

❑ Practicum

❑ Field Experience/Internship

❑ Final Evaluation

**School Counseling Program**

**FIELD PLACEMENT EVALUATION FORM**

*To be completed by the Field Placement Supervisor*

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. CUMULATIVE EXPERIENCE

1. Date student began placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Total hours of supervision received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Total hours of direct services provided by student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Students are evaluated with criteria utilized in standardized professional practice. Please evaluate the student using the criteria in the box below.***

|  |  |
| --- | --- |
| **Excellent** | Fully integrated skills, demonstrates independence, insight, creativity, flexible application. |
| **Good** | In most instances demonstrates level of understanding/demonstration of skill. |
| **Satisfactory** | Demonstrates skills with some level of consistency. |
| **Needs Improvement** | Understands some level of concept, demonstrates skills but uneven performance at this time. |
| **Poor** | Does not consistently show demonstrate skills, lacks professional behavior. |

B. PROFESSIONAL DEVELOPMENT

Please rate the quality of the student’s performance in each of the following areas:

**5 – Excellent ⚫ 4 – Good ⚫ 3 – Satisfactory ⚫ 2 – Needs Improvement ⚫ 1 – Poor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1) Followed school policies and procedures (SLO 3. SLO 4, SLO 8) | 5 | 4 | 3 | 2 | 1 |
| 2) Respected school staff (SLO 2, SLO 8) | 5 | 4 | 3 | 2 | 1 |
| 3) Took responsibility (SLO 8) | 5 | 4 | 3 | 2 | 1 |
| 4) Exercised professional judgment (SLO 1, SLO 8) | 5 | 4 | 3 | 2 | 1 |
| 5) Understood supervisorial authority (SLO 1) | 5 | 4 | 3 | 2 | 1 |
| 6) Utilized supervisor’s suggestions (SLO 2, SLO 8) | 5 | 4 | 3 | 2 | 1 |
| 7) Reported on Counseling Sessions (SLO 1, SLO 6, SLO 7) | 5 | 4 | 3 | 2 | 1 |
| 8) Work Ethic (SLO 4, SLO 5) | 5 | 4 | 3 | 2 | 1 |
| 9) Rapport with students (SLO 1, 2, 4, 6, 8, 9) | 5 | 4 | 3 | 2 | 1 |
| 10) Collaborative skills (SLO 2, SLO 8) | 5 | 4 | 3 | 2 | 1 |
| 11) Demonstrated knowledge of ethical and legal issues (SLO 3, SLO 4) | 5 | 4 | 3 | 2 | 1 |
| 12) Demonstrated cross-cultural appreciation (SLO 5, SLO 9) | 5 | 4 | 3 | 2 | 1 |

C. COMPETENCIES

Please rate how frequently the student has demonstrated the following personal qualities:

**5 – Always ⚫ 4 – Usually ⚫ 3 – Sometimes) ⚫ 2 – Rarely ⚫ 1 – Never ⚫ N/A-Not Applicable**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1) Personal & Social Counseling (Individual)\* | 5 | 4 | 3 | 2 | 1 N/A |
| 2) Personal & Social Counseling (Group)\* | 5 | 4 | 3 | 2 | 1 N/A |
| 3) Community Resources | 5 | 4 | 3 | 2 | 1 N/A |
| 4) Technology | 5 | 4 | 3 | 2 | 1 N/A |
| 5) Academic & Career Advisement | 5 | 4 | 3 | 2 | 1 N/A |
| 6) Program Development, Prevention/Intervention Program | 5 | 4 | 3 | 2 | 1 N/A |
| 7) Consultation | 5 | 4 | 3 | 2 | 1 N/A |
| 8) Participation in School Culture/Diversity | 5 | 4 | 3 | 2 | 1 N/A |
| 9) Professional Development (In-Service Training) | 5 | 4 | 3 | 2 | 1 N/A |
| 10) Legal & Ethical | 5 | 4 | 3 | 2 | 1 N/A |

D. PERSONAL QUALITIES

Please rate how frequently the student has demonstrated the following personal qualities:

**5 – Always ⚫ 4 – Usually ⚫ 3 – Sometimes ⚫ 2 – Rarely ⚫ 1 – Never**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Integrity | 5 | 4 | 3 | 2 | 1 |  |  |
| Sensitivity | 5 | 4 | 3 | 2 | 1 |  |  |
| Flexibility | 5 | 4 | 3 | 2 | 1 |  |  |
| Insight | 5 | 4 | 3 | 2 | 1 |  |  |
| Compassion | 5 | 4 | 3 | 2 | 1 |  |  |
| Professional Appearance | 5 | 4 | 3 | 2 | 1 |  |  |

E. COUNSELOR PERFORMANCE

1. Describe the student’s professional strengths

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2. Comments regarding readiness for profession.

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| --- | --- | --- | --- | --- |
| Site Supervisor’s Signature: |  |  | Date: |  |
| Faculty Supervisor’s Signature: |  |  | Date: |  |
| Reviewed by Student: |  |  | Date: |  |