



Practicum Form: Practicum Supervisor Evaluation of Student

**SITE SUPERVISOR EVALUATION FORM
(Due every quarter by 10th 333 class)**

Trainee's Name: _____ Name of Agency: _____

Trainee's Student ID#: _____ Agency Address: _____

Date of this evaluation: ___/___/___ Agency Clinical Supervisor: _____

Univ. (333) Instructor: _____ Agency Supervisor Phone: _____

Practicum dates: ___/___/___ to ___/___/___ Agency Supervisor Email: _____

Total # placement hours for quarter: _____ Agency Supervisor License Type: _____

Agency Supervisor License #: _____

Directions: Using the following rating scale, please rate this trainee in terms of suggested competencies.

4 = Outstanding 3 = Good 2 = Fair 1 = Poor NA = Not applicable

		Rating
I. Communication Skills	a. Verbal Skills	
	b. Writing Skills	
	c. Cultural Competency	
Comments		
II. Interviewing	a. Structure of interview	
	b. Attending behaviors	
	c. Active listening	
	d. Professional attitude	
	e. Interviewing technique	
	f. Mental status evaluation	
	g. Psychosocial history	
	h. Observation	



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	i. Use of questions	
	j. Reflection	
	k. Empathy	
	l. Respect for differences	
Comments		
III. Diagnosis	a. Knowledge of assessment instruments	
	b. Knowledge of current DSM	
	c. Use of records	
	d. Ability to formulate a preliminary diagnosis	
Comments		
IV. Treatment	a. Ability to draw up a treatment plan	
	b. Ability to perform individual counseling	
	c. Ability to perform marital counseling	
	d. Ability to perform conjoint counseling	
	e. Ability to perform family counseling	
	f. Ability to perform group counseling	
	g. Crisis intervention skills	
	h. Ability to deal with various populations	
	i. Ability to make progress notes	
Comments		
V. Case Management	a. Knowledge of agency programs and professional staff roles	
	b. Knowledge of community resources	
	c. Discharge planning	
	d. Follow up	
	e. Record keeping of client management	



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Comments		
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VI. Agency Operations and Administration	a. Knowledge of agency mission and structure	
	b. Awareness of roles of administrative staff	
	c. Knowledge of agency goals	
	d. Understanding of agency care standards	
Comments		
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VI. Professional Orientation	a. Knowledge of counselor ethical codes	
	b. Knowledge of agency professional policies	
	c. Ability of trainee to seek and accept supervision	
Comments		

Please write a brief summary statement of the trainee as a future counselor.

Trainee	Agency Supervisor	Practicum Director
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End Form.