Clinical Practicum/Internship/Advanced Internship FINAL Evaluation Form

Master’s Program in Clinical or Community Mental Health Counseling
Psychology Department
Valparaiso University

Student’s Name _____________________________________________

Using the rating scale provided below, please indicate how well the practicum/internship student has performed in the various areas listed on the following pages. If a particular category is rated as 1 or 2, please comment and make suggestions for improvement in the space provided.

N/A = Not applicable

1 = Needs significant improvement

2 = Needs some improvement; minimally satisfactory

3 = Developmentally appropriate (i.e., appropriate for this stage in the student’s graduate education)

4 = Above average

5 = Advanced

Counseling Knowledge (Understanding of important counseling theories and techniques)

Rating: N/A 1 2 3 4 5

Strengths:

Areas for growth:
Clinical Knowledge (Extent to which student exhibits a broad background in fields specifically connected with clinical mental health counseling)

Rating: N/A 1 2 3 4 5

Strengths:

Areas for growth:

Application Skills (Ability to apply theories and techniques to diverse human problems in varied counseling settings)

Rating: N/A 1 2 3 4 5

Strengths:

Areas for growth:

Interpersonal Skills (Quality of working relationship formed with clients; sensitivity; empathy; non-judgmental orientation)

Rating: N/A 1 2 3 4 5

Strengths:

Areas for growth:
Basic Communication Skills (Attending behavior; paraphrasing of content; ability to summarize; reflection of feeling; use of open-ended questions; clarification and elaboration)

Rating: N/A  1  2  3  4  5

Strengths:

Areas for growth:

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Basic Counseling Skills (Ability to focus interview; ability to “stay with client”; observation of and response to nonverbal behavior; demonstrates sufficient detachment to be of help to client; uses homework when indicated; identifies client’s issues and goals relevant to counseling process; goal-setting)

Rating: N/A  1  2  3  4  5

Strengths:

Areas for growth:

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Advanced Counseling Skills (Uses self-disclosure appropriately; able to evaluate the course of counseling; uses confrontation effectively; deals appropriately with issues of resistance to treatment; gives client feedback regarding nonverbal behavior; able to use silence; appropriately uses information-giving; able to deal with attraction and friendship issues; maintains appropriate boundaries with clients; ability to use the interpersonal relationship as a clinical tool; prepares client for termination and processes termination issues)

Rating: N/A  1  2  3  4  5

Strengths:

Areas for growth:
Diagnosis/Assessment/Conceptualization (Understanding of psychopathology; ability to assign appropriate diagnostic labels; conceptualization of client problem; treatment planning skills)

Rating: N/A 1 2 3 4 5

Strengths:

Areas for growth:

Sociocultural Awareness (Ability to deal sensitively and effectively with gender, social, and cultural issues)

Rating: N/A 1 2 3 4 5

Strengths:

Areas for growth:

Management Skills (Introduces intake and explains counseling process; sets and observes time limits; keeps records and case notes; manages counselor’s own issues and anxiety; maintains ethical behavior in counselor role; quality of working relationship with staff)

Rating: N/A 1 2 3 4 5

Strengths:

Areas for growth:
Response to Supervision (Use of supervision; openness to feedback; use of consultation when needed; open recognition of personal limitations; demonstrates an accurate view of own progress)
Rating: N/A 1 2 3 4 5
Strengths:
Areas for growth:

Scientific Skills (Extent to which student understands the ethical application of scientific knowledge to the practice of counseling and is able to apply an investigative approach to the understanding of psychopathology and the practice of clinical assessment and intervention)
Rating: N/A 1 2 3 4 5
Strengths:
Areas for growth:

Professional Identity (Extent to which student exhibits a well-developed identity as a professional counselor and engages in ethical conduct in her/his work as a counselor)
Rating: N/A 1 2 3 4 5
Strengths:
Areas for growth:
Recommended grade: Please circle the grade that you feel is appropriate for this student.

Satisfactory  Unsatisfactory

Please discuss the preceding evaluation with the practicum/internship student and ask the student to sign below indicating that you have discussed this evaluation with her/him.

Student signature _____________________________________________

Date ____________________________

Name of person completing this form (please print): ___________________________

Signature of person completing this form: ____________________________

Name of organization/agency: ___________________________________________

Date: ______________________

Please return the form to the student or mail it to the Counselor Training Coordinator: Mandy Morrill, NCC, EdD, Clinical Training Coordinator, Department of Psychology, Valparaiso University, Valparaiso, IN 46383. If you have any additional questions or concerns please do not hesitate to contact me at 219-464-6764, or via e-mail: mandy.morrill-richards@valpo.edu

Thanks very much for your help!