Master of Arts in Counseling
Internship Professional Practice Form
Counselor Assessment Scale – Self-Evaluation Form

Eastern Mennonite University
SCHOOL OF GRADUATE & PROFESSIONAL STUDIES

Student _____

Supervisor _____

Please read:

Reference criteria: a rating of 5 meets expectations of a licensed counselor. The standard at the **end of practicum (beginner)** is an average of **3**. The standard for **graduation (intermediate)** is an average of **4**, with no item less than 3. It is **very unlikely** that any student would merit a **5** in every category.

Professional Behavior	Beginner			Intermediate	Professional	Comment
Utilizes ACA Code of Ethics and/or other appropriate ethical codes as guidance for professional behavior	1	2	3	4	5	
Exhibits respectful and courteous behavior, including respect of others' values and preference for techniques, respect for others' workloads and time commitments; successful as a team member	1	2	3	4	5	
Understands and maintains appropriate interactions and boundaries with co-workers, supervisors, and clients	1	2	3	4	5	
Dresses appropriately	1	2	3	4	5	
Readily seeks consultation for unusual situations	1	2	3	4	5	
Is able to accept both praise and criticism that is framed in an appropriate manner	1	2	3	4	5	
Makes an attempt to incorporate suggestions and review their effectiveness with supervisor after their utilization, or is able to justify why a suggestion was not used	1	2	3	4	5	
Accurately completes all paperwork in neat, readable, concise manner; all work on time without reminders	1	2	3	4	5	
Respectful of client and supervisor appointment times	1	2	3	4	5	

Average: ____

Empathic Attunement

	Beginner		Intermediate	Professional	Comment
Clients feel respected	1	2 3	4	5	
Clients feel heard and attended to	1	2 3	4	5	
Demonstrates ability to easily develop rapport with new clients, making them feel at ease	1	2 3	4	5	
Appropriately adapts techniques, theory, and personal affect (i.e. humor, creativity, etc.) to meet clients where they are at	1	2 3	4	5	
Makes a conscious effort to employ empathy, unconditional positive regard, genuineness, and concreteness/intentionality	1	2 3	4	5	
Understands and maintains appropriate boundaries with clients	1	2 3	4	5	
Empowers clients	1	2 3	4	5	
Demonstrates competent use of higher level listening skills such as feedback and reflection of meaning	1	2 3	4	5	

Average*: ___*

Intervention Skills

	Beginner		Intermediate	Professional	Comment
Creates client ownership	1	2 3	4	5	
Manages good session beginnings and endings	1	2 3	4	5	
Good timing of interventions	1	2 3	4	5	
Appropriately applies counseling theories and techniques in a manner that indicates strong knowledge of both	1	2 3	4	5	
Follows treatment plan	1	2 3	4	5	
Demonstrates a grasp of issues involved and a sense of where progress is possible for a particular client	1	2 3	4	5	
Interventions are focused and effective	1	2 3	4	5	

Average: ___

Case Conceptualization & Management

	Beginner			Intermediate	Professional	Comment
Can conduct a comprehensive and integrated client assessment, utilizing consultation and referral as needed	1	2	3	4	5	
- Covers all areas of client development associated with the presenting problem	1	2	3	4	5	
- Is able to correctly assess risk factors such as homicide, suicide, and inability to care for self	1	2	3	4	5	
- Incorporates a strengths perspective	1	2	3	4	5	
Is able to identify the real problem that brings the client to counseling	1	2	3	4	5	
Is able to identify salient features of client and when appropriate derive DSM diagnosis	1	2	3	4	5	
Is able to formulate case hypotheses and interventions within a conceptual framework	1	2	3	4	5	
Treatment goals reflect an in-depth understanding of client	1	2	3	4	5	
Demonstrates knowledge of agency rules and policies; embraces agency mission as evidenced in daily interactions	1	2	3	4	5	

Average: ___

Counselor Self-Awareness

	Beginner			Intermediate	Professional	
Is able to accurately document strengths	1	2	3	4	5	
Is able to accurately assess growth areas	1	2	3	4	5	

Average: ___

Please describe one strength and one growth area: Total Average: ___
Strength:

Growth area:

*Supervisor Signature:*_____   *Date:* _____

Thank you!