

EVALUATION OF PRACTICUM EXPERIENCE

In order to provide students with feedback regarding their professional competencies and to keep the Department informed as to the level at which our students are performing in various practicum placements, we would greatly appreciate having the student's supervisor complete this form for this semester's practicum. The complete form is to be discussed with the student. **In order for the student to receive academic credit, we need to receive the completed form within 1 week of the last day of class for each semester in which the student is enrolled.**

To ensure that we receive the evaluations in a timely manner, we request that you fax them to the attention of Ms. Bennie Crum, Administrative Associate, Counseling Psychology Program, at (512) 475-7641. You may also send the hard copy to Ms. Crum: Department of Educational Psychology, SZB 262G, Austin, TX 78712-1296. We appreciate your cooperation in this ongoing process.

Student's Name _____ Semester _____

Agency _____

Supervisor _____

Total semesters of practica at this agency (circle one) 1 2 3 4

Please use the following 5-point scale to assess this individual's counseling or psychotherapy skills at the end of the semester or practicum experience at your agency:

1 Poor for a person of his/her training and experience	3 Average for a person of his/her training and experience	5 Highly skilled for a person of his/her training and experience
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Fundamental counseling skills (listening, empathy, interviewing, etc.)	1	2	3	4	5	N/A
Theoretical understanding of counseling and client dynamics	1	2	3	4	5	N/A
Diagnostic and assessment skills	1	2	3	4	5	N/A
Knowledge and practice of the professional code of ethics	1	2	3	4	5	N/A

Briefly summarize the extent and nature of the diversity (e.g., racial; sexual orientation) reflected in the student's caseload:

<u>Diversity Knowledge</u> - Willing to seek out experiences to improve effectiveness in working with culturally different clients.	1	2	3	4	5	N/A
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<u>Diversity Awareness</u> - Recognizes own emotional reactions toward culturally different groups and is non-judgmental about cultural differences	1	2	3	4	5	N/A
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<u>Diversity Skills</u> Demonstrates ability to adjust therapeutic approach for culturally different clients.	1	2	3	4	5	N/A
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OVERALL SKILL LEVEL

Rating of student's counseling skills and abilities (for a student at this level of training)

1 2 3 4 5 N/A

Please indicate two or more areas in which the student demonstrated noticeable strengths or progress during the semester:

1.

2.

Please indicate two or more areas of professional development you would suggest the student focus on in future practica:

1.

2.

Please feel free to attach an additional sheet to include specific additional comments about the student's performance in your agency.

Supervisor's Signature _____ Date _____

Supervisor's Title _____

Student's Signature _____ Date _____

Revised 2/02