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|------------------------------------|---|---|---|---|---|----|
| 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). | A B C D F |

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 narrative description of the student's experiences during this practicum.

F. Summary of Evaluation

Please provide a brief narrative summary of the student's performance during this practicum.

_____	_____	_____
supervisor's signature	date	
_____	_____	_____
student's signature	date	