# UNIVERSITY OF CENTRAL ARKANSAS DEPARTMENT OF PSYCHOLOGY AND COUNSELING

#### **EVALUATION FOR COUNSELING PRACTICUM**

#### **On-Site Supervisor Rating**

Student				
Supervisor				
Agency				
Department				
Dates of Practicum: Fro	m mth/day/yr		Tomth/day/yr	
Circle one: 1 Mid-Seme	ster Evaluation	2 Final	Evaluation	
Please evaluate the student number on the scale. If the	-		<u> </u>	
Numerical Ratings	1 = poor 2 = fair 3 = average 4 = good 5 = excellent NA = not applicable			
A. Professionalism				
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1. Meeting appointments and deadlines	1 2 3 4 5 NA
2. Preparation and organization	1 2 3 4 5 NA
3. Report writing and communication	1 2 3 4 5 NA
4. Ability to work with staff	1 2 3 4 5 NA
5. Appropriate ethical conduct	1 2 3 4 5 NA
6. Personal appearance	1 2 3 4 5 NA

7. Receptiveness in supervision	1 2 3 4 5 NA
8. Awareness of departmental goals	1 2 3 4 5 NA
B. Skills and Knowledge	
1. Ability to establish rapport with clients	1 2 3 4 5 NA
2. Interviewing/counseling skill with individual clients	1 2 3 4 5 NA
3. Ability to conceptualize client issues and problems	1 2 3 4 5 NA
4. Understanding of diagnostic information and results	1 2 3 4 5 NA
5. Assessment skills (e.g., aptitude, ability, interest)	1 2 3 4 5 NA
6. Ability to design and implement treatment plans	1 2 3 4 5 NA
7. Application and integration of counseling theory	1 2 3 4 5 NA
8. Group psychotherapy skills	1 2 3 4 5 NA
9. Awareness of site's clinical population characteristics	1 2 3 4 5 NA
10. Familiarity with on-site referral sources and other resources	1 2 3 4 5 NA
11. Familiarity with off-site referral sources and other resources	1 2 3 4 5 NA
12. Familiarity with national and regional professional organizations	1 2 3 4 5 NA

# C. Overall Rating

1. Overall quality of performance during the practicum.	1 2 3 4 5 NA
2. Letter grade recommended for this practicum (optional).	ABCDF
D. Practicum Experiences	
Please list the estimated number of hours that	the student engaged in the experiences listed below:

### A. Direct Services to Clients

activity	hours
individual counseling	
group counseling	
marriage & family counseling	
assessment & evaluation	
intake	
crisis intervention	

#### B. Supervision and Staffing

activity	hours
individual supervision	
group supervision	
staffing w/ other disciplines	

# **E. Summary of Activities**

Please provide a brief nar experiences during this pr		the student's
F. Summary of Evaluation  Please provide a brief narrative summary of the student's performance during this practicum.		
performance during tims p	racticum.	
supervisor's signature	date	
student's signature	date	