

Department of Counselor Education  
 Northeastern Illinois University  
 Site Supervisor Evaluation of Student  
 Community Counseling  
 Family Counseling

Name of Student \_\_\_\_\_ Name of Site Supervisor \_\_\_\_\_

Name of Site \_\_\_\_\_ Name of University Supervisor \_\_\_\_\_

Semester/Year \_\_\_\_\_ Mid-Term \_\_\_\_\_ End of Term \_\_\_\_\_ Date \_\_\_\_\_

**Rating Scale**

- 1 Needs Much Improvement
- 2 Needs Some Improvement
- 3 Acceptable Performance
- 4 A Strength
- 5 A Major Strength
- I/O Insufficient Opportunity to Observe
- NE Not Evaluated

**Personal and Professional Characteristics**

- |   |   |   |   |   |     |    |  |
|---|---|---|---|---|-----|----|--|
| 1 | 2 | 3 | 4 | 5 | I/O | NE | Prompt, dependable, responsible and accountable for own behavior |
| 1 | 2 | 3 | 4 | 5 | I/O | NE | Shows initiative and cooperation                                 |
| 1 | 2 | 3 | 4 | 5 | I/O | NE | Has a professional appearance                                    |
| 1 | 2 | 3 | 4 | 5 | I/O | NE | Respects individuals and cultural differences                    |
| 1 | 2 | 3 | 4 | 5 | I/O | NE | Demonstrates ethical behavior                                    |
| 1 | 2 | 3 | 4 | 5 | I/O | NE | Communicates effectively with clients and staff                  |

**Professional Knowledge and Skills**

- |   |   |   |   |   |     |    |  |
|---|---|---|---|---|-----|----|--|
| 1 | 2 | 3 | 4 | 5 | I/O | NE | Develops counseling goals                                      |
| 1 | 2 | 3 | 4 | 5 | I/O | NE | Chooses and uses appropriate counseling techniques             |
| 1 | 2 | 3 | 4 | 5 | I/O | NE | Communicates empathically                                      |
| 1 | 2 | 3 | 4 | 5 | I/O | NE | Reflects a non-judgmental attitude in counseling relationships |
| 1 | 2 | 3 | 4 | 5 | I/O | NE | Maintains the privacy and confidentiality of information       |
| 1 | 2 | 3 | 4 | 5 | I/O | NE | Applies theoretical frameworks to usable clinical skills       |
| 1 | 2 | 3 | 4 | 5 | I/O | NE | Collaborates to meet clients/families goals and objectives     |

**Professional Development**

1 2 3 4 5 I/O NE  
1 2 3 4 5 I/O NE  
1 2 3 4 5 I/O NE

Maintains written records/reports of professional activities  
Participates in professional related workshops and in-service trainings  
Actively seeks to acquire additional knowledge about issues facing clients

**Use of Supervision**

1 2 3 4 5 I/O NE  
1 2 3 4 5 I/O NE  
1 2 3 4 5 I/O NE  
1 2 3 4 5 I/O NE  
1 2 3 4 5 I/O NE  
1 2 3 4 5 I/O NE

Is prepared for supervision and attends regularly  
Is receptive to feedback  
Is open and honest in supervisory sessions  
Recognizes own limitations and seeks help and direction  
Accepts constructive criticism and recommendations  
Is specific in dealing with problem areas

**Additional Comments**

Please feel free to comment about any of the factors described above or add any other comments that would be helpful in evaluating the student’s strengths and weaknesses. Any comments about the student’s overall potential for success as a counselor would also be appreciated.

\_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intern’s Signature

\_\_\_\_\_  
Date

My signature indicates that I have read the above report and have discussed the contents with my supervisor. It does not indicate that I agree with the report in part or in whole.