

CED 690 – Counseling Practicum
Mid-Term Evaluation

Dates this Evaluation Covers: _____ to _____

Setting: School Counseling _____ Agency Counseling _____

Student Name: _____

Student ID #: _____ **Student Global ID:** _____

Site Supervisor: _____

Supervisor Contact Phone: _____

University Instructor: _____

Site Name: _____

Address: _____

Semester & Year: _____ **CRN:** _____

Type of Counseling (Check all that apply):

- Individual Group Couples/Family Advising/Counseling
 Play/Child Intake/Assessment Counseling Center Career
 Substance Abuse Other _____

| Client Contact/ Direct | Administrative/ Indirect | Supervision | Total Hours |
|------------------------|--------------------------|-------------|-------------|
| | | | |

Note: Hours must agree with the hours reported on the intern’s log sheet.

The form has been designed to facilitate the evaluation of practicum students. The form should be completed at least twice during the semester (midterm and final). The supervisor and student should discuss the evaluations during supervision. Following the final evaluation, a copy of the evaluation should be given to the student, a second copy should be kept by the supervisor, and the original copy should be placed in the student’s file for future reference. All practicum students, in both on-campus and off-campus programs, should be evaluated using this form. During off-campus practicum experiences, both the site supervisor and the University Instructor should complete evaluations of the student. Scores of 4-5 represent competency of achievement at the level of a new professional.

NAME: _____

Student Goals in the Practicum Plan

List the initial goals as written on the PRACTICUM PLAN submitted with the application materials and rate the student according to performance:

1= BELOW LEVEL

2= MEETS LEVEL

3= EXCEEDS LEVEL

0= NOT DONE

| Initial Goals | Rating | Comment on Each Goal (Required for each goal) |
|----------------------------------|--------|---|
| Client Contact/Direct: | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| Supervision: | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| Administrative/ Indirect: | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

NAME: _____

Rate the student's performance in each of the areas below, according to the following scale:

1= BELOW STANDARD 2= LIMITED EXPERTISE DEMONSTRATED 3= EXPECTED FOR PRACTICUM STUDENT
4= EXPECTED LEVEL FOR PRACTICUM STUDENT 5= EXPECTED LEVEL FOR POST-GRADUATE

| CLIENT CONTACT/ DIRECT: | 1 | 2 | 3 | 4 | 5 |
|---|----------|----------|----------|----------|----------|
| 13. Creates and maintains a working relationship that promotes focused change | | | | | |
| 14. Gathers relevant information during sessions, prioritizes issues and interventions. | | | | | |
| 15. Is sensitive to cultural differences and relates well to diverse clients. | | | | | |
| 16. Conceptualizes client issues beyond the presenting problem. | | | | | |
| 17. Makes necessary preparations before seeing clients. | | | | | |
| 18. Demonstrates knowledge of and adheres to ethical standards of the profession. | | | | | |
| 19. Develops a theoretical treatment plan based upon client directed goals. | | | | | |
| 20. Provides informed consent and confidentiality information. | | | | | |
| 21. Accesses theoretical and intervention information and applies it. | | | | | |
| 22. Communicates effectively. | | | | | |
| 23. Demonstrates knowledge of client lifespan issues. | | | | | |
| 24. Demonstrates competency in building the therapeutic relationship. | | | | | |

Comments:

| SUPERVISION: | 1 | 2 | 3 | 4 | 5 |
|---|----------|----------|----------|----------|----------|
| 12. Recognizes the role of supervision. | | | | | |
| 13. Actively seeks supervision when necessary. | | | | | |
| 14. Accesses appropriate resources when needed. | | | | | |
| 15. Receptive to feedback and suggestions. | | | | | |
| 16. Successfully implements suggestions from supervisor. | | | | | |
| 17. Takes initiative to explore personal and professional strengths and developmental issues. | | | | | |
| 18. Conceptualizes and processes issues in supervision. | | | | | |
| 19. Shows leadership in the supervisory process. | | | | | |
| 20. Meets consistently with the supervisor. | | | | | |
| 21. Handles constructive criticism well. | | | | | |
| 22. Shows self-reflection and awareness of and insight into own behaviors. | | | | | |

Comments:

| ADMINISTRATIVE/ INDIRECT: | 1 | 2 | 3 | 4 | 5 |
|---|----------|----------|----------|----------|----------|
| 12. Uses time well and manages tasks independently, effectively, and efficiently. | | | | | |
| 13. Understands organizational structures, policies, and procedures of the site. | | | | | |
| 14. Proficient use of technology. | | | | | |
| 15. Deals effectively with authority. | | | | | |
| 16. Produces well thought out and timely case notes and treatment plans. | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| 17. Completes data entry, case notes, and paperwork according to site guidelines. | | | | | |
| 18. Demonstrates clear expression in writing and speaking skills. | | | | | |
| 19. Develops and sustains positive relationship with supervisor, peers, and staff. | | | | | |
| 20. Demonstrates problem solving skills as needed when performing administrative and other tasks. | | | | | |
| 21. Is aware of and sensitive to cultural differences between peers and staff. | | | | | |
| 22. Brings positive contributions to the site environment. | | | | | |

Comments:

| PROFESSIONALISM: | 1 | 2 | 3 | 4 | 5 |
|---|----------|----------|----------|----------|----------|
| 7. Maintains a professional relationship in the setting. | | | | | |
| 8. Understands organizational structures, policies, and procedures of the site. | | | | | |
| 9. Attire is appropriate for the setting. | | | | | |
| 10. Arrives on time and has a good attendance record. | | | | | |
| 11. Prepared, organized, and follows through. | | | | | |
| 12. Demonstrates and is aware of the value of self-care. | | | | | |

Comments:

1. Briefly identify areas in which this counselor's training program seems to be particularly strong.

2. Briefly identify areas in which this counselor's training program is limited/ needs strength.

Site Supervisor's Signature: _____ **Date:** _____

Student's Signature: _____ **Date:** _____

After discussing the evaluation with the student, please return form to the student in a sealed envelope. Thank you for supervising this CMU student.

University Instructor's Signature: _____ **Date:** _____