

State of Ohio

COUNSELOR, SOCIAL WORKER & MARRIAGE AND FAMILY THERAPIST BOARD

77 S High St., 24th Flr, Rm 2468 Columbus, OH 43215-6171 614-466-0912 - Fax 614-728-7790

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This is an Active PDF file, just click on a section or check box to enter your information then print.

Internship Supervisor Evaluation Rating Form

This form must be returned within 30 days of completion of the internship

This form is to be used by graduates with degrees from non-CACREP accredited programs awarded after September 18, 1998, pursuant to ORC 4757-13-01 (A)(1)(d)(IV)(c)

Part A:	O BE COMPLETED BY TH	E COUNSELOR TRAINEE		
NAME:				
F	irst	Middle	Last	
Address:	per Street		Ctoto	7:
		City	State	Zip
Daytime Phone: (_		<u> </u>		
School in which yo	u are enrolled for your g	raduate degree:		
School offering this	s internship:			
Do you intend to ul	timately apply for clinica	al licensure (PCC)?	Yes No	
		Clinical Internship		
Dates of experience		Ionth / Year to Month / Y	Supervision 2	Hrs:
Γotal # of hours at s	site:	Total # of direct hours with	clients:	
Name of faculty ins	structor:			
Date student compl	eted Counseling Theory	course:/ Te		onth Year
Name and address	of facility where on-site	experience occurred:		
	·			
		Wavier of Liability		
I, (Counselor Trainee)	, hereby authorize	(Supervisor)	o provide to the Couns	selor Professional
with all information	the Committee may dee	Counselor, Social Worker, an em relevant to my performand I claims arising out of the pro	ce as Counselor Traine	ee. I hereby
Trainee's Signature:			Date: /	/

Instructions to Supervisor

 $\label{thm:completing} After completing this form, seal it in a business size envelope, sign across the seal, and return the envelope to the Counselor Trainee.$

PART B: TO BE COMPLETED BY THE SUPERVISOR

1.)	List your area(s) of professional						
2.)	Please describe the counseling responsibilities that were supervised:						
rate the	Counselor Trainee with the follo	wing rating scale:					
	1 - 2 - 3 - 4 -	not acceptable marginally acceptable acceptable not observed					
Profes	sional Ethics and Counselor Law	7					
Demor	nstrates knowledge of Ohio Counse	elor Law and counseling ethics	1 2 3 4				
Unders	stands, respects, and accommodates	s for gender, racial, and cultural diff	Ferences 1 2 3 4				
Unders	stands and maintains professional b	oundaries with clients	1 2 3 4				
Unders	stands the legal obligations involve	d in reporting abuse, neglect and Du	uty to Warn 1 2 3 4				
	nstrates skill in completing case rec occurate and timely manner	ords, reports, correspondence, and p					
Assess	ment and Diagnosis						
Uses a	Uses appropriate assessment techniques and procedures		1 2 3 4				
Demor	nstrates skill in using diagnostic and	1 2 3 4					
Unders	stands culturally-bound syndromes	when formulating a diagnosis	1 2 3 4				
	nstrates a basic understanding of the ment instruments	e application and use of personality	and standardized 1 2 3 4				
Demor	astrates skill in appropriately comm	nunicating assessment and test resul	ts to the client 1 2 3 4				
Demor	strates skill in being able to assess	the client's readiness for change	1 2 3 4				

Please

I.

1.)

2.)

3.)

4.)

5.)

II.

6.)

7.)

8.)

9.)

10.)

11.)

		5
12.)	Demonstrates skill in assessing a client's appropriateness for group counseling	1 2 3 4
13.)	Demonstrates skill in assessing risk factors in suicidal, homicidal, and violent b	pehavior 1 2 3 4
III.	Counseling Skill and Interventions	
14.)	Demonstrates ability to develop rapport with clients	1 2 3 4
15.)	Demonstrates developing conceptual framework for understanding the client's	issues 1 2 3 4
16.)	Demonstrates skill in being able to take assessment information and develop ap interventions.	propriate strategies and 1 2 3 4
17.)	Except in crisis, focuses on the therapeutic process and not just content	1 2 3 4
18.)	Recognizes and accurately interprets the client's covert messages including nor	n-verbal cues. 1 2 3 4
19.)	Demonstrates skills in the following areas:	
	Opening sessions Closing sessions	1 2 3 4 1 2 3 4
	Termination of treatment	1 2 3 4
	Managing emergencies	1 2 3 4
20.)	Conveying interest in acceptance of the client Applies appropriate clinical judgment to the management of the client	1 2 3 4 1 2 3 4
21.)	Demonstrates skill in facilitating group counseling	1 2 3 4
22.)	Demonstrates awareness of medication as a possible treatment option	1 2 3 4
23.)	Understands the procedures involved in consultation and referral	1 2 3 4
IV.	Professional Growth and Self-Awareness	
24.)	Demonstrates his/her ability to assess and describe the impact of his/her person	ality on the client. 1 2 3 4
25)	Incorporates supervisory guidance into clinical performance	1 2 3 4
26.)	Seeks consultation from his/her supervisor in unfamiliar clinical situations	1 2 3 4
27.)	Demonstrates his/her awareness of own limitations of clinical skills and compe	tence 1 2 3 4
28.)	Recognizes his/her deficiencies and actively works to overcome them	1 2 3 4
V.	Training Modalities and Specialties	
29.)	Demonstrates basic understanding of the following:	
	Individual therapeutic modalities	1 2 3 4
	Group therapeutic modalities Family therapeutic modalities	1 2 3 4 1 2 3 4
	Child/Adolescent therapeutic modalities	1 2 3 4
	Career Assessment and Intervention modalities	1 2 3 4
	School Counseling Assessment and Intervention modalities	1 2 3 4
	Substance Abuse Assessment and Intervention modalities	1 2 3 4

Please circle the OVERALL rating of the Counselor Trainee

Supervisor's Degree and License

- 1- not acceptable2- marginally acceptable3- acceptable

Supervisor's Title

DOES THE COUNSELOR TRAINEE POSSESS THE KNOW COMPETENTLY AS A PROFESSIONAL COUNSELOR?	LEDGE, SKILLS	AND ABII	LITIES TO	PRACTICE
	_ Yes	_ No _		Yes, with reservations
Please explain your response of "No" or "with reserva	ations":			
The Board recommends that the Counselor Trainee has your evaluation with Trainee? Yes	_	of this info	ormation.	Have you discussed
I certify that this Internship was completed on	Month	Day	/ Year	_
Applicant's Name (Printed Clearly)	Month	Day	Year	<u> </u>
Supervisor's Name & PCC-S License # (Printed Clearly)	Month	Day	Year	<u></u>
Supervisor's Signature	Month	_ /	_ /Yea	r