

STATE OF OHIO
COUNSELOR AND SOCIAL WORKER BOARD
77 S. High St. 16th Floor
Columbus, OH 43266

Internship Supervisor Evaluation Rating Form

PART A: TO BE COMPLETED BY THE COUNSELOR TRAINEE

Name: _____
First Middle Last

Address: _____
Number Street City State Zip

Daytime Phone: (_____) _____ - _____

School in which you are enrolled for your degree: _____

School offering this internship: _____

Do you intend to ultimately apply for clinical licensure (PCC)? _____ Yes _____ No

Clinical Internship

Dates of experience: From: _____/_____/_____ to _____/_____/_____
Month Year Month Year

Total # of hours at site: _____ Total # of direct hours with clients: _____

Name of facility instructor: _____ License held: _____ Expiration date: _____

Date student completed Counseling Theory course: _____/_____/_____
Term Year

Name and address of facility where on-site experience occurred: _____

WAIVER OF LIABILITY

_____, hereby authorize _____ to provide the
(applicant) (supervisor)

Counselor Professional Standards Committee of the State of Ohio Counselor and Social Worker Board with all information the committee may deem relevant to my performance as a Counselor Trainee. I hereby release and discharge the supervisor from all claims arising out of the provision of such information.

Trainee's Signature: _____ Date: _____/_____/_____

Instructions to Supervisor:

1. After completing this form, seal it in a business size envelope, sign across the seal, and return the envelope to the counselor trainee.

PART B: TO BE COMPLETED BY SUPERVISOR

1. List your area (s) of professional competencies. Please refer to Ohio Counselor Rule 4757-15-03 (B)(3)(a) or (B)(3)(b).

2. Please describe the counseling responsibilities that were supervised. _____

Please rate the Counselor Trainee with the following rating scale:

- 1 ___ not acceptable
- 2 ___ marginally acceptable
- 3 ___ Acceptable
- 4 ___ not observed

I. Professional Ethics and Counselor Law

- | | | | | | |
|----|---|---|---|---|---|
| 1. | Demonstrates knowledge of Ohio Counselor Law and counseling ethics | 1 | 2 | 3 | 4 |
| 2. | Understands, respects, and accommodates for gender, racial, and cultural differences | 1 | 2 | 3 | 4 |
| 3. | Understands and maintains professional boundaries with clients | 1 | 2 | 3 | 4 |
| 4. | Understands the legal obligations involved in reporting abuse, neglect and Duty to Warn | 1 | 2 | 3 | 4 |
| 5. | Demonstrates skill in completing case records, reports, correspondence, and pertinent case information in an accurate and timely manner | 1 | 2 | 3 | 4 |

Assessment and Diagnosis

- | | | | | | |
|-----|--|---|---|---|---|
| 6. | Uses appropriate assessment techniques and procedures | 1 | 2 | 3 | 4 |
| 7. | Demonstrates skill in using diagnostic and assessment principles | 1 | 2 | 3 | 4 |
| 8. | Understands culturally-bound syndromes when formulating a diagnosis | 1 | 2 | 3 | 4 |
| 9. | Demonstrates a basic understanding of the application and use of personality and standardized assessment instruments | 1 | 2 | 3 | 4 |
| 10. | Demonstrates skill in appropriately communicating assessment and test results to the client | 1 | 2 | 3 | 4 |

- | | | | | | |
|-----|--|---|---|---|---|
| 11. | Demonstrates skill in being able to assess the client's readiness for change | 1 | 2 | 3 | 4 |
| 12. | Demonstrates skill in assessing a client's appropriateness for group counseling | 1 | 2 | 3 | 4 |
| 13. | Demonstrates skill in assessing risk factors in suicidal, homicidal, and violent behavior. | 1 | 2 | 3 | 4 |

Counseling Skill and Intervention

- | | | | | | |
|-----|---|---|---|---|---|
| | cept in crisis situations focuses on the therapeutic process and not just content | 1 | 2 | 3 | 4 |
| 18. | Recognizes and accurately interprets the client's covert messages including non-verbal cues | 1 | 2 | 3 | 4 |
| 19. | Demonstrates skill in the following areas: | | | | |
| | Opening sessions | 1 | 2 | 3 | 4 |
| | Closing sessions | 1 | 2 | 3 | 4 |
| | Termination of treatment | 1 | 2 | 3 | 4 |
| | Managing emergencies | 1 | 2 | 3 | 4 |
| | Conveying interest in and acceptance of the client | 1 | 2 | 3 | 4 |
| 20. | Applies appropriate clinical judgment to the management of the client | 1 | 2 | 3 | 4 |
| 21. | Demonstrates skill in facilitating group counseling | 1 | 2 | 3 | 4 |
| 22. | Demonstrates awareness of medication as a possible treatment option | 1 | 2 | 3 | 4 |
| 23. | Understands the procedures involved in consultation and referral | 1 | 2 | 3 | 4 |

IV. Professional Growth and Self-Awareness

- | | | | | | |
|-----|---|---|---|---|---|
| | Incorporates supervisory guidance into clinical performance | 1 | 2 | 3 | 4 |
| 26. | Seeks consultation from his/her supervisor in unfamiliar clinical situations | 1 | 2 | 3 | 4 |
| 27. | Demonstrates his/her awareness of own limitations of clinical skills and competence | 1 | 2 | 3 | 4 |
| 28. | Recognizes his/her deficiencies and actively works to overcome them | 1 | 2 | 3 | 4 |

V. Training Modalities and Specialties

- | | | | | | |
|--|-------------------------------|---|---|---|---|
| | Group therapeutic modalities | 1 | 2 | 3 | 4 |
| | Family therapeutic modalities | 1 | 2 | 3 | 4 |

Child/Adolescent therapeutic modalities	1	2	3	4
Career Assessment and Counseling modalities	1	2	3	4
School Counseling Assessment and Intervention modalities	1	2	3	4
Rehabilitation Counseling Assessment and Intervention modalities	1	2	3	4
Substance Abuse Assessment and Intervention modalities	1	2	3	4

Please circle the OVERALL rating of the Counselor Trainee

- 1 - Not acceptable
- 2 - Marginally acceptable
- 3 - acceptable

DOES THE COUNSELOR TRAINEE POSSESS THE KNOWLEDGE, SKILL AND ABILITIES TO PRACTICE COMPETENTLY AS A PROFESSIONAL COUNSELOR?

Yes No Yes, with reservation

Please explain your response of "No" or "with reservations": _____

The Board recommends that the Counselor Trainee have knowledge of this information. Have you discussed your evaluation with the Trainee?

Yes No

I certify that this Internship was completed on: _____ / _____ / _____

Month Day Year

Supervisor's Signature

Month Day Year

Supervisor's Degree and License

Supervisor's Title