



**State of Ohio**  
**COUNSELOR, SOCIAL WORKER & MARRIAGE AND FAMILY THERAPIST BOARD**  
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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: TO BE COMPLETED BY THE COUNSELOR TRAINEE**

NAME:

\_\_\_\_\_

First

Middle

Last

Address:

\_\_\_\_\_

Number

Street

City

State

Zip

Daytime Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

School in which you are enrolled for your graduate degree: \_\_\_\_\_

School offering this internship: \_\_\_\_\_

Do you intend to ultimately apply for clinical licensure (PCC)? \_\_\_\_ Yes \_\_\_\_ No

**Clinical Internship**

Dates of experience: From: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Supervision Hrs: \_\_\_\_\_  
Month Year Month Year

Total # of hours at site: \_\_\_\_\_ Total # of direct hours with clients: \_\_\_\_\_

Name of faculty instructor: \_\_\_\_\_

Date student completed Counseling Theory course: \_\_\_\_ / \_\_\_\_ Techniques Course: \_\_\_\_ / \_\_\_\_  
Month Year Month Year

**Name and address** of facility where on-site experience occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Waiver of Liability**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to provide to the Counselor Professional  
(Counselor Trainee) (Supervisor)

Standards Committee of the State of Ohio Counselor, Social Worker, and Marriage & Family Therapist Board with all information the Committee may deem relevant to my performance as Counselor Trainee. I hereby release and discharge the supervisor from all claims arising out of the provision of such information.

Trainee's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 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:

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

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**Please rate the Counselor Trainee with the following rating scale:**

- |     |                              |
|-----|------------------------------|
| 1 - | <b>not acceptable</b>        |
| 2 - | <b>marginally acceptable</b> |
| 3 - | <b>acceptable</b>            |
| 4 - | <b>not observed</b>          |

#### **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**

- |      |  |         |
|------|--|---------|
| 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": \_\_\_\_\_

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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 & PCC-S License # (Printed Clearly) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

\_\_\_\_\_  
 Supervisor's Signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

Supervisor's Degree and License \_\_\_\_\_  
 Supervisor's Title \_\_\_\_\_