

Practicum Student Evaluation Form (Revised Form)  
 Counseling Psychology Program  
 Department of Special Education, Rehabilitation, and Counseling  
 Auburn University

(To be completed by the Practicum Site Supervisor)

Supervisee \_\_\_\_\_ On-Site Supervisor \_\_\_\_\_

Evaluation Period \_\_\_\_\_ Agency \_\_\_\_\_

Although the evaluation period covers the entire semester, when rating the scaled items, please answer them based on the student's level of functioning near the end of the semester. Please make comments concerning student progress, difficulties, etc., in item 21.

	Can't Judge	Unacceptable	Substantially Below Expectations	Below Expectations	Meets Expectations	Exceeds Expectations	Substantially Exceeds Expectations	Exemplary Performance
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How would you rate this student's								
1. Overall therapy skills?	0	1	2	3	4	5	6	7
2. Skill in responding to affect?	0	1	2	3	4	5	6	7
3. Ability to manage the therapy session?	0	1	2	3	4	5	6	7
4. Appropriate frequency of interventions?	0	1	2	3	4	5	6	7
5. Ability to react appropriately to dynamics in session?	0	1	2	3	4	5	6	7
6. Case conceptualization skills?	0	1	2	3	4	5	6	7
7. Ability to form good relationships with clients?	0	1	2	3	4	5	6	7
8. Ability to work with diverse clients?	0	1	2	3	4	5	6	7
9. Skills in, and appropriate use of assessment?	0	1	2	3	4	5	6	7
10. Use of theory to guide intervention?	0	1	2	3	4	5	6	7
11. Knowledge/ use of scholarly literature/ empirical evidence to inform intervention?	0	1	2	3	4	5	6	7
12. Ability to handle cases more effectively as a result of supervision?	0	1	2	3	4	5	6	7
13. Quality and timing of therapeutic interventions?	0	1	2	3	4	5	6	7
14. Professional judgment?	0	1	2	3	4	5	6	7

15. Skill in measuring client outcomes?	0	1	2	3	4	5	6	7
16. Ability to work with fellow professionals?	0	1	2	3	4	5	6	7
17. Handling of administrative responsibilities—record keeping, etc.?	0	1	2	3	4	5	6	7
18. Ability to non-defensively receive supervision?	0	1	2	3	4	5	6	7
19. Awareness of self as a therapist and appropriate use of awareness?	0	1	2	3	4	5	6	7

20. Do you have any reason to believe that the student has violated ethical principles of psychologists?

No       Yes       Unsure

If you checked yes or unsure, please comment.

21. Is there anything about this student's performance about which you would like to comment or which you believe should be brought to attention of the counseling psychology faculty? For example, comments concerning a student's strengths and weaknesses are often helpful, not merely in the faculty's supervision of a particular student but also in helping us improve our training model.

This form will be seen by members of the counseling psychology faculty at Auburn University.

Please show this completed form to the student. Student signature indicates receipt, not necessarily agreement. Please fax to Department (334-844-7677), mail (2084 Haley, Auburn University, Auburn, AL 36849; ATTN: Dr. Kluck), or send via student in sealed and signed envelope. Form must be received before practicum grade can be assigned.

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Signature of Supervisor Date

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Signature of Student Date