



**SITE EVALUATION OF THE GRADUATE STUDENT INTERN**  
**APCE 692 INTERNSHIP IN CLINICAL MENTAL HEALTH COUNSELING**

Name of Supervisee: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Site: \_\_\_\_\_

Address: \_\_\_\_\_

Please identify the types of activities utilized in supervision with this supervisee.

|  |  |
|--|--|
|  | Observed supervisee directly via one way mirror or video circuit |
|  | Listened to or watched tapes of supervisee counseling            |
|  | Read session notes   |
|  | Discussed cases with supervisee                                  |
|  | Group Supervision (6 supervisees or less)                        |
|  | Triadic Supervision (2 supervisees)                              |
|  | Individual Supervision   |
|  | Other (please describe)  |

What number of overall hours did the supervisee spend doing the following:

|  |  |
|--|--|
|  | Direct client contact (Individual counseling)  |
|  | Direct client contact (couples or families)  |
|  | Indirect client activities (i.e. case conferences, staff meetings, in-service workshops, trainings, administrative duties, completion of paperwork, case notes, treatment plans, etc.) |
|  | <b>TOTAL INTERNSHIP HOURS</b>  |

Logistical aspects:

|  |  |
|--|--|
|  | Supervisee is on time for sessions and supervision               |
|  | Case notes are ready on time                                     |
|  | Case notes are well written                                      |
|  | Treatment planning notes completed and modified with supervision |
|  | Supervisee has current and active liability insurance in place   |

Counseling/theoretical models used by supervisee: \_\_\_\_\_

### **Supervisee Skills Rating Form**

Please use the scale below to rate the supervisee across each of the following dimensions.

**Use the scale on the left side for the mid-term evaluation, and the scale on the right side for the final evaluation.**

**1** = Student is in need of further training and/or requires additional growth, maturation, and change in order to be effective in the various skill areas; trainee should not be allowed to function independently.

**2** = Competence is below average but, with further supervision and experience, is expected to develop satisfactorily; independent functioning is not recommended and close supervision is required.

**3** = Competence is at least at the minimal level necessary for functioning with moderate supervision required.

**4** = Competence is above average, trainee can function independently with periodic supervision.

**5** = Competence is well developed and trainee can function independently with little or no supervision required.

**N** = Insufficient data to rate at this time.

#### **Interaction / Interview Skills**

Midterm

Final

|             |  |             |
|-------------|--|-------------|
| N 1 2 3 4 5 | Counselor establishes good rapport with clients  | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor is in charge of direction of interview   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor is accepting and encouraging of client emotions, feelings, and expressed thoughts  | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor is aware and accepting of client's cultural, religious, sexual orientation, ethnic, economic, gender and lifespan/developmental issues, and displays sensitivity to these dimensions in sessions | N 1 2 3 4 5 |

#### **Counselor Responses**

|             |  |             |
|-------------|--|-------------|
| N 1 2 3 4 5 | Counselor's responses are appropriate in view of what client is expressing and according to developmental level                                | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor reflects emotions and responds to feelings appropriately   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor is able to establish appropriate boundaries between therapist and client (i.e., counselor avoided being "caught" by client dynamics) | N 1 2 3 4 5 |

|             |  |             |
|-------------|--|-------------|
| N 1 2 3 4 5 | Counselor's values remain neutral when working with the client | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Interventions are presented appropriately to the client        | N 1 2 3 4 5 |

### **Counseling Relationship**

|             |  |             |
|-------------|--|-------------|
| N 1 2 3 4 5 | Therapeutic relationship was conducive to productive counseling                                | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor used appropriate language level with client  | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor used language, tone of voice, and other behavior to convey an interest in clients    | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor communicated his/her interests, feelings and experiences to clients when appropriate | N 1 2 3 4 5 |

### **Client Conceptualization**

|             |   |             |
|-------------|---|-------------|
| N 1 2 3 4 5 | Understands/conceptualizes client's problem in its full perspective (systemic, developmental, cultural)                           | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Reports client's behavior patterns accurately and supports reports with specific behavioral observations                          | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Identifies and utilizes client strengths in sessions and treatment planning   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Interventions reflect a clear understanding of the client's problem and the client's goals  | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Interventions are consistent with the theoretical counseling model being used to conceptualize the client                         | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor is able to demonstrate knowledge of principles and processes of theoretical framework underlying mode of treatment used | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Treatment goals and plans reflect good case conceptualization and are consistent with the theoretical model being used            | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor assesses influence of other systems (i.e. school, work, medical etc) and acts accordingly                               | N 1 2 3 4 5 |

### **Termination**

|             |   |             |
|-------------|---|-------------|
| N 1 2 3 4 5 | Counselor reviews goals with clients and prepares for closure   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Termination was initiated and planned properly (was it a smooth transition from the counseling process) | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Follow up phone calls, or referral was discussed  | N 1 2 3 4 5 |

### **Case Conceptualization & Supervision**

|             |  |             |
|-------------|--|-------------|
| N 1 2 3 4 5 | Supervisee is able to observe/understand his or her own personal influence on the counseling relationship  | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Supervisee is able to conceptualize and discuss cases meaningfully and insightfully with the supervisor  | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Able to reflect on personal motives, regulate emotions, and is open to accepting personal responsibility and addressing issues pertaining to personal/professional growth conceptually and/or behaviorally | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Supervisee seeks, is well prepared, and actively participates in the supervisory process   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Supervisee is open to entertaining new ideas and behaviors   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Supervisee is receptive to supervisor feedback   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Conversations in supervision and feedback reflected in future counseling sessions  | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor demonstrates an ability to appropriately negotiate the balance between autonomy and dependency in supervision  | N 1 2 3 4 5 |

### **Use of Evidence Based Interventions and Literature**

|             |  |             |
|-------------|--|-------------|
| N 1 2 3 4 5 | Counselor made serious effort to integrate case with Evidence Based Interventions                    | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor used literature to be more informed in regards to case conceptualization, and intervention | N 1 2 3 4 5 |

### **Miscellaneous**

|             |  |             |
|-------------|--|-------------|
| N 1 2 3 4 5 | Counselor actively participates in group supervision and both gives and receives feedback with other supervisees | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor understands and observes agency operating procedures   | N 1 2 3 4 5 |

|             |   |             |
|-------------|---|-------------|
| N 1 2 3 4 5 | Counselor collegially participates with the treatment team in consultation and collaboration with other providers (intra- and inter-professionally)   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor demonstrates an ability to negotiate conflict or differences in a professional manner   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor produces appropriate documentation (i.e., case notes, treatment plans, etc.) consistent with uniformly acceptable guidelines as well as adapting stylistically to agency-specific standards   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor actively pursues answers to ethical dilemmas as they arise in cases: aware of and follows general guidelines for ethical decision making, with guidance in supervision and attention to professional organization's (i.e., ACA) ethical guidelines as well as the state-specific statutes | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor strives to become a more multi-culturally competent counselor and to promote social justice within the domains of current practice and client contact   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor demonstrates initiative, motivation, and a focus on professional development  | N 1 2 3 4 5 |

Comments:

Supervisor Signature: \_\_\_\_\_

Trainee signature: \_\_\_\_\_

- **The faculty has approved this form for evaluation in Clinical Internship for MA students. It is a CACREP requirement that a copy of this evaluation is to be included in the student's file upon course completion.**

This form has been adapted and modified. It was originally developed for use in the internship manual for MA students in Community Counseling: Couples and Family Therapy Emphasis and for use in Family Practicum with MA and Doctoral students by Lia Softas-Nall, Professor of Counseling Psychology and adopted by the APCE faculty. It appears as a published contribution in Hovestadt, C. et al (2002). *Practice management forms: Tools for the business of therapy*. Washington, DC: American Association for Marriage and Family Therapy.