

COUNSELOR TRAINEE INTERNSHIP EVALUATION FORM

THE UNIVERSITY OF TOLEDO

EVALUATION OF _____ S.S.# _____ QTR./YR. _____

EVALUATOR'S NAME _____ EVALUATOR'S TITLE/LICENSE _____

PLACEMENT _____

TOTAL HOURS _____ SUPERVISION HOURS _____

(Please circle appropriate response for each item)

Excellent _____ Poor
5 4 3 2 1 NA

KNOWLEDGE OF:

1. Counselor and client characteristics and behaviors that influence the helping process	5	4	3	2	1	NA
2. Counseling theories and techniques	5	4	3	2	1	NA
3. Basic and advanced helping skills	5	4	3	2	1	NA
4. The counseling process	5	4	3	2	1	NA
5. Group theory, techniques, and leadership	5	4	3	2	1	NA
6. Ethical, legal and professional codes	5	4	3	2	1	NA
7. Sources of referral and referral procedures	5	4	3	2	1	NA

SKILLS

1. Conceptualizes client concerns from a theoretical rationale	5	4	3	2	1	NA
2. Develops and implements effective treatment plans	5	4	3	2	1	NA
3. Demonstrates effective counseling responses (e.g., empathic responding, self-disclosure, confrontation)	5	5	3	2	1	NA
4. Demonstrates effective use of structuring techniques (e.g., goal setting, beginning, ending and terminating sessions, contracting, external assignments)	5	4	3	2	1	NA
5. Monitors and evaluates effectiveness	5	4	3	2	1	NA
6. Demonstrates basic and advanced group counseling skills	5	4	3	2	1	NA
7. Applies skills in a manner that serves all counselees equally, effectively, and with respect	5	4	3	2	1	NA
8. Applies ethical standards and operates within legal framework	5	4	3	2	1	NA
9. Makes timely referrals	5	4	3	2	1	NA
10. Maintains accurate records and case notes	5	4	3	2	1	NA
11. Demonstrates effective consultation skills	5	4	3	2	1	NA
12. Performs duties and responsibilities required of the counseling position	5	4	3	2	1	NA

PROFESSIONAL QUALITIES

1. Awareness of personal values and limitations	5	4	3	2	1	NA
2. Acceptance of client diversity	5	4	3	2	1	NA
3. Openness to criticism and supervision	5	4	3	2	1	NA
4. Works cooperatively with colleagues and referral sources	5	4	3	2	1	NA
5. Dependability	5	4	3	2	1	NA
6. Adaptability	5	4	3	2	1	NA

Comments _____

Supervisor's Signature _____ Date _____

Sign to indicate acknowledgement, but not necessarily agreement.

Student's Signature _____ Date _____