Clinical Internship Final Evaluation Form

Name: First	Name:			
Daytime Phone: ()	First	Middle	Last	
Daytime Phone: ()	Address:			
Dates of Internship: From/ To/ Total Hours at Site: Total Direct: Total Diagnostic & Assessment Internship Site: Site Name: Address: ******************************	Number Si	treet	City Stat	e Zip
Total Hours at Site: Total Direct: Total Diagnostic & Assessment Internship Site: Site Name: Address: *******************************	Daytime Phone: ()		_	
Internship Site: Site Name: Address: **********************************	Dates of Internship: From	/	To/	
Site Name: Address: **********************************	Total Hours at Site: T	otal Direct:	Total Diagnostic &	& Assessment
Address: **********************************	Internship Site:			
**************************************	Site Name:			_
**************************************	Addragg			
**************************************	Address.			
Last, First License List your areas of professional competence.		******	********	 *********
	Part B: (to be completed by the	************* internship super	**************************************	— *********
Please describe the counseling responsibilities that were supervised.	Part B: (to be completed by the Name:	************* internship super	**************************************	
Please describe the counseling responsibilities that were supervised.	Part B: (to be completed by the Name: Last, First	************ internship super	**************************************	
Please describe the counseling responsibilities that were supervised.	Part B: (to be completed by the Name: Last, First	************ internship super	**************************************	
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	Part B: (to be completed by the Name: Last, First	************ internship super	**************************************	
	Part B: (to be completed by the Name: Last, First List your areas of professional of	********** internship super	**************************************	
	Part B: (to be completed by the Name: Last, First List your areas of professional of	********** internship super	**************************************	

Part B (continued)

Please rate the 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 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

II. 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 assessing client readiness for change 1 2 3 4
- 12. Demonstrates skill in assessing client appropriateness for group counseling

1 2 3 4

13. Demonstrates skill in assessing risk factors in suicidal, homicidal, and violent behaviors 1 2 3 4 III. **Counseling Skill and Interventions** 14. Demonstrate ability to develop rapport with clients 1 2 3 4 15. Demonstrates skill in developing conceptual framework for understanding the client's 1 2 3 4 issues 16. Demonstrates skill in using assessment information to develop appropriate strategies and interventions 1 2 3 4 17. Except in crisis, focuses on the therapeutic process and not just content 1 2 3 4 18. Recognizes and accurately interprets covert messages and nonverbal 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 1 2 3 4 Managing emergencies Conveying interest in and acceptance of the client 1 2 3 4 20. Applies appropriate clinical judgment in managing 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 1 2 3 4 23. Understands the procedures involved in consultation and referral IV. **Professional Growth and Self-Awareness** 24. Demonstrates the ability to assess and describe the impact of his/her personality on the 1 2 3 4 client 25. Incorporates supervisory guidance into clinical performance 1 2 3 4 26. Seeks consultation from the supervisor in unfamiliar clinical situations 1 2 3 4

27. Demonstrates awareness of his/her limitations in skill and competence 1 2 3 4					
28. Recognizes his/her deficiencies and actively	y works to overco	me them 1 2 3 4			
V. Training Modalities and Specialties					
29. Demonstrates basic understanding of the fo	llowing:				
Individual therapeutic modalities 1 2 3 4					
Group therapeutic modalities		1 2 3 4			
Family therapeutic modalities		1 2 3 4			
Child/Adolescent therapeutic modal	ities	1 2 3 4			
Career assessment and intervention	modalities	1 2 3 4			
Substance abuse assessment and interest and	ervention modalit	ies 1 2 3 4			
Please circle the OVERALL rating of the traine		– not acceptable			
		- marginally acceptable - acceptable			
Does the trainee possess theknowledge, skills, ar	nd abilities to pra	ctice competently as a			
professional counselor?Yes	_NoY	es with reservations			
Please explain a response of "No" or "with reservations					
Was this evaluation discussed with the trainee	Yes	No			
I certify that this internship was completed on		/_ Year			
Printed Supervisor Name:					
Supervisor Signature		ıl Date			