



**SAN FRANCISCO BAY AREA**  
**Site Supervisor Counseling Student Evaluation**

Student: \_\_\_\_\_

Site: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Seminar Instructor: \_\_\_\_\_

Term: \_\_\_\_\_

Period Covered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please evaluate this student based on where **you would expect a graduate counseling student to be at this point in their training**. Please evaluate this student's overall performance based on the following rating scale:

**RATING SCALE:** 1= Unacceptable 2= Below Average 3= Average 4= Above Average 5=Excellent  
N/A=Not applicable or insufficient opportunity to observe

**I. PROFESSIONALISM & ETHICS**

Knowledge of relevant counseling theory and concepts	1	2	3	4	5	N/A
Effectively completes assigned duties/tasks	1	2	3	4	5	N/A
Shows appropriate initiative	1	2	3	4	5	N/A
Ability to conceptualize and synthesize information	1	2	3	4	5	N/A
Time management/organizational skills	1	2	3	4	5	N/A
Contributes as a member of treatment team	1	2	3	4	5	N/A
Relates effectively to administration	1	2	3	4	5	N/A
Actively seeks new learning experiences	1	2	3	4	5	N/A
Makes appropriate decisions and uses good judgment	1	2	3	4	5	N/A
Is aware of and complies with ethical standards (AAMFT, APA)	1	2	3	4	5	N/A
Maintains professional presentation	1	2	3	4	5	N/A
Committed to professional development	1	2	3	4	5	N/A
Is conscientious, energetic and responsible in professional activities	1	2	3	4	5	N/A
Follows appropriate policies and practices of site	1	2	3	4	5	N/A
Understands the roles/responsibilities of counselors & other professionals	1	2	3	4	5	N/A

Comments: \_\_\_\_\_

**II. SUPERVISION**

Prepares for supervision	1	2	3	4	5	N/A
Is open and honest in supervision sessions	1	2	3	4	5	N/A
Accepts and uses constructive feedback	1	2	3	4	5	N/A
Is aware of personal issues which may interfere with therapist role	1	2	3	4	5	N/A
Demonstrates self-sufficiency and seeks consultation/guidance appropriately	1	2	3	4	5	N/A

Comments: \_\_\_\_\_

### III. HELPING RELATIONSHIPS

#### Counseling Skills

Establishes rapport	1	2	3	4	5	N/A
Develops and maintains empathic contact	1	2	3	4	5	N/A
Effective listening skills	1	2	3	4	5	N/A
Developing treatment goals	1	2	3	4	5	N/A
Cognitive interventions	1	2	3	4	5	N/A
Affective interventions	1	2	3	4	5	N/A
Behavioral interventions	1	2	3	4	5	N/A
Systemic interventions	1	2	3	4	5	N/A

#### Counseling Modalities

Adult Individual counseling skills	1	2	3	4	5	N/A
Group counseling skills	1	2	3	4	5	N/A
Marital/family counseling skills	1	2	3	4	5	N/A
Counseling skills with children/adolescents	1	2	3	4	5	N/A
Crises counseling skills	1	2	3	4	5	N/A
Psycho-educational activities	1	2	3	4	5	N/A
Sensitivity to cultural/ethnic differences	1	2	3	4	5	N/A
Demonstrates theoretical basis in counseling	1	2	3	4	5	N/A
Selects intervention techniques appropriate to client needs	1	2	3	4	5	N/A

#### Assessment and Diagnostic Skills

Intake and clinical interview skills	1	2	3	4	5	N/A
Ability to conduct mental status examination	1	2	3	4	5	N/A
Testing administration and interpretation skills	1	2	3	4	5	N/A
Utilizes DSM-IV for accurate diagnosis	1	2	3	4	5	N/A
Case conceptualization skills	1	2	3	4	5	N/A

Comments: \_\_\_\_\_

---

---

### IV. PROFESSIONAL WRITTEN AND ORAL COMMUNICATION

Ability to write clear and organized reports	1	2	3	4	5	N/A
Completes reports in timely manner	1	2	3	4	5	N/A
Produces accurate and concise written materials	1	2	3	4	5	N/A
Maintains accurate and complete client records	1	2	3	4	5	N/A
Clearly communicates clinical observations, impressions and recommendations	1	2	3	4	5	N/A

Comments: \_\_\_\_\_

---

## **V. OVERALL PERFORMANCE RATING**

1. **Student's overall performance based on the following rating scale: (Circle one)**

1= Unacceptable      2=Below Average      3=Average      4= Above Average      5=Excellent

2. **Would you recommend this student for a job in your type agency if one were available?**

\_\_\_ Yes    \_\_\_ No    If no, please indicate why:

3. **Are there any concerns that require the Practicum Training Director's immediate attention?**

**Student's Strengths:**

---

---

---

**Three Main Goals/Areas for Improvement** for this student as a developing therapist:

---

---

---

## **SIGNATURES**

Site Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

My signature indicates that I have read the above report and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with it in part or in whole. If I disagree with this evaluation, I have the option of writing a dissenting opinion/explanation and submitting it to my site supervisor and the Practicum Training Director.

Practicum Training Director: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to:**

Practicum Training Director- Counseling Department, MACP  
Argosy University/SFBA  
999A Canal Blvd.  
Point Richmond, CA 94804  
FAX: 510-215-0299