

**Department of Counseling & Student Affairs
Clinical Mental Health / Marriage, Couple, & Family
Evaluation of Student Performance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Name** |  | **WKU ID** |  |
| **Site Supervisor** |  | **Evaluation Dates** |  |
| **Faculty Supervisor** |  | **Evaluation**  | Midterm [ ]  Final [ ]  |
|  |  | Practicum [ ]  Internship [ ]   |
| **Directions:** At mid-term and the conclusion of each semester, please rate the student on the following skills and abilities consistent with the CACREP 2016 standards according to the following scale: |
| (1) Unsatisfactory, did not meet expectations(2) Below expectations for training level(3) Satisfactory; meets expectations for training level | (4) Above expectations for training level(5) Outstanding for training level(NA) Insufficient contact to judge  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Counseling Foundations, Prevention, and Intervention** | 1 | 2 | 3 | 4 | 5 | NA |
| 1 | On time for work and appointments and completes necessary paperwork punctually, accurately, and thoroughly.  | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 2 | Displays professionalism, wears attire appropriate for the counseling setting, and maintains appropriate boundaries with clients. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 3 | Demonstrates self-care, the ability to recognize personal limitations as counselor, and seeks supervision or refer clients when appropriate. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 4 | Openly receives and applies supervisory and peer feedback; is aware of when personal concerns and emotional responses influence counseling. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 5 | Adheres to the ethical and legal standards and confidentiality responsibilities for the profession and organization. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 6 | Maintains appropriate client records to support proper reimbursement and demonstrates familiarity with the business aspects of practice. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 7 | Displays the ability to select models or techniques appropriate to presenting problems for individuals, groups, couples and/or families. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 8 | Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 9 | Practices preventive, developmental, and wellness approaches in working with individuals, couples, families, and groups. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 10 | Identifies and directs exploration of client themes; remains focused on important issues and sets effective counseling goals. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 11 | Facilitates clients’ expression of concerns and feelings through verbal and nonverbal cues, reflection, paraphrasing, and summarizing. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 12 | Uses therapeutic confrontation and challenging effectively; recognizes and resists manipulation by the client. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 13 | Exhibits effective referral strategies to promote client awareness and access to the variety of community resources. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 14 | Utilizes systems theory to conceptualize issues and implement intervention strategies in marriage, couple, and family counseling. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 15 | Able to screen for aggression, danger to self or others, co-occurring mental disorders, and stages of dependence, change, or recovery. |[ ] [ ] [ ] [ ] [ ] [ ]
| 16 | Provides suitable awareness and counseling strategies when working with clients with addiction and co-occurring disorders. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| **Assessment and Diagnosis** | 1 | 2 | 3 | 4 | 5 | NA |
| 17 | Conducts appropriate intakes, evaluations, history, and a psychological assessment for treatment planning. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 18 | Uses the principles and practices for evidence-based diagnosis and treatment to initiate, maintain, and terminate counseling services. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 19 | Identifies, utilizes, and interprets client assessments appropriate to validate clinical impressions. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 20 | Applies systems assessment models to evaluate family functioning and determine family members who should be involved in treatment. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| **Diversity and Advocacy** |  |  |  |  |  |  |
| 21 | Applies multicultural competencies involving case conceptualization, diagnosis, treatment, referral, and prevention.  | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 22 | Utilizes appropriate culturally responsive individual, couple, family, and group modalities in providing counseling services. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 23 | Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 24 | Understands when to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate when necessary. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| 25 | Proficiency to use culturally appropriate counseling systems, theories, techniques, and interventions for diverse couples and families. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| **Total** (# of checks for each column; should equal 25 total checks) |  |  |  |  |  |  |
| **Total Score for Each Column** (# of checks x rating score) |  |  |  |  |  |  |
| **Total Score** (sum of all columns)  |  |
| **Average Score** (divide total score by 25 if no items are NA;  if NA checks are present, subtract the #from 25 and divide by that #) |  |

|  |
| --- |
| **Comments and suggestions about the student’s progress (i.e., strengths, areas for growth)** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | A | B | F | Incomplete |
| **Recommended Grade** |[ ] [ ] [ ] [ ]
| Site Supervisor Signature |  | Date |  |
| Faculty Supervisor Signature |  | Date |  |
|  |
| Student Counselor Signature |  | Date |  |

*Student signature indicates that they have read the above report and discussed the content with their site supervisor.
It does not necessarily indicate agreement with the report in part or in whole.*