

FLORIDA ATLANTIC UNIVERSITY

Department of Counselor Education

Practicum/Advanced Practicum/Internship Evaluation Form

DATE: _____

Please read carefully and fill in **ALL BLANK** spaces. The information is important for the records.

STUDENT'S NAME: _____ S.S.#: _____

SITE SUPERVISOR: _____

SITE/ADDRESS: _____

TOTAL HOURS ON SITE: _____ DIRECT CLIENT CONTACT HOURS: _____

Please indicate competency of the student by marking the appropriate box using the following scale with A5" as the highest rating:

- SCALE: K BEST 5. Excellent; expectations met at superior level.
 4. Above average; expectations met at above average level.
 3. Average; expectations met at average level.
 2. Below average; minimum expectations met with difficulty.
 1. Unacceptable; minimum expectations not met.
 NA Not Applicable NO Not Observed

1. PERSONAL WORK HABITS - DEMONSTRATES:	5	4	3	2	1	NA	NO
Punctuality							
Keeps appointments							
Handles absences responsibly							
Prepares for assignments							
Presents self in a professional manner							

REMARKS:

2. RELATION TO WORK SETTING AGENCY/SCHOOL/BUSINESS:	5	4	3	2	1	NA	NO
Understands agency goals/objectives							
Complies with agency goals/objectives							
Understands agency governing structure							
Implements agency policies							
Understands agency's relationship to the total community human services efforts							
Follows proper channels in functioning within the agency							
Works comfortably with others on the staff							
Relates well to professionals in related fields							

REMARKS:

3. APPROPRIATE USE OF SUPERVISORY RELATIONSHIP:	5	4	3	2	1	NA	NO
Understands the purpose of supervision							
Assumes responsibility for participation in supervisory relationship							
Submits paperwork promptly							
Uses supervisory relationship for growth in self-awareness and skill							
Relates effectively to use of authority in supervisory relationship							
Relates to supervision with a minimum of resistance and defensiveness							
REMARKS:							

4. DEVELOPING MEANINGFUL CLIENT RELATIONSHIPS:	5	4	3	2	1	NA	NO
Gives indication of ability to relate to clients with warmth and interest							
Relates effectively to individuals in one-to-one situations							
Shows understanding of individual differences in determining counseling approach							
Assists clients in goal setting							
Fosters client responsibility							
Demonstrates effective leadership skills in group counseling							
REMARKS:							

5. EXPANDING SKILL BASE:	5	4	3	2	1	NA	NO
Shows ability to interview							
Shows beginning ability to form diagnosis and conceptualize client issues							
Shows ability to make referrals							
Shows ability to assess strengths of clients							
Shows ability to administer testing							
Shows ability to handle hostility							
Shows ability to problem-solve							
Shows ability to formulate short and long-range treatment goals and strategies							
REMARKS:							

6. MAINTAINING COUNSELING RECORDS:	5	4	3	2	1	NA	NO
Maintains records in accordance with policy of placement setting							
Ability to communicate client feelings, attitudes through records							
Writes with clarity, conciseness, preciseness							
Reflects items which demonstrate client's participation							
Reflects what actions are planned in records							
Uses appropriate conceptual terms							
REMARKS:							

7. FUNCTIONING WITHIN PROFESSIONAL ROLE:	5	4	3	2	1	N A	N O
Performs in accordance with ACA Ethical Standards							
Demonstrates understanding of confidentiality							
Protects client confidentiality							
Shows relative freedom from biases, prejudices							
Understands role as a helping person							
Is able to avoid over-identification with clients							
Permits client/group to participate in the helping process							
Works out of plan rather than impulse							
Completes assigned tasks independently							
Consults and collaborates with professional colleagues							
Utilizes reading materials in professional development							
Participates in professional development activities							
Functions in a consistent manner							
REMARKS:							
8. SUMMARY OF STUDENT'S STRENGTHS AND LIMITATIONS.							

9. RECOMMENDED STEPS FOR FUTURE PROFESSIONAL DEVELOPMENT.

Student=s Signature: _____ Date: _____

Site Supervisor's Signature: _____ Date: _____

University Supervisor's Signature: _____ Date: _____