________________________________________
PRACTICUM SITE ___________________________________________

INDICATE COURSE LEVEL:

MASTER’S STUDENTS
☐ CCPJ 5360 Practicum in Career and Personal Counseling

DOCTORAL STUDENTS
☐ CCPJ 6330 Basic Practicum (1st year)
☐ CCPJ 6360 Practice in Psychological Counseling (2nd year)
☐ CCPJ 5364 Advanced Practicum in Cross-Cultural Counseling (3rd year)

The student has successfully fulfilled contracted responsibilities:  ☐ Yes  ☐ No

Total number of PRACTICUM hours completed by the student this term: _______

Total number of DIRECT CLIENT CONTACT hours completed by the student this term: _______

Total number of INDIVIDUAL SUPERVISION hours student received this term: _______

Please evaluate your supervisee in the following areas. Comments should be shared with your student, signed and returned to:

Placement Coordinator-Evaluations
Teachers College, Columbia University
422 Thompson Hall, Box 102
525 West 120th Street
New York, NY 10027

I. Assessment and Evaluation Skills (understanding of client’s problems, history taking, conceptualization of client’s dynamics, clear presentation in supervision, ability to recommend appropriate treatment or referral)
II. Counseling Skills (conceptualization of client’s problem and the therapeutic process in a theoretical framework, obtains adequate understanding of client’s problems and counseling goals, awareness of content and process, ability to support and confront, appropriate use of counseling strategies, recognizes and deals with resistance, transference etc.)

III. Group Skills (if applicable) (knowledge of group theory and background, ability to develop a conceptual framework for understanding group process, awareness of appropriate intervention in group process)

IV. Use of Supervision (actively participates in self-critique and evaluation, awareness of own dynamics, shares feelings about clients)

V. General Professional Issues (overall professional appearance and behavior, demonstrates knowledge of federal and state laws and regulations effecting counseling, demonstrates knowledge of local referral agencies and procedures)
VI. Overall progress on strengths and weaknesses as reported on midterm evaluation and recommendations for future areas of growth.

THIS REPORT HAS BEEN READ BY THE TRAINEE AND WE HAVE DISCUSSED ITS CONTENTS.

______________________________________  ____________________________________
Supervisor’s Signature and Degree  Supervisee’s Signature

______________________________________  ____________________________________
Date  Date