

Clinical Mental Health Counseling Site Supervisor's Evaluation of Students In Counseling Internship

University of North Carolina at Greensboro
Department of Counseling and Educational Development

Intern:

Please complete the following box before submitting this form to your host supervisor for completion.

Student's Name: _____ Date: _____

Experience Being Rated: (Please check the appropriate boxes)

CED 680A CED 680B CED 680C CED 680D

Mid semester evaluation Final evaluation

Average Days Worked Per Week: _____ Total Hours Completed: _____

University Supervisor: _____

Internship Site: _____

Site Supervisor's Name: _____ Position: _____

Site Supervisor

Please rate the student according to the following scale based on the student's current level of professional development. Some items provide the ability to mark "not applicable" as some activities are not conducted at all sites.

Poor (1) Inconsistent (2) Average (3) Strong (4) Excellent (5)

Please be as objective as possible in your ratings. This evaluation is used for the professional development of our internship students, and so they need honest, instructive feedback. After you have completed this form, please share your responses and rationale for your responses with the student. Students will then submit this form to their university supervisor to be placed in their internship folders.

PERSONAL CHARACTERISTICS

	POOR	INCONSISTENT	AVERAGE	STRONG	EXCELLENT
Self-awareness	1	2	3	4	5
Emotional stability	1	2	3	4	5
Self-control	1	2	3	4	5
Sense of self-confidence	1	2	3	4	5
Dependability	1	2	3	4	5
Preparation	1	2	3	4	5
Ethical	1	2	3	4	5

	POOR	INCONSISTENT	AVERAGE	STRONG	EXCELLENT
Cooperativeness	1	2	3	4	5
Promptness	1	2	3	4	5
Adaptability	1	2	3	4	5
Ability to be tactful	1	2	3	4	5
Willingness to learn	1	2	3	4	5
Independence	1	2	3	4	5
Initiative	1	2	3	4	5
Responsibility	1	2	3	4	5
Receptiveness to feedback	1	2	3	4	5
Utilizes feedback	1	2	3	4	5
Interacts appropriately with clients	1	2	3	4	5
Interacts appropriately with other staff	1	2	3	4	5
Ability to be a team player	1	2	3	4	5
Recognizes personal limitations	1	2	3	4	5

COUNSELING SKILLS AND PROCESS

	POOR	INCONSISTENT	AVERAGE	STRONG	EXCELLENT
Genuine interest in clients	1	2	3	4	5
Ability to understand client's point of view	1	2	3	4	5
Respect for diversity	1	2	3	4	5
Ability to relate to diverse clients	1	2	3	4	5
Appropriately uses culturally responsive modalities in counseling	1	2	3	4	5
Ability to secure client cooperation	1	2	3	4	5
Ability to establish and maintain rapport	1	2	3	4	5

	POOR	INCONSISTENT	AVERAGE	STRONG	EXCELLENT
	1	2	3	4	5
Ability to use appropriate counseling strategies with addiction and co-occurring disorders					
Insight into client's problems	1	2	3	4	5
Ability to modify counseling theories and interventions to make them culturally appropriate for clients	1	2	3	4	5

LEGAL AND ETHICAL KNOWLEDGE/SKILLS

	POOR	INCONSISTENT	AVERAGE	STRONG	EXCELLENT
	1	2	3	4	5
Ability to maintain confidentiality					
Adherence to ethical standards	1	2	3	4	5
Adherence to legal standards	1	2	3	4	5

ASSESSMENT SKILLS AND PRACTICES

	POOR	INCONSISTENT	AVERAGE	STRONG	EXCELLENT	
	1	2	3	4	5	
Ability to use clinical appraisal techniques to gather client information						
Ability to assess client needs	1	2	3	4	5	
Ability to collect a biopsychosocial history	1	2	3	4	5	
Ability to collect a mental health history	1	2	3	4	5	
Ability to assess for client danger to self/others	1	2	3	4	5	
Ability to use information to help clients with decision-making	1	2	3	4	5	
Awareness of cultural bias in assessment protocols	1	2	3	4	5	
Ability to assess for addictions	1	2	3	4	5	NA
Ability to conduct Mental Status Exams	1	2	3	4	5	NA

SKILLS TOWARD PROMOTING CLIENT WELLNESS

	POOR	INCONSISTENT	AVERAGE	STRONG	EXCELLENT
Ability to promote optimal human development and wellness among clients through prevention, education, and advocacy	1	2	3	4	5
Ability to promote prevention of mental and emotional disorders	1	2	3	4	5

SITE-SPECIFIC KNOWLEDGE AND SKILLS

	POOR	INCONSISTENT	AVERAGE	STRONG	EXCELLENT
Ability to document/keep appropriate and timely client records	1	2	3	4	5
Demonstrates understanding of site's functions	1	2	3	4	5
Willingness to seek supervision/consultation as needed	1	2	3	4	5
Ability to refer clients when appropriate	1	2	3	4	5

ADDITIONAL SKILLS

	POOR	INCONSISTENT	AVERAGE	STRONG	EXCELLENT	
Knowledge of in-house referral sources	1	2	3	4	5	NA
Knowledge of community referral sources	1	2	3	4	5	NA
Applies knowledge of public mental health policy, financing, and regulatory processes	1	2	3	4	5	NA
Diagnostic skills	1	2	3	4	5	NA
Ability to assess and manage suicide risk	1	2	3	4	5	
Advocates for policies, programs and services that are equitable and responsive to client needs	1	2	3	4	5	NA
Treatment plan development	1	2	3	4	5	NA

	POOR	INCONSISTENT	AVERAGE	STRONG	EXCELLENT	
Treatment plan implementation	1	2	3	4	5	NA
Supervisory abilities	1	2	3	4	5	NA
Ability to promote client understanding and access to community resources	1	2	3	4	5	NA

OVERALL RATING OF STUDENT

	POOR	INCONSISTENT	AVERAGE	STRONG	EXCELLENT
Counseling ability	1	2	3	4	5
Coordination ability	1	2	3	4	5
Consultation ability	1	2	3	4	5
Potential for success in a similar setting	1	2	3	4	5

Are there other evaluation issues specific to your site on which the intern should be evaluated? If so, please comment on them in the space provided.

Please comment on the following questions.

What are the strengths of the student as an intern?

What areas need further development?

What recommendations would you make to enhance this student's development?

Please feel free to use the following space, or the back of this page, for any additional comments.

Student's Signature/Date: _____

Host's Signature/Date: _____

Printed Host's Name: _____

Note: The student's signature indicates that he/she has read the evaluation and has discussed it with his/her site supervisor. It does not necessarily indicate that he/she is in agreement with it. Significant disagreement on the part of the student regarding this assessment should be noted in writing and forwarded as an addendum to this form.

Site Supervisors:

Please tear this form off of the Evaluation of the Counseling Intern, and if necessary, mail to the address below so that the University supervisor or Internship Coordinator can contact you.

Please indicate if you would like a conference, by phone or in person, with the University supervisor concerning this intern.

_____ Yes

_____ No

Please indicate if you would like a conference, by phone or in person, with the Internship Coordinator concerning this intern or other internship activities/requirements.

_____ Yes

_____ No

If yes for either of the above questions, please provide contact information below.

Site Supervisor's Name: _____

Agency/Site/School: _____

Phone Number: _____

Intern's Name: _____

Please mail to:

ATTN: Internship Coordinator
Department of Counseling and Educational Development
P.O. Box 26170
University of North Carolina at Greensboro
Greensboro, NC 27402