



Clinical Mental Health Counselor Trainee – Practicum Evaluation

The following document is designed to assist the CSU Counselor Education Faculty in acquiring knowledge of the student’s level of progress during the first 100 hours of Practicum. Such documentation is required by the Counsel on Accreditation of Counseling Related Educational Programs (CACREP) to maintain accreditation in the Clinical Mental Health Counseling Programs.

Trainee: _____

Supervisor: _____

Site: _____

| Evaluation Criteria | NOT Acceptable | - | Acceptable | NOT Observed |
|---|-------------------|---|------------|-----------------|
| Professional Ethics | | | | |
| Student demonstrate knowledge of the Ethical Codes of the American Counseling Association. | 1 | 2 | 3 | 0 |
| Assessment | | | | |
| Demonstrates skills in assessing client concerns and client readiness for change. | 1 | 2 | 3 | 0 |
| Counseling Skills and Interventions | | | | |
| Demonstrates an ability to establish rapport with clients. | 1 | 2 | 3 | 0 |
| Demonstrates an ability to establish appropriate strategies and intervention to facilitate client change. | 1 | 2 | 3 | 0 |
| Demonstrates skills in the following areas: | | | | |
| Opening Sessions | 1 | 2 | 3 | 0 |
| Closing Sessions | 1 | 2 | 3 | 0 |
| Termination of Treatment | 1 | 2 | 3 | 0 |
| Managing Crisis Response | 1 | 2 | 3 | 0 |

| Evaluation Criteria | NOT Acceptable | - Acceptable | NOT Observed | |
|---|-------------------|--------------|-----------------|---|
| Professional Growth and Development | | | | |
| Demonstrates an ability to assess and describe the impact of his/her personality on the client | 1 | 2 | 3 | 0 |
| Demonstrates awareness of his/her own limitations (i.e. clinical skills and competencies) and a willingness to seek consulting when confronted with an unfamiliar clinical situation. | 1 | 2 | 3 | 0 |
| Dresses in a professionally appropriate manner. | 1 | 2 | 3 | 0 |
| Develops positive relationships with other staff members. | 1 | 2 | 3 | 0 |
| Receptive to supervision. | 1 | 2 | 3 | 0 |

OVERALL RATING

I would rate this counselor trainee’s level of competence at this time to be:

| | | | | | | |
|------------|---|---------------|---|-------------|---|---|
| Low | | Medium | | High | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Comments:

On-Site Supervisor’s Signature

Date