UNIVERSITY OF CENTRAL ARKANSAS DEPARTMENT OF PSYCHOLOGY AND COUNSELING

COUNSELING/PSYCHOLOGY PRACTICUM - On-Site Supervisor

ONSITE PRACTICUM EVALUATION FORM

Onsite Mental-Health and Counseling-Psychology Supervisors:

The Mental Health Counseling and Counseling Psychology Programs require that each <u>onsite</u> counseling/psychology practicum supervisor directly observes one or more sessions between the student and the client(s) and provides appropriate supervisory feedback to the practicum student. (This can be done live or via video, but it cannot be solely audio.)

At least once is the acceptable minimum, but we encourage you to do so more than once.

Please contact the UCA practicum supervisor if you have any questions.

COUNSELING/PSYCHOLOGY PRACTICUM - On-Site Supervisor

UNIVERSITY OF CENTRAL ARKANSAS DEPARTMENT OF PSYCHOLOGY AND COUNSELING

Current Year_____

Student _____

| Supervisor | | Semester: | -11 | |
|--|---|--|----------|----|
| Agency | - | | all | |
| Department | - | | pring | |
| Check one: Mid-Semester Evaluation F | inal Evaluati | Si on | ımmer | |
| Please indicate level of student: | | | | |
| Master's Practicum I (Coun 6381) II (Co | un 6382) | | | |
| Doctoral Practicum (Psych 7365) 12 | 32 | 4 5 or abo | ove | |
| Student should complete section | n above. | | | |
| Please evaluate the student's performance in each of the an number on the scale. If the student did not engage in a particular of the scale in a particular of the scale in the student did not engage in a particular of the scale in a particular of the student's curations. In a particular of the student in terms of what is generally expect of training. For example, if the student is enrolled in Practicular of the practicular of t | ular activity rent level of ed for the stricum I, how | listed, please cir training) udent's current is the student of serves one or m | rcle NA. | |
| sessions between the student and the client(s) and provides feedback. (This can be done live or via video, but it cannot the acceptable minimum, but we encourage you to do so m | be solely au | dio.) <u>At least or</u> | ıce is | |
| I have directly observed (live or by video) the student at least or | ne time this se | emester: | | |
| YESNO | | | | |
| | Below | Expected | Above | |
| Overall Quality of Observed Session(s) | 1 | 2 | 3 | NA |
| | | | | |

| I. Professionalism | Below | Expected | Above | |
|--|-------|----------|-------|----|
| 1. Meets appointments and deadlines. | 1 | 2 | 3 | NA |
| 2. Prepares and organizes work in a professional manner. | 1 | 2 | 3 | NA |
| 3. Able to work with staff. | 1 | 2 | 3 | NA |
| 4. Appropriate personal appearance | 1 | 2 | 3 | NA |
| 5. Aware of agency/departmental goals. | 1 | 2 | 3 | NA |
| 6. Overall level of professionalism. | 1 | 2 | 3 | NA |
| II. Ethical Behavior | | | | |
| 1. Understands the relevant ethical codes. | 1 | 2 | 3 | NA |
| 2. Performs in an ethical manner. | 1 | 2 | 3 | NA |
| 3. Consults on ethical issues when needed. | 1 | 2 | 3 | NA |
| III. Social Justice/Multicultural/Diversity | | | | |
| 1. Respects issues of multiculturalism and diversity in working with others. | 1 | 2 | 3 | NA |
| 2. Has self-awareness regarding issues of multiculturalism and diversity. | 1 | 2 | 3 | NA |
| 3. Acts to promote social justice. | 1 | 2 | 3 | NA |
| IV. Counseling Skills | | | | |
| 1. Able to establish rapport with clients. | 1 | 2 | 3 | NA |
| 2. Interviewing skill with individual clients | 1 | 2 | 3 | NA |
| 3. Able to conceptualize client issues and problems. | 1 | 2 | 3 | NA |
| 4. Able to identify client strengths. | 1 | 2 | 3 | NA |
| 5. Able to integrate client strengths into interventions. | 1 | 2 | 3 | NA |
| 6. Individual Counseling Skills | 1 | 2 | 3 | NA |
| 7. Group Counseling Skills | 1 | 2 | 3 | NA |
| V. Assessment Skills | | | | |
| 1. Assessment skills (e.g., aptitude, ability, interest) | 1 | 2 | 3 | NA |
| 2. Understanding of diagnostic information and results | 1 | 2 | 3 | NA |
| 3. Report writing and communication | 1 | 2 | 3 | NA |
| VI. Treatment Planning and Interdisciplinary Integration | | | | |
| 1. Able to design and implement treatment plans. | 1 | 2 | 3 | NA |
| 2. Able to work within an interdisciplinary context. | 1 | 2 | 3 | NA |
| 3. Awareness of site's clinical population | 1 | 2 | 3 | NA |
| 4. Familiarity with on-site referral sources and other resources | 1 | 2 | 3 | NA |
| 5. Familiarity with off-site referral sources and other resources | 1 | 2 | 3 | NA |
| | | | | |

| VII. Empirically Based Practice | Below | Expected | Above | |
|--|-------|----------|-------|----|
| 1. Implements Empirically Based Practices. | 1 | 2 | 3 | NA |
| 2. Organizes client problems within recognized theoretical frameworks. | 1 | 2 | 3 | NA |
| VIII. Feedback, Supervision, and Consultation | | | | |
| 1. Receptiveness in supervision | 1 | 2 | 3 | NA |
| 2. Monitors and independently resolves situations that challenge professional values and integrity. | 1 | 2 | 3 | NA |
| 3. Engages in self-care in relation to the practice of counseling/psychology, as determined by open discussion in supervision. | 1 | 2 | 3 | NA |
| 4. Consultation skills in working with others | 1 | 2 | 3 | NA |
| 5. Supervision skills in supervising others (in the practice of counseling/psychology) | 1 | 2 | 3 | NA |
| IX. Career Counseling and Assessment | | | | |
| 1. Career assessment Skills | 1 | 2 | 3 | NA |
| 2. Career counseling skills | 1 | 2 | 3 | NA |

| Overall quality of performance during entire | 1 | 2 | 3 | NA |
|--|---|---|---|----|
| practicum. | | | | |

Practicum Experiences

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

| Activity (Direct Services to Clients) | Hours (or N/A) | | |
|---|----------------|--|--|
| Individual counseling | | | |
| Group counseling | | | |
| Marriage & family counseling | | | |
| Assessment &evaluation | | | |
| Intake | | | |
| Crisis intervention | | | |
| (Supervision, Consultation, and Staffing) | | | |
| Individual supervision | | | |

| Group supervision | |
|---|--|
| Staffing w/ other disciplines | |
| Consultation | |
| 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 | ne student's performance during this practicum. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | - - |
| Supervisor's signature | date |
| Licensed as (Supervisor) | Highest degree obtained |
| Student's signature | date |