



SAN FRANCISCO BAY AREA

Supervisor Evaluation of Counseling Psychology Student

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

Supervisor: \_\_\_\_\_ Semester:  Fall \_\_\_\_\_(year)

Spring \_\_\_\_\_(year)

Date evaluation was completed: \_\_\_\_\_  Summer \_\_\_\_\_(year)

Contracted Hours: The total number of hours completed to date is: \_\_\_\_\_ hours (required)

The number of direct hours completed to date is: \_\_\_\_\_ hours (required)

This form is designed to provide constructive feedback to students and Argosy faculty regarding the student's clinical proficiency and training progress. Please rate the student compared to the expected competency level of students at the same level of training. Also, please provide additional feedback in the comments sections. This evaluation is to be completed by the primary supervisor in consultation with other relevant supervisors. Please review the completed evaluation with the student before returning to Argosy.

Observation of Student's Work: How did you observe student's work (circle all that apply):

- 1. Student Report 4. Direct Observation (one way mirror)
2. Audiotape 5. Review of Progress Notes
3. Videotape 6. Other, please specify: \_\_\_\_\_

EVALUATION SCALE: Please use the following response scale for this evaluation:
1 2 3 4 5
Significantly Below Below Meets Above Significantly
Expected Expected Expected Expected Above Expected
Competency Competency Competency Competency Competency

\*If item does not apply, circle "n/a" for not applicable.

A. Psychological Evaluation and Assessment Ratings
1. Organizes clinical material and formulates accurate diagnoses. 1 2 3 4 5
2. Develops relevant treatment plans based on initial interviews. 1 2 3 4 5
3. Evaluation of dangerousness, suicide, abuse, and other reporting concerns. 1 2 3 4 5
4. Conceptualizes problems within theoretical framework. 1 2 3 4 5
5. Provides appropriate feedback to clients based on evaluation and assessment. 1 2 3 4 5
6. Considers cultural/ethnic context in evaluating and assessing clients. 1 2 3 4 5
Overall Rating 1 2 3 4 5

Additional comments (comments on scores below 3 required): \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**EVALUATION SCALE: Please use the following response scale for this evaluation:\***

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Significantly Below Expected Competency	Below Expected Competency	Meets Expected Competency	Above Expected Competency	Significantly Above Expected Competency

<b>B. Clinical Interventions</b>	Ratings
1. Establishes rapport and therapeutic alliance with clients.	1 2 3 4 5
2. Communicates and demonstrates empathy, warmth, and genuineness with clients.	1 2 3 4 5
3. Provides appropriate help to clients under their care.	1 2 3 4 5
4. Can be relied on to perform effectively in crisis situations.	1 2 3 4 5
5. Applies theoretical/conceptual understanding to interventions.	1 2 3 4 5
6. Understands and manages professional boundaries with clients.	1 2 3 4 5
7. Identifies therapeutic problems and works toward their resolution.	1 2 3 4 5
8. Shows flexibility and creativity in clinical work.	1 2 3 4 5
9. Utilizes effective cognitive interventions.	1 2 3 4 5 n/a
10. Utilizes effective psychodynamic interventions.	1 2 3 4 5 n/a
11. Utilizes effective behavioral interventions.	1 2 3 4 5 n/a
12. Utilizes effective systemic interventions.	1 2 3 4 5 n/a
13. Able to terminate therapy appropriately and effectively.	1 2 3 4 5
14. Demonstrates understanding and skill in working with diverse clients (e.g., gender, ethnicity, religion, disability, sexual orientation, class, and lifestyle).	1 2 3 4 5
<b>Overall Rating</b>	1 2 3 4 5

Additional comments (comments on scores below 3 required): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>C. Professional Roles and Behaviors</b>	Ratings
1. Executes duties and responsibilities in a professional and conscientious manner.	1 2 3 4 5
2. Demonstrates appropriate professional demeanor.	1 2 3 4 5
3. Fulfills required administrative duties (timely progress notes, charting, reports, etc.).	1 2 3 4 5
4. Produces accurate and concise written materials.	
4. Interacts and communicates effectively with administrative staff.	1 2 3 4 5
5. Maintains cooperative working relationships with peers.	1 2 3 4 5
6. Active and helpful participation in training and case conferences.	1 2 3 4 5
7. Organization and quality of presentations in case conferences and training.	1 2 3 4 5
8. Shows awareness of and sensitivity to multicultural issues in professional roles.	1 2 3 4 5
9. Demonstrates responsible handling of ethical and legal issues in accordance with ethical standards of marriage and family therapists.	1 2 3 4 5
<b>Overall Rating</b>	1 2 3 4 5

Additional comments (comments on scores below 3 required): \_\_\_\_\_

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\_\_\_\_\_

<b>EVALUATION SCALE: Please use the following response scale for this evaluation:*</b>				
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Significantly Below Expected Competency	Below Expected Competency	Meets Expected Competency	Above Expected Competency	Significantly Above Expected Competency

<b>D. Self Examination and Development</b>	Ratings
1. Motivated and takes initiative to learn and grow as a clinician.	1 2 3 4 5
2. Engages in self-reflection & self-examination regarding clinical work.	1 2 3 4 5
3. Recognizes limits of own skills and capabilities.	1 2 3 4 5
4. Effectively manages demands of work and stress.	1 2 3 4 5
5. Aware of personal issues which could interfere with professional roles.	1 2 3 4 5
6. Manages/makes use of personal reactions to clinical work (countertransference).	1 2 3 4 5
7. Examines and utilizes personal reactions to multicultural differences.	1 2 3 4 5
8. Continues to develop a professional identity.	1 2 3 4 5
<b>Overall Rating</b>	1 2 3 4 5

Additional comments (comments on scores below 3 required):

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<b>E. Supervision</b>	Ratings
1. Approaches supervision in an open and collaborative manner.	1 2 3 4 5
2. Takes initiative in developing the content of supervisory sessions.	1 2 3 4 5
3. Actively seeks out clinical and professional consultation when appropriate.	1 2 3 4 5
4. Uses supervision feedback to improve clinical effectiveness.	1 2 3 4 5
5. Examines and attends to multicultural issues in supervision.	1 2 3 4 5
<b>Overall Rating</b>	1 2 3 4 5 n/a

Additional comments (comments on scores below 3 required):

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**F. OVERALL EVALUATION AND COMMENTS**

**1. Strengths:** What strengths does the student bring to their work? Where has the student particularly demonstrated growth during this course of training?

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**2. Areas for Improvement:** What areas need improvement and development? Note any specific concerns about the student progressing to the next level of training. Please include an attachment if necessary.

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**3. Goals for Next Stage of Training:** Please note goals for student in next stage of clinical training.

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**4. Preparation:** Please indicate your view of the student's academic preparation to successfully complete the duties of this practicum (circle one).

Very Poor      Poor      Adequate      Very Good      Excellent

Please note areas where student was well prepared by the academic program.

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Please address ways in which the academic program could better prepare students for your training program.

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**5. Progress:** Please rate the student's **overall improvement** during this evaluation period. (circle one)

Worsened      Stayed the same      Somewhat improved      Very improved      Greatly improved

**6. Overall Evaluation:** Based on the student's level of training and the above items, please evaluate the student's **overall professional competence** during this period? (Please circle *one* number.)

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Significantly Below Expected Competency	Below Expected Competency	Meets Expected Competency	Above Expected Competency	Significantly Above Expected Competency

**SIGNATURES**

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

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

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

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

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

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

AU Director of Counseling Training: \_\_\_\_\_

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

**Please return this form to:** Director of Counseling Training, Argosy University/SFBA, 1005 Atlantic Ave., Alameda, CA 94501; FAX: 510-217-4808