

Department of Professional Counseling Professional Skills Evaluation Form

Student: _____ Student ID Number: _____
Faculty/Site Supervisor Name: _____ Course Number: _____ Section: _____
Campus: _____ Term: _____ Circle One: Faculty/Supervisor Evaluation Self Evaluation

Rating Scale: N – No opportunity to observe 0 – Does not meet criteria for program level 1 – Meets criteria minimally or inconsistently for program level 2 – Meets criteria consistently at this program level 3 – Exceeds criteria for program level competency	This form is to be used in the following courses: COUN 5020 Foundations of Counseling COUN 5100 Social and Cultural Foundations of Counseling; COUN 5600 Techniques of Group Counseling; COUN 5610 Techniques of Counseling; COUN 6000/6100/6200 Practicum; and COUN 6500 Internship
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Please rate **ONLY** those behaviors and skills that you have observed.

I. Aptitude, Personality

III. Basic Counseling Skills	N	0	1	2	3
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1. Demonstrates awareness of own belief

V. Integration of Theory and Practice	N	0	1	2	3
1. Demonstrates ability to integrate selected theory with practice					
2. Demonstrates ability to present case studies consistent with theory					
3. Demonstrates ability to measure outcomes based on theory					
4. Demonstrates appreciation of a variety of counseling theories					
5. Overall Assessment of student's skills related to Integration of Theory and Practice <i>(Note: If providing a rating of 0 or 1 on this "overall" rating, please ensure</i>					