STUDENT PRACTICUM & INTERNSHIP
EVALUATION FORM

Counselling Psychology Program for:
• Community Settings
• Guidance & Counselling

Please check one:  □ Mid-term evaluation  □ Final evaluation

Name of Student: _________________________________________________________________________________

Placement Type: □ M.Ed. practicum □ Ed.D. practicum □ Ed.D. internship □ Other (specify) ____________

Placement Supervisor: _____________________________________________________________________________

Placement Setting: ________________________________________________________________________________

Dates:  From: ______/______/______  To: ______/______/_______

Course Number: □ AEC1203Y □ AEC1247H □ AEC3217Y □ AEC3270H □ AEC3271H

Name of Course Instructor: ______________________________  □ Seen by Instructor (please check)

To the student and the supervisor
The principal purpose of this form is to provide feedback both to the student and to the Counselling program about the student’s performance in the placement setting. The evaluation form reflects the recognition of the growing range of skills that are demanded of new graduates. At the same time it is understood that within any setting the student will be able to master only a subset of the skills that are listed. On this evaluation, students are asked to describe in detail the kinds of activities in which they have engaged while in their placement settings. It is anticipated that this evaluation will be filled out jointly by the supervisor(s) and the student.

Practica & Internships
It is our goal that both our masters and doctoral students, who are expected to complete a two day a week 500 hour placement, should receive 1 hour of face to face supervision each week and that approximately 25% of their time will be spent in direct client contact. Conflict resolution and due process recommendations and other relevant guidelines are available in our master’s and doctoral placement booklets available on the web at: http://www.oise.utoronto.ca/depts/aecdcp/cp/intern.html

The evaluation should be completed twice. The first evaluation is completed halfway through the placement. One of the purposes of the first evaluation is provide a forum where the supervisor can identify strengths and weaknesses and help the student to set appropriate goals for the remainder of the placement. In a placement that begins in September, the first evaluation should be returned the second week of January.

The second (final) evaluation is due at the end of the practicum or internship. The program uses the final evaluation to document the student’s clinical progress in the placement. As part of this formal documentation, page 8 of this evaluation must be completed in full. For the final evaluation, please report hours for the duration of the entire placement (not just the second half). Finally, both the supervisor and the student must sign the evaluation. Students and supervisors are encouraged to contact the Internship Co-ordinator about any concerns that they might have regarding the evaluation or any other aspect of the counselling program.

We would be happy to receive any feedback about this evaluation form.
Student Performance Evaluation

STUDENT’S LEVEL OF CLINICAL DEVELOPMENT AT BEGINNING OF PLACEMENT:

Level I – Beginning level; focus on learning basic skills; requires close supervision and structured format
Level II – Intermediate level; skills more developed; focus on integration, greater autonomy; requires less structure
Level III – Advanced level; well-developed, flexible skills; able to work quite autonomously; collegial supervision

Student’s level of development with regard to the current placement (I – III): _____________

PLACEMENT GOALS AND OBJECTIVES
Please complete at the beginning of the placement, in collaboration with the student. List specific goals and objectives regarding competencies to be developed, case load, types of clients, frequency & style of supervision, criteria for supervision.

MID-TERM RE-EVALUATION OF GOALS & OBJECTIVES
Please complete as part of mid-term evaluation of placement, in collaboration with the student. Evaluate progress toward goals and objectives. Indicate modification or revision of original goals and objectives.

FINAL EVALUATION OF GOALS AND OBJECTIVES
Please complete at the end of the placement, in collaboration with the student. Indicate goals and objectives achieved by completion of placement.
The following generalised statements of performance are intended to serve as guides in the selection of the appropriate Performance Level. NOTE: Evaluations are relative to the student’s current level of training.

**Level 5 - Outstanding**
These students produce the highest quality of results. Generally these students can be given difficult or complex assignments with confidence in their ability to apply intelligence and imagination. Students at this level consistently display initiative and achieve results. Their performance is recognisably and decidedly better than a very large proportion of other students. Clearly exceptional. Top 5%.

**Level 4 - Above Standard**
Performance of students in this category is decidedly better than the normal requirement. They consistently exceed the normal requirements in most of their clinical duties. Top 15%.

**Level 3 - Standard**
Most students will meet the normal requirements of the placement setting and a fairly large proportion will probably remain at this level. The performance of students at this level ranges from meeting normal requirements to exceeding normal requirements. Mid 66%.

**Level 2 - Below Standard**
Performance is below average and may be erratic or unpredictable. A student whose performance is consistently evaluated at this level should be recommended for an extension of his/her practicum or internship requirement. Further development and supervision is required to meet expectations. Bottom 15%.

**Level 1 - Poor**
Fails to meet expectations. Consistently performs poorly and clearly needs improvement. A specific period of time should be established for a student to improve his/her performance. If improvement is not made, then the student's suitability for this field of work should be re-evaluated. Bottom 5%.

**IB - Insufficient Basis for Making a Rating**
This rating should be used when the target activities are not typically carried out at the field placement; the student has not engaged in the target activities; a previous supervisor is unavailable for consultation; or the supervisor has not had the opportunity to observe and evaluate the student.

**WORK SKILLS**

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<thead>
<tr>
<th></th>
<th>Insufficient Basis</th>
<th>Poor</th>
<th>Below Standard</th>
<th>Standard</th>
<th>Above Standard</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning: Plans work thoroughly</td>
<td>IB 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Time Management: Manages time effectively</td>
<td>IB 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Decision-making: Capable of making difficult or non-routine decisions</td>
<td>IB 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Openness to Guidance: Willing to seek &amp; take the advice of others when needed</td>
<td>IB 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Response to Supervision: Makes effective use of supervision time and case consultation</td>
<td>IB 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tr>
<tr>
<td>Responsibility: Takes charge of situation and gets things done</td>
<td>IB 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
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<tr>
<td>Reliability: Meets deadlines promptly</td>
<td>IB 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Quality of written assessment reports</td>
<td>IB 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Overall Evaluation of Work Skills</strong></td>
<td><strong>IB</strong> 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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**Comments:** .................................................................................................................................................................................................
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3
### PERSONAL CHARACTERISTICS

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<th>Insufficient Basis</th>
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<th>Below Standard</th>
<th>Standard</th>
<th>Above Standard</th>
<th>Outstanding</th>
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<tbody>
<tr>
<td>1. Self-awareness: Accurately assesses own strengths and weaknesses; aware of his/her impact on others</td>
<td>IB 1 2 3 4 5</td>
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<td>2. Social skills: Relates comfortably with others</td>
<td>IB 1 2 3 4 5</td>
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<td>3. Empathy: Able to empathize with thoughts, feelings and needs of others</td>
<td>IB 1 2 3 4 5</td>
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<td>4. Self-confidence: Possesses self-confidence</td>
<td>IB 1 2 3 4 5</td>
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<td>5. Motivation: Possesses energy and drive</td>
<td>IB 1 2 3 4 5</td>
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<td>6. Imagination &amp; Creativity: Ability to generate new, useful ideas</td>
<td>IB 1 2 3 4 5</td>
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<tr>
<td>7. Independence: Ability to work independently</td>
<td>IB 1 2 3 4 5</td>
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<td>8. Effective oral communications</td>
<td>IB 1 2 3 4 5</td>
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</table>

**Overall Evaluation of Personal Characteristics**

|              | IB 1 2 3 4 5 |      |                |          |                |             |

**Comments:**

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### COUNSELLING & PSYCHOTHERAPY

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<tr>
<th></th>
<th>Insufficient Basis</th>
<th>Poor</th>
<th>Below Standard</th>
<th>Standard</th>
<th>Above Standard</th>
<th>Outstanding</th>
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</thead>
<tbody>
<tr>
<td>1. Establishes and maintains professional relationships with clients</td>
<td>IB 1 2 3 4 5</td>
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<tr>
<td>2. Effectively gathers information about the nature and severity of problems</td>
<td>IB 1 2 3 4 5</td>
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<tr>
<td>3. Formulates meaningful case conceptualizations and hypotheses about the factors that contribute to the client’s problems</td>
<td>IB 1 2 3 4 5</td>
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<td>4. Selects appropriate intervention methods</td>
<td>IB 1 2 3 4 5</td>
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<tr>
<td>5. Sets clear and appropriate counselling goals</td>
<td>IB 1 2 3 4 5</td>
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<tr>
<td>6. Communicates conceptualizations and goals to client in a meaningful and sensitive manner</td>
<td>IB 1 2 3 4 5</td>
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<tr>
<td>7. Facilitates collaborative interaction with clients to effect change and resolve problems</td>
<td>IB 1 2 3 4 5</td>
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<td></td>
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<tr>
<td>8. Accurately assesses effectiveness of interventions</td>
<td>IB 1 2 3 4 5</td>
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<tr>
<td>9. Is knowledgeable &amp; respects various alternative interventions and theoretical approaches</td>
<td>IB 1 2 3 4 5</td>
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<tr>
<td>10. Is able to apply counselling intervention techniques</td>
<td>IB 1 2 3 4 5</td>
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<tr>
<td>11. Is knowledgeable about specialized required background information (e.g., for guidance placements, knowledge of Ministry guidelines, career issues, etc.)</td>
<td>IB 1 2 3 4 5</td>
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**Overall Evaluation of Counselling & Psychotherapy**

|              | IB 1 2 3 4 5 |      |                |          |                |             |

**Comments:**

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CONSULTATION & LIAISON

1. Is knowledgeable about the consultation role
   - IB 1 2 3 4 5
2. Is effective as a consultant
   - IB 1 2 3 4 5
3. Maintains rapport with colleagues and is aware of other disciplines contributions
   - IB 1 2 3 4 5
4. Effectively communicates with other disciplines
   - IB 1 2 3 4 5

Overall Evaluation of Consultation & Liaison
   - IB 1 2 3 4 5

Comments: 

ETHICS & STANDARDS

1. Is knowledgeable about ethical principles and standards of professional conduct
   - IB 1 2 3 4 5
2. Proactively identifies potential ethical dilemmas
   - IB 1 2 3 4 5
3. Is able to apply ethical decision-making skills and effectively resolve ethical dilemmas
   - IB 1 2 3 4 5
4. Is sensitive to diversity issues (e.g., ethnicity, gender, disability)
   - IB 1 2 3 4 5

Overall Evaluation of Ethics & Standards
   - IB 1 2 3 4 5

Comments: 

SUMMARY OF TIME SPENT IN PLACEMENT ACTIVITIES

To Be Filled Out By The Student & Approved By The Supervisor:

In the following section the student is asked to calculate the amount of time spent in each of three types of activities:

1. Supervision
2. Direct Service (face to face contact with clients/patients)
3. Indirect Service (clinically relevant activities that are neither supervision nor direct service)

The categories that are provided are guidelines only. What is important is that the student and the supervisor achieve a description that most fairly reflects the activities of the student. In some cases a counselling activity might fit into either of two categories. For example, supervisor sits in with both student intern and client. This could be classified either as face to face supervision or direct service. In cases such as this, score in one category only.

Please indicate the number of hours for each of the following:
1. SUPERVISION

ONE-ON-ONE SUPERVISION
The student received one-on-one, face-to-face supervision with the supervisor.

OTHER SUPERVISION
Examples of activities in this category include: delegated supervision (supervision received from another counselling practitioner), the supervisor edited the student’s written work or viewed video tapes outside of supervision time, the student received group/class supervision on specific cases, the student received peer supervision on specific cases, the student provided supervision to other students interns.

Total number of hours of Other Supervision (add 1 to 5)

TOTAL # OF SUPERVISION HOURS: Add one-on-one supervision + other supervision (Round this off to the nearest whole number).

2. DIRECT SERVICES

COUNSELING & PSYCHOTHERAPY

<table>
<thead>
<tr>
<th>Adult (individual)</th>
<th>Total # of hours face to face</th>
<th>Number of different individuals, couples, families &amp; groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent (individual)</td>
<td></td>
<td></td>
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<tr>
<td>Child (individual)</td>
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<td></td>
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<tr>
<td>Other (specify)</td>
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<tr>
<td>Couples (count as one unit)</td>
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<td></td>
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<tr>
<td>Family therapy (count as one unit)</td>
<td></td>
<td></td>
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<tr>
<td>Group therapy (count as one unit)</td>
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<tr>
<td>Other (specify)</td>
<td></td>
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</table>

Total # of Counselling & Psychotherapy Intervention Hours:

1 An hour defined as a clock hour plus or minus 10 minutes
2 Count a couple, family, or group as one unit, rather than counting a couple as two or a group as seven.

3. INDIRECT SERVICES

a. Number of practicum hours the student spent in activities supporting counselling and psychotherapy. Examples of activities in this category include: observing other professionals doing counselling; file review; consulting with other professionals about cases; case conferences, team meetings, class discussions focused on student’s ongoing cases; reading literature relevant to ongoing cases; reviewing video/audio tapes of cases; attending lectures, conferences etc. specifically related to student’s case(s).

Total hours: ______________

b. Number of hours spent in other clinically related activities:
An example of an activity in this category would be preparing material for a staff presentation.

Total hours: ______________

TOTAL # OF INDIRECT SERVICE HOURS:

TOTAL NUMBER OF HOURS OF COUNSELLING EXPERIENCE:
(Supervision + Direct Service + Indirect Service):
1. Of the clients served by this student, what percentage were from diverse populations (include ethnicity, sexual orientation and/or English as a second language)? What major groups were represented?

2. Areas of growth or improvement noted:

3. Areas for further development:

4. Additional comments:

The student should make and keep a copy of this evaluation prior to submitting the original.

The evaluation form should be returned to: Judith A. Silver, Ph.D., C. Psych.
Co-ordinator of Internships & Counselling Services,
OISE/UT, Adult Education & Counselling Psychology Department
252 Bloor Street West, Suite 7-295
Toronto, Ontario M5S 1V6
Telephone: (416) 978-0623
Fax: (416) 926-4749
e-mail: judy.silver@utoronto.ca
COUNSELLING PSYCHOLOGY PROGRAM

- Community Settings
- Guidance & Counselling

PRACTICUM / INTERNSHIP SUMMARY

NAME OF STUDENT: __________________________ Telephone number: __________________

Placement Type:  
- MEd practicum
- EdD practicum
- EdD internship
- Other __________________

Name of Supervisor: __________________________ Placement Name: __________________________

Telephone # (work): __________________________ E-mail address: __________________________

Period covered by this evaluation: From: _________________ To: __________________________

(NB: For the final evaluation, report for the entire duration of the placement)

SUPERVISION During this period, number of hours of:
- Face-to-face supervision with supervisor
- Other supervision (group, class, peer, case conference)

TOTAL # OF SUPERVISION HOURS:

DIRECT SERVICE During this period, number of hours of:
- Counselling/Psychotherapy

TOTAL # OF DIRECT SERVICE HOURS:

INDIRECT SERVICE
Including report writing, consults with other professionals, audio & video tape review, etc.

TOTAL # OF INDIRECT SERVICE HOURS:

TOTAL # OF HOURS OF COUNSELLING EXPERIENCE:
(Supervision + Direct Service + Indirect Service):

Overall, this student’s performance in this field placement has been: (Please Check) 4

- Satisfactory
- Satisfactory, with some concerns
- Unsatisfactory

_________________________________________  ________________________________________
Signature of Supervisor  Signature of Student

_________________________________________  ________________________________________
Date  Date

NOTE: The student should make a copy of this for his/her records prior to submitting it to the Internship Coordinator.

Updated 2/14/2011