Student Practicum/Internship Evaluation (Final)

(CACREP Section 5. Clinical Mental Health Practice Skills #3; Section; 3. Professional Practice)

Directions: This form is completed by the Site Supervisor.

Student Name: ___________________________ Student #: ___________________________

Supervisor Name: ___________________________ Date: ___________________________

Internship Site: ___________________________

This form allows site supervisors to offer feedback about the performance and growth of student interns. Because this form becomes part of the student’s record and is considered when assigning course grades, please review each item carefully and circle the best response.

<table>
<thead>
<tr>
<th>Far Below Expectations</th>
<th>Below Expectations</th>
<th>At Expectations</th>
<th>Above Expectations</th>
<th>Far Above Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

I. Basic Work Requirements
a. Arrives on time consistently
b. Uses time effectively
c. Informs supervisor and makes arrangements for absences
d. Completes requested or assigned tasks on time
e. Completes required total number of hours or days on site
f. Is responsive to norms about clothing, language, etc., on site
g. Interfaced appropriately with other behavioral health care professionals (CACREP 3.d.)
h. Student showed evidence of having proper liability insurance (CACREP A)

Comments: ___________________________

II. Ethical Awareness and Conduct
a. Exhibits knowledge of general ethical guidelines
b. Exhibits knowledge of ethical guidelines of internship/practicum
c. Demonstrates awareness and sensitivity to ethical issues
d. Exhibits personal behavior consistent with ethical guidelines

Comments: ___________________________
e. Consults with others about ethical issues if necessary 1 2 3 4 5
f. Interfaced appropriately with the legal system relevant to couples, Marriage, and family counseling (CACREP couples, families 3.e) 1 2 3 4 5
g. *Interfaced appropriately with the legal system regarding court-referred Clients. (CACREP 3.c) 1 2 3 4 5

Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

III. Knowledge and Learning

<table>
<thead>
<tr>
<th>Far Below Expectations</th>
<th>Below Expectations</th>
<th>At Expectations</th>
<th>Above Expectations</th>
<th>Far Above Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

- a. Exhibits knowledge about the client population 1 2 3 4 5
- b. Exhibits knowledge of treatment setting and approach 1 2 3 4 5
- c. Is receptive to learning new information 1 2 3 4 5
- d. Actively seeks new information from staff or supervisor 1 2 3 4 5
- e. Exhibits ability to learn, understand, and integrate new information 1 2 3 4 5
- f. Exhibits understanding of counseling concepts, theories, and skills 1 2 3 4 5
- g. Exhibits ability to apply new information in clinical setting 1 2 3 4 5
- h. Evidence has been demonstrated to show increased knowledge of group leadership. 1 2 3 4 5
- i. Utilized professional and technological resources 1 2 3 4 5
- j. Utilized research as appropriate to improve client services 1 2 3 4 5

Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

IV. Response to Supervision

- a. Actively seeks supervision when necessary 1 2 3 4 5
- b. Is receptive to feedback and suggestions from supervisor 1 2 3 4 5
- c. Understands information communicated in supervision 1 2 3 4 5
- d. Successfully implements suggestions from supervisor 1 2 3 4 5
- e. Is aware of areas that need improvement 1 2 3 4 5
- f. Is willing to explore personal strengths and weaknesses 1 2 3 4 5

Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2
V. Work Products
   a. Records are accurately kept and are completed on time 1 2 3 4 5
   b. Written or verbal reports are accurate and factually correct 1 2 3 4 5
   c. Written or verbal reports are presented in a professional manner 1 2 3 4 5
   d. Reports are clinically and/or administratively useful 1 2 3 4 5
   e. Treatment Plan was correctly developed and included parent involvement if appropriate 1 2 3 4 5
   f. Treatment Plan brought about positive outcomes for the client 1 2 3 4 5

Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

VI. Interactions with Clients
   a. Appears comfortable interacting with clients 1 2 3 4 5
   b. Initiates interactions with clients 1 2 3 4 5
   c. Communicates effectively with clients 1 2 3 4 5
   d. Builds rapport and respect with clients 1 2 3 4 5
   e. Is sensitive and responsive to client’s needs 1 2 3 4 5
   f. Is sensitive to issues of multicultural counseling 1 2 3 4 5
   g. Is sensitive to issues of diversity including but not limited to race/ethnic group, age, gender, spirituality, physical challenges, SES 1 2 3 4 5
   h. Conducts appropriate assessments (i.e. intakes, mental status evals, biopsychosocial history, mental health history, psychological assessment) with individuals, couples, and families CACREP (3.a) 1 2 3 4 5
   i. Utilized advocacy effectively (CACREP 3.e) 1 2 3 4 5
   j. Displayed group counseling skills appropriately including marriage Couples and family counseling for MCFC student (CACREP E; CACREP marriage, couples, and families 3.c) 1 2 3 4 5
   k. Became familiar with technological resources 1 2 3 4 5
   l. *Conceptualizes treatment and intervention for marriage, couples, and families 1 2 3 4 5
   m. *If working with couples and families, fosters family wellness (CACREP marriage, couple, and families 3.b) 1 2 3 4 5
   n. Utilizes techniques and interactions for prevention and treatment based on client need (CACREP 3.b) 1 2 3 4 5

Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________

VII. Interactions with Coworkers
   a. Appears comfortable interacting with other staff members 1 2 3 4 5
   b. Initiates interactions with staff 1 2 3 4 5
c. Communicates effectively with staff
   1 2 3 4 5

d. Effectively conveys information and expresses own opinions
   1 2 3 4 5

e. Effectively receives information and opinions from others
   1 2 3 4 5

f. Interfaced with legal system and/or integrated health care professionals appropriately.
   1 2 3 4 5

Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Overall, what would you identify as this student’s strengths?
_____________________________________________________________________________________
_____________________________________________________________________________________

What would you identify as areas in which the student could improve?
_____________________________________________________________________________________
_____________________________________________________________________________________

Would you recommend this student for employment or continued graduate studies?
_____________________________________________________________________________________
_____________________________________________________________________________________

Supervisor’s Signature: _____________________________________ Date: _____________________
(The above signature also validates that 2 or more contacts occurred between Faculty Supervisor and Site Supervisor to discuss or consult in regards to student’s performance at practicum/internship site)

Student’s Signature: _____________________________________ Date: _____________________