

Instructions to Supervisor

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 competencies:

- 2.) Please describe the counseling responsibilities that were supervised:

Please rate the Counselor Trainee with the following rating scale:

- | | |
|-----|------------------------------|
| 1 - | not acceptable |
| 2 - | marginally acceptable |
| 3 - | acceptable |
| 4 - | not observed |

I. Professional Ethics and Counselor Law

- | | | |
|-----|---|---------|
| 1.) | Demonstrates knowledge of Ohio Counselor Law and counseling ethics | 1 2 3 4 |
| 2.) | Understands, respects, and accommodates for gender, racial, and cultural differences | 1 2 3 4 |
| 3.) | Understands and maintains professional boundaries with clients | 1 2 3 4 |
| 4.) | Understands the legal obligations involved in reporting abuse, neglect and Duty to Warn | 1 2 3 4 |
| 5.) | Demonstrates skill in completing case records, reports, correspondence, and pertinent case information in an accurate and timely manner | 1 2 3 4 |

II. Assessment and Diagnosis

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|------|--|---------|
| 6.) | Uses appropriate assessment techniques and procedures | 1 2 3 4 |
| 7.) | Demonstrates skill in using diagnostic and assessment principles | 1 2 3 4 |
| 8.) | Understands culturally-bound syndromes when formulating a diagnosis | 1 2 3 4 |
| 9.) | Demonstrates a basic understanding of the application and use of personality and standardized assessment instruments | 1 2 3 4 |
| 10.) | Demonstrates skill in appropriately communicating assessment and test results to the client | 1 2 3 4 |
| 11.) | Demonstrates skill in being able to assess the client's readiness for change | 1 2 3 4 |

- 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 behavior 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 appropriate strategies and interventions. 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 non-verbal cues. 1 2 3 4
- 19.) Demonstrates skills in the following areas:
- Opening sessions 1 2 3 4
 - Closing sessions 1 2 3 4
 - Termination of treatment 1 2 3 4
 - Managing emergencies 1 2 3 4
 - Conveying interest in acceptance of the client 1 2 3 4
- 20.) Applies appropriate clinical judgment to the management of the client 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 personality 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 competence 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 1 2 3 4
 - Family therapeutic modalities 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

- 1- not acceptable
- 2- marginally acceptable
- 3- acceptable

DOES THE COUNSELOR TRAINEE POSSESS THE KNOWLEDGE, SKILLS AND ABILITIES TO PRACTICE COMPETENTLY AS A PROFESSIONAL COUNSELOR?

_____ Yes _____ No _____ Yes, with reservations

Please explain your response of "No" or "with reservations": _____

The Board recommends that the Counselor Trainee have knowledge of this information. Have you discussed your evaluation with Trainee?

_____ Yes _____ No

I certify that this Internship was completed on _____ / _____ / _____
 Month Day Year

 Applicant's Name (Printed Clearly) _____ / _____ / _____
 Month Day Year

 Supervisor's Name & LPCC-S License # (Printed Clearly) _____ / _____ / _____
 Month Day Year

 Supervisor's Signature _____ / _____ / _____
 Month Day Year

Supervisor's Degree and License _____
 Supervisor's Title _____