



State of Ohio
COUNSELOR, SOCIAL WORKER & MARRIAGE AND FAMILY THERAPIST BOARD
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Internship and/or Practicum Evaluation Rating Form

This form must be submitted along with transcript(s) when applicants from a non-COAMFTE accredited program request to sit for examination

Part A: TO BE COMPLETED BY THE MARRIAGE AND FAMILY THERAPIST TRAINEE

NAME: _____
 First Middle Last

Address: _____
 Number Street City State Zip

Daytime Phone: (_____) _____ - _____

School in which you were enrolled for your graduate degree: _____

School offering this internship/practicum: _____

Clinical Internship/Practicum

Dates of experience: From: ____ / ____ to ____ / ____ Supervision Hrs: _____
 Month Year Month Year

Total # of hours at site: _____ Total # of direct hours with clients: _____
 Total # of direct hours with couples or families: _____

Name of faculty instructor: _____

Name and address of facility where on-site experience occurred: _____

Waiver of Liability

I, _____, hereby authorize _____ to provide to the Marriage and Family Therapist (MFT Trainee) _____ (Supervisor) Professional 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 an MFT 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 MFT TRAINEE.

PART B: TO BE COMPLETED BY THE SUPERVISOR

Type of professional license held: _____

State: _____ License Number: _____

- 1.) List your area(s) of professional competencies.

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

- 3.) As the supervisor I provided supervision on a:

Self-employed basis in a private practice.
Paid basis by employer.
Voluntary basis.

- 4.) Supervision in a group setting:

Total: _____

- 5.) Individual supervision:

Total: _____

Please rate the Marriage and Family Therapist Trainee with the following rating scale:

5	High:	<i>The applicant performs extremely well in this area.</i>
4	High Average:	<i>The applicant's performance level is more than adequate in this area.</i>
3	Average:	<i>The applicant possesses adequate competence in this area.</i>
2	Low Average:	<i>The applicant's performance level is less than adequate in this area.</i>
1	Low:	<i>The applicant clearly lacks competence in this area.</i>
N/O	No Opportunity to Assess:	<i>The rater has not had the opportunity to observe the applicant's performance in this area.</i>

SKILLS AND ABILITIES ASSESSMENT**A marriage and family therapist trainee must demonstrate acceptable levels of performance in:****THE PRACTICE OF SYSTEMIC THERAPY**

1.) Practices therapy in a manner consistent with the philosophical perspectives of the discipline of systemic therapy	5	4	3	2	1	N/O
2.) Maintains consistency between systemic theory and clinical practice	5	4	3	2	1	N/O
3.) Manifests knowledge of and compliance with multiple dimensions of diversity and social justice within a systemic treatment approach	5	4	3	2	1	N/O
4.) Establishes therapeutic relationship(s) with the client system	5	4	3	2	1	N/O
5.) Establishes a safe and non-judgmental atmosphere using a systemic perspective	5	4	3	2	1	N/O

ASSESSING, HYPOTHESIZING AND DIAGNOSING

6.) Joins with the client system to develop and maintain therapeutic alliance	5	4	3	2	1	N/O
7.) Assesses client's level of economic, social, emotional, physical, spiritual, and mental functioning	5	4	3	2	1	N/O
8.) Assesses and diagnoses client in accordance with current formal diagnostic criteria (e.g., DSM) while maintaining a systems perspective	5	4	3	2	1	N/O
9.) Collaborates with client, professional, and community systems, as appropriate, in establishing treatment priorities	5	4	3	2	1	N/O
10.) Determines need for evaluation by other professional and community systems and refers client when appropriate	5	4	3	2	1	N/O

DESIGNING AND CONDUCTING TREATMENT

11.) Evaluates and maintains quality of continuing therapeutic alliance	5	4	3	2	1	N/O
12.) Develops a treatment plan reflecting a contextual understanding of presenting issues	5	4	3	2	1	N/O
13.) Identifies criteria upon which to terminate treatment	5	4	3	2	1	N/O
14.) Selects therapeutic interventions based on theory and relevant research (individual, couple, group, and family)	5	4	3	2	1	N/O
15.) Chooses therapeutic modalities and interventions that reflect contextual understanding of client (including but not limited to acculturation, abilities, diversity, socio-economic status, spirituality, age, gender, sexuality, sexual orientation, culture, and power differential(s))	5	4	3	2	1	N/O

16.) Uses genograms and/or family mapping as therapeutic interventions as indicated	5	4	3	2	1	N/O
17.) Identifies and explores competing priorities of client issues to be addressed in treatment	5	4	3	2	1	N/O
18.) Assists client(s) in developing decision-making, coping, and problem-solving skills	5	4	3	2	1	N/O
19.) Balances the therapeutic process, interactional patterns, and systemic hypotheses with the content of each particular session.	5	4	3	2	1	N/O

EVALUATING ONGOING PROCESS AND TERMINATING TREATMENT

20.) Uses theory and/or relevant research findings, in the ongoing evaluation of process, outcomes, and termination	5	4	3	2	1	N/O
21.) Evaluates progress of therapy in collaboration with client and collateral systems as indicated	5	4	3	2	1	N/O
22.) Modifies treatment plan in collaboration with client and collateral systems as indicated	5	4	3	2	1	N/O
23.) Plans for termination of treatment in collaboration with client and collateral systems	5	4	3	2	1	N/O
24.) Terminates therapeutic relationship as indicated	5	4	3	2	1	N/O

MANAGING CRISIS SITUATIONS

25.) Assesses severity of crisis situation to determine if and what immediate interventions may be needed	5	4	3	2	1	N/O
26.) Assesses for risk of violence to client from self and/or others to determine need for intervention	5	4	3	2	1	N/O
27.) Develops and implements an intervention strategy to provide for safety of client and relevant others	5	4	3	2	1	N/O
28.) Provides referrals to viable resources, collaborates with involved parties to augment management of client's crisis; consults with colleagues and other professionals during crisis situations, as necessary	5	4	3	2	1	N/O
29.) Teaches client techniques to manage crisis situations	5	4	3	2	1	N/O

MAINTAINING ETHICAL, LEGAL, AND PROFESSIONAL STANDARDS

30.) Integrates ethical codes of licensing boards, relevant professional organizations, and associations into professional practice	5	4	3	2	1	N/O
31.) Adheres to relevant statutes, laws and regulations affecting professional practice and licensure	5	4	3	2	1	N/O

32.) Practices within own scope of competence and maintains continuing competence	5	4	3	2	1	N/O
33.) Addresses client's expectations and questions about treatment to promote understanding of the therapeutic process and assists clients in making informed decisions relevant to treatment	5	4	3	2	1	N/O
34.) Provides clients with written professional disclosures (including but not limited to fees, office policies, professional training and expertise)	5	4	3	2	1	N/O
35.) Monitors and mitigates risk for potential exploitation of the client by the therapist	5	4	3	2	1	N/O
36.) Consults with colleagues and other professionals as necessary regarding clinical, ethical, and legal issues and concerns	5	4	3	2	1	N/O
37.) Maintains accurate and timely records	5	4	3	2	1	N/O
38.) Uses technology in accordance with legal, ethical, and professional standards	5	4	3	2	1	N/O

Please circle the **OVERALL** rating of the MFT Trainee

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

DOES THE MFT TRAINEE POSSESS THE KNOWLEDGE, SKILLS AND ABILITIES TO PRACTICE COMPETENTLY AS A MARRIAGE AND FAMILY THERAPIST?

_____ Yes _____ No _____ Yes, with reservations

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

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

_____ Yes _____ No

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

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

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

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