

Final Evaluation of Counselor Trainee (to be completed by Approved Site Supervisor)

Counselor Trainee: _____ Date: _____
 Agency/Organization: _____
 Traineeship beginning: _____ and ending: _____

SUPERVISOR: Please evaluate the counselor trainee for this field placement by using the following rating scale. Please write comments where appropriate.

- 1 - below level of performance for this placement and needs much improvement.
- 2 - needs some improvement in the level of performance.
- 3 - performing at expected level.
- 4 - performing above expected level.

KNOWLEDGE				
1	2	3	4	Theoretical knowledge of counseling and marital and family therapy.
1	2	3	4	Techniques of counseling psychotherapy.
1	2	3	4	Community resources and referral procedures.
1	2	3	4	Ability to formulate and implement a treatment plan.

SKILLS				
1	2	3	4	Sensitive to matters of diversity; effective in working With clients from diverse social and/or cultural populations.
1	2	3	4	Maintains clear limits and control while encouraging initiative.
1	2	3	4	Diagnoses accurately, shows understanding of personal/family dynamics.
1	2	3	4	Communicates clearly with clients regarding feelings/thoughts/actions.
1	2	3	4	Knows personal limits and when to seek consultation or make referrals.
1	2	3	4	Confronts appropriately defenses, distortions, and discrepancies.
1	2	3	4	Uses personal experiences/self-disclosure properly.
1	2	3	4	Devises effective directives or plans for change.
1	2	3	4	Uses a variety of counseling techniques/strategies.
1	2	3	4	Terminates cases appropriately and when indicated.

1 2 3 4	Writes timely and orderly reports which are clinically accurate.
1 2 3 4	Makes clear case presentations during staffing meetings.

OVERALL EVALUATION:

Supervisor believes the counselor trainee has completed the fieldwork with the following level of competence (please circle the point on the rating scale which reflects your assessment, based on the traditional A - F grading system):

Very Competent					Incompetent		
A	A-	B+	B	B-	C	D	F
GRANT COURSE CREDIT					NO CREDIT ISSUED		

This rating will assist the CSUF faculty supervisor in determining a grade for this experience and will be considered "advisory" input. Responsibility for the final grade rests exclusively with the CSUF faculty supervisor.

SUPERVISOR COMMENTS: Please write a brief comment, especially regarding the counselor trainee's work with couples, families, and children.

SUPERVISOR'S NAME: _____ DATE: _____

SIGNATURE: _____ DEGREE/LICENSE: _____

COMMENTS BY COUNSELOR TRAINEE:

TRAINEE'S SIGNATURE: _____ DATE: _____

CSUF SUPERVISOR'S SIGNATURE: _____ DATE: _____