UNIVERSITY OF CENTRAL ARKANSAS
DEPARTMENT OF PSYCHOLOGY AND COUNSELING

EVALUATION FOR COUNSELING PRACTICUM

On-Site Supervisor Rating

Student __________________________________________

Supervisor ______________________________________

Agency __________________________________________

Department ______________________________________

Dates of Practicum: From _____________________        To ___________________
                   mth/day/yr               mth/day/yr

Circle one:  1 Mid-Semester Evaluation            2 Final Evaluation

Please evaluate the student's performance in each of the areas below by circling the appropriate number on the scale. If the student did not engage in a particular activity listed, please circle NA.

Numerical Ratings
1 = poor
2 = fair
3 = average
4 = good
5 = excellent
NA = not applicable

A. Professionalism

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). 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

<table>
<thead>
<tr>
<th>activity</th>
<th>hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>individual counseling</td>
<td></td>
</tr>
<tr>
<td>group counseling</td>
<td></td>
</tr>
<tr>
<td>marriage &amp; family counseling</td>
<td></td>
</tr>
<tr>
<td>assessment &amp; evaluation</td>
<td></td>
</tr>
<tr>
<td>intake</td>
<td></td>
</tr>
<tr>
<td>crisis intervention</td>
<td></td>
</tr>
</tbody>
</table>

B. Supervision and Staffing

<table>
<thead>
<tr>
<th>activity</th>
<th>hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>individual supervision</td>
<td></td>
</tr>
<tr>
<td>group supervision</td>
<td></td>
</tr>
<tr>
<td>staffing w/ other disciplines</td>
<td></td>
</tr>
</tbody>
</table>
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