

**TREVECCA NAZARENE UNIVERSITY**  
**PSY 5450, PSY 5451 & PSY 5452**

**RATING FORM FOR COUNSELING PRACTICUM:**  
**On-site Supervisor Evaluation of Trainee**

Placement Agency: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

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

Total Hours Completed: \_\_\_\_\_

Thank you for your time and energy in supervising this practicum. The following checklist will assist me in awarding the student grade. Because feedback is an essential component of professional growth, please discuss your evaluation with the student. In making your evaluative statements, compare the student's skills to those with a skill level you expect of a beginning counselor.

Please rate the student according to the following scale:

	Excellent	Competent	Could Improve	Poor	Unobserved
<b>1. Enthusiasm</b>					
<b>2. Promptness</b>					
<b>3. Creativity</b>					
<b>4. Dependability</b>					
<b>5. Time Management/ Organization</b>					
<b>6. Ability to take direction</b>					
<b>7. Ability to work independently</b>					
<b>8. Ability to take criticism</b>					
<b>9. Tact</b>					
<b>10. Self-Confidence</b>					
<b>11. Communication skills</b>					

	<b>Excellent</b>	<b>Competent</b>	<b>Could Improve</b>	<b>Poor</b>	<b>Unobserved</b>
<b>12. Interaction with Staff</b>					
<b>13. Ability to maintain confidentiality</b>					
<b>14. Knowledge of referral sources</b>					
<b>15. Knowledge of practicum site function</b>					
<b>16. Assessment/Evaluation/Testing</b>					
<b>17. Psychological Report Writing</b>					
<b>18. Interaction with Clients</b>					
<b>19. Group Therapy Skills</b>					
<b>20. Marriage &amp; Family Therapy Skills</b>					
<b>21. Individual Therapy Skills</b>					
<b>22. Treatment Planning Skills</b>					
<b>23. Consultation Skills</b>					
<b>24. Program Development</b>					

Please use the remaining space for additional comments.

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Supervisor

Date

Student

Date