



Department of Professional Counseling Professional Skills Evaluation Form

Student: _____ Student ID Number: _____
 Faculty/Site Supervisor Name: _____ Course Number: _____ Section: _____
 Campus: _____ Term: _____ Circle One: Faculty/Supervisor Evaluation Self-Evaluation

Rating Scale: N – No opportunity to observe 0 – Does not meet criteria for program level 1 – Meets criteria minimally or inconsistently for program level 2 – Meets criteria consistently at this program level 3 – Exceeds criteria for program level competency	This form is to be used in the following courses: COUN 5020 Foundations of Counseling COUN 5100 Social and Cultural Foundations of Counseling; COUN 5600 Techniques of Group Counseling; COUN 5610 Techniques of Counseling; COUN 6000/6100/6200 Practicum; and COUN 6500 Internship
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Please rate **ONLY** those behaviors and skills that you have observed.

I. Aptitude, Personality Traits, and Behaviors Appropriate for Counseling Students	N	0	1	2	3
1. Demonstrates cognitive and sensory capacities to effectively and professionally interact with fellow students, faculty, supervisor, and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates interpersonal skills* necessary to effectively and professionally interact with fellow students, faculty, supervisor, and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates interpersonal skills* necessary to enhance interactions with fellow students, faculty, supervisor, and staff <i>(*Interpersonal skills include but are not limited to positive regard for others, mood and affect regulation, openness, genuineness, empathy, and appropriate verbal and non-verbal communication skills)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Overall Assessment of Student's skills related to Aptitude, Personality Traits, and Behaviors Appropriate for Counseling Students <i>(Note: If providing a rating of 0 or 1 on this "overall" rating, please ensure you have assessed any of the above skills that you have observed)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

II. Learning Attitudes and Behaviors	N	0	1	2	3
1. Participates every week in class discussions and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates professionalism in discussion of conflict or concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates appropriate self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrates appropriate self-disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates awareness of effect on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provides feedback appropriately to other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrates appropriate self-control (e.g., frustration, anger and impulse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall Assessment of student's skills related to Learning Attitudes and Behaviors <i>(Note: If providing a rating of 0 or 1 on this "overall" rating, please ensure you have assessed any of the above skills that you have observed)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

III. Basic Counseling Skills	N	0	1	2	3
1. Demonstrates awareness of own belief system, values, needs, and biases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates awareness of own cultural, ethnic, racial identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Respects cultural, individual and role differences, including but not limited to those related to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and SEC status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrates unconditional positive regard, warmth, and empathy toward clients and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates capacity to listen reflectively, summarize, and paraphrase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrates capacity to use therapeutic silence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrates ability to determine underlying meaning and unstated values of the client's story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Recognizes, respects, and maintains appropriate boundaries in all professional relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Demonstrates ability to elicit information from others in a therapeutic manner (with open-ended questions, avoidance of double questions, and not answering questions for others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Demonstrates awareness of theories of counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Demonstrates understanding of informed consent and the limits of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall Assessment of student's skills related to Basic Counseling Skills (<i>Note: If providing a rating of 0 or 1 on this "overall" rating, please ensure you have assessed any of the above skills that you have observed</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
IV: Fitness for Counseling	N	0	1	2	3
1. Demonstrates ability to establish a counseling relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates ability to conceptualize a case and develop a treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates practicing within one's level of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrates appropriate use of confrontation, re-direction, interruption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates understanding of the DSM and clinical application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrates risk management skills for suicidal or homicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrates ability to identify and respond to various forms of abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Understands treatment protocol for chemical addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Demonstrates multicultural awareness and sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Demonstrates ability to write appropriate case notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Demonstrates understanding of referral and termination processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Demonstrates adherence to ACA Code of Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Maintains appropriate boundaries in clinical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Overall Assessment of student's skills related to Fitness for Counseling (<i>Note: If providing a rating of 0 or 1 on this "overall" rating, please ensure you have assessed any of the above skills that you have observed</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

V. Integration of Theory and Practice	N	0	1	2	3
1. Demonstrates ability to integrate selected theory with practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates ability to present case studies consistent with theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates ability to measure outcomes based on theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrates appreciation of a variety of counseling theories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall Assessment of student's skills related to Integration of Theory and Practice <i>(Note: If providing a rating of 0 or 1 on this "overall" rating, please ensure you have assessed any of the above skills that you have observed)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
VI. Openness to Clinical Supervision	N	0	1	2	3
1. Actively participates in learning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Responds appropriately to peer, instructor, and supervisor feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates preparedness for supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrates professionalism in all interactions with agency and program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is compliant and cooperative with agency rules and expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall Assessment of student's skills related to Openness to Clinical Supervision <i>(Note: If providing a rating of 0 or 1 on this "overall" rating, please ensure you have assessed any of the above skills that you have observed)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Summary of student strengths:

Summary of areas that need more attention for this student:

Faculty/Supervisor Signature (circle: Faculty or Site Supervisor)

Date

I acknowledge that I have been provided with and understand the above evaluation.

Student Signature

Date