# UNIVERSITY OF CENTRAL ARKANSAS DEPARTMENT OF PSYCHOLOGY AND COUNSELING

**EVALUATION FOR COUNSELING PRACTICUM**

**University 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

# 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 |

1. **Skills and Knowledge**
	1. Ability to establish rapport with 1 2 3 4 5 NA clients
	2. Interviewing/counseling skill with 1 2 3 4 5 NA individual clients
	3. Ability to conceptualize client 1 2 3 4 5 NA issues and problems
	4. Understanding of diagnostic 1 2 3 4 5 NA information and results
	5. Assessment skills (e.g., aptitude, 1 2 3 4 5 NA ability, interest)
	6. Ability to design and implement 1 2 3 4 5 NA treatment plans
	7. Application and integration of 1 2 3 4 5 NA counseling theory

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 8. Group psychotherapy skills | 1 | 2 | 3 | 4 | 5 | NA |
| 9. Awareness of site's clinical population | 1 | 2 | 3 | 4 | 5 | NA |

characteristics

10. Familiarity with on-site referral 1 2 3 4 5 NA sources and other resources

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 11. Familiarity with off-site referral | 1 | 2 | 3 | 4 | 5 | NA |
| sources and other resources12. Familiarity with national and | 1 | 2 | 3 | 4 | 5 | NA |

regional professional organizations

# Overall Rating

* 1. Overall quality of performance during 1 2 3 4 5 NA the practicum.
	2. Letter grade recommended for this A B C D F practicum (optional).

# Practicum Experiences

Please list the estimated number of hours that the student engaged in the experiences listed below:

1. Direct Services to Clients

# activity hours

individual counseling

group counseling

marriage & family counseling

assessment & evaluation

intake

crisis intervention

1. Supervision and Staffing

# activity hours

individual supervision

group supervision

staffing w/ other disciplines

# Summary of Activities

Please provide a brief narrative description of the student's experiences during this practicum.

# 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