Supervisor: Please read and answer each question as it applies to the counseling student during practicum.

Student: This form should be reviewed with you by your individual supervisor, and turned into your group supervisor for their signature before submitting the form in your final packet to the Clinical Coordinator.

1. Describe the counseling student’s strengths in regards to counseling skills observed.

2. Describe the counseling student’s areas for growth in regards to counseling skills observed.

3. Describe the student’s receptivity to feedback during your supervision experiences.

4. How does the student utilize feedback given and supervision in an appropriate fashion?

5. How does the student show an ability and willingness to adhere to program policies/procedures (e.g., turning in recordings and meeting for supervision regularly)?

6. Please provide an overall rating of this student’s skill level as a counselor using the scale of 1-5 below. If the chosen rating is a 1 or 2, please provide additional comments with behavioral examples to support the rating.

   Unsatisfactory (1)  Inconsistent (2)  Average (3)  Strong (4)  Exemplary (5)

7. Additional comments about the student that you think pertinent in order to assign an appropriate grade for practicum.
4c. Evaluation of Practicum Student by Individual Supervisor
Old Dominion University, Graduate Counseling Program

Signatures:

_______________________________  ______________________________
Individual Supervisor Signature  Date

_______________________________  ______________________________
Group Supervisor Signature  Date

_______________________________  ______________________________
Student Signature  Date

Student: By signing this document, you give permission to your University Supervisor and/or Clinical Coordinator to use content from this document for future reference requests.