



State of Ohio
COUNSELOR, SOCIAL WORKER & MARRIAGE AND FAMILY THERAPIST BOARD
 50 WEST BROAD STREET, SUITE 1075
 Columbus, OH 43215-5919
 614-466-0912 - Fax 614-728-7790
www.cswmft.ohio.gov - cswmft.info@cswb.state.oh.us

This is an Active PDF file, just click on a section or check box to enter your information then print.

Internship Supervisor Evaluation Rating Form

This form must be returned within 30 days of completion of the internship
This form is to be used by graduates with degrees awarded after September 18, 1998
Pursuant to ORC 4757-13-01 (A)(1)(d)(IV)(c)

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 graduate degree: _____

School offering this internship: _____

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

Clinical Internship

Dates of experience: From: ____ / ____ to ____ / ____ Supervision Hrs: _____
 Month Year Month Year

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

Name of faculty instructor: _____

Date student completed Counseling Theory course: ____ / ____ Techniques Course: ____ / ____
 Month Year Month Year

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

Wavier of Liability

I, _____, hereby authorize _____ to provide to the Counselor Professional (Counselor Trainee) (Supervisor) Standards Committee of the State of Ohio Counselor, Social Worker, and Marriage & Family Therapist Board with all information the Committee may deem relevant to my performance as 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

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 THE SUPERVISOR

- 1.) List your area(s) of professional competencies. Please refer to Ohio Counselor Rule 4757-5-12(B)(3)(a):

- 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 |

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 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

III. Counseling Skill and Interventions

- 14.) Demonstrates ability to develop rapport with clients 1 2 3 4
- 15.) Demonstrates developing conceptual framework for understanding the client's issues 1 2 3 4
- 16.) Demonstrates skill in being able to take assessment information and develop appropriate strategies and interventions.
- 17.) Except in crisis, 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 skills 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 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

- 24.) Demonstrates his/her ability to assess and describe the impact of his/her personality on the client. 1 2 3 4
- 25.) 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

- 29.) Demonstrates basic understanding of the following:
- Individual therapeutic modalities 1 2 3 4
 - 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 Intervention modalities 1 2 3 4
 - School 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, SKILLS AND ABILITIES TO PRACTICE COMPETENTLY AS A PROFESSIONAL COUNSELOR?

_____ Yes _____ No _____ Yes, with reservations

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 Trainee?

_____ Yes _____ No

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

Month Day Year

Applicant's Name (Printed Clearly) _____ / _____ / _____

Month Day Year

Supervisor's Name & PCC-S License # (Printed Clearly) _____ / _____ / _____

Month Day Year

Supervisor's Signature _____ / _____ / _____

Month Day Year

Supervisor's Degree and License _____ Supervisor's Title _____