

COLLEGE COUNSELING/STUDENT SERVICES
FIELDWORK STUDENT EVALUATION FORM – FW #12

Name of Student: _____

Name of Supervisor/Evaluator: _____

Placement Location: _____

This evaluation is based on (please check all that apply):

- _____ Supervision
- _____ Individual Counseling
- _____ Group Counseling
- _____ Program Planning, Presentation &/or Evaluation
- _____ Consultation
- _____ Report Writing
- _____ Staff Meetings
- _____ In-service Training
- _____ Other (specify) _____

Note: Please return this evaluation to the student or directly to:
Dr. Merril Simon, College Counseling and Student Services
Department of Educational Psychology & Counseling,
California State University, Northridge
Northridge, CA 91330-8265 no later than: _____

For each of the factors on the two pages which follow, please circle the response that best describes the individual being evaluated, and add comments whenever appropriate (if you need more room for comment, please write on the back of the sheet, referencing item numbers.)

- 1 = hardly ever
- 2 = some of the time
- 3 = adequately often
- 4 = most of the time
- 5 = almost all of the time
- U = unknown or not applicable

Rating scale: 1 = hardly ever
 2 = some of the time
 3 = adequately often
 4 = most of the time
 5 = almost all of the time
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COUNSELOR CHARACTERISTICS	EVALUATION COMMENTS					
1. Shows empathy toward clients	1	2	3	4	5	U
2. Is genuine and natural with others	1	2	3	4	5	U
3. Displays warmth that is not controlling	1	2	3	4	5	U
4. Demonstrates maturity of judgment	1	2	3	4	5	U
5. Is flexible in relationships	1	2	3	4	5	U
6. Is able to appropriately confront others	1	2	3	4	5	U
7. Is able to modulate the intensity of counseling process	1	2	3	4	5	U
8. Is able to develop meaningful counseling hypotheses	1	2	3	4	5	U
9. Is able to deal with hostility directed at the counselor	1	2	3	4	5	U
10. Is able to motivate others to identify, explore, and resolve problems	1	2	3	4	5	U
11. Is able to eliminate personal judgmental bias	1	2	3	4	5	U
SUPERVISION						
12. Keeps appointments for supervision	1	2	3	4	5	U
13. Relates openly with supervisor	1	2	3	4	5	U
14. Recognizes his/her own assets and liabilities	1	2	3	4	5	U
15. Promptly reports problems to supervisor	1	2	3	4	5	U
16. Uses supervision time effectively	1	2	3	4	5	U
17. Accepts critical guidance from the supervisor	1	2	3	4	5	U
18. Appropriately implements supervisor's suggestions	1	2	3	4	5	U

BEHAVIORAL RECOMMENDATIONS

Please indicate the three aspects of the college counseling trainee's performance which, in your opinion, need improvement. Indicate what concrete steps you would like the student to take in order to improve in each of the three aspects. Even if you are rating an excellent trainee, please list three aspects, along with a recommendation for improvement for each. Please give the fieldwork student a copy of these Behavioral Recommendations.

<i>Student's Performance</i>	<i>Recommendation</i>

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PROFESSIONALISM

EVALUATION COMMENTS

19. Maintains appropriate professional behavior with students and others	1	2	3	4	5	U
20. Understands and implements appropriate behavior for an entry level counselor	1	2	3	4	5	U
21. Relates well with staff and other interns	1	2	3	4	5	U
22. Seeks help from others as needed	1	2	3	4	5	U
23. Maintains appropriate standards of personal grooming	1	2	3	4	5	U
24. Organizes schedule to meet needs of fieldwork setting	1	2	3	4	5	U
25. Meets deadlines without close supervision	1	2	3	4	5	U
26. Informs responsible persons in advance when unable to keep time commitments	1	2	3	4	5	U

ADDITIONAL COMMENTS

The intern and I met together and discussed this evaluation on _____
 (date)

The intern has my permission to read this entire evaluation: _____ yes _____ no

Signature of Supervisor: _____ Date: _____

Signature of Field Intern: _____ Date: _____