SUPERVISOR FORM
Field Evaluation Form for Practicum II

Name of Student: ______________________

USF Faculty Supervisor: ______________________

Agency and Field Supervisor: ______________________

Semester: ____________

Circle one: Midterm Report or Final Report

Directions: Please rate your student in relation to your expectations of graduate student performance. Use the following scale in making your evaluation of the student: (1) Demonstrates marked deficiencies in this area; (2) Demonstrates some deficiencies in this area; (3) Performance average in this area; (4) Performance above average in this area; (5) Performance superior in this area; and N/A – Not Applicable or not rated.

Circle Appropriate Rating:

1. Conducts self in an ethical manner so as to promote confidence in the profession. 1 2 3 4 5 NA

2. Professional conduct (ex. appearance, timely record keeping, punctual, respectful of others) 1 2 3 4 5 NA

3. Ability to relate appropriately with clients and develop a therapeutic relationship (conveys warmth, genuineness, congruency, and competency and creates a safe environment) 1 2 3 4 5 NA

4. Appropriate use of active listening and basic counseling skills (summarizing, restating, paraphrasing, silence, confrontation, questions, empathy, and minimal encouragers) 1 2 3 4 5 NA

5. Demonstrates awareness of self, client and what is occurring between client and self during a session. 1 2 3 4 5 NA
6. Demonstrates appropriate flexibility in session when needed 1 2 3 4 5 NA

7. Ability to conduct a thorough assessment and synthesize data to formulate the presenting problem. 1 2 3 4 5 NA

8. Ability to receive, integrate, and utilize feedback from peers, instructors, and supervisors 1 2 3 4 5 NA

9. Ability to identify and establish realistic and meaningful therapeutic goals with the client. 1 2 3 4 5 NA

10. Appropriately identifies and accesses community resources as needed including knowing when to refer. 1 2 3 4 5 NA

11. Demonstrates ability to use theory to guide the development of effective treatment plans. 1 2 3 4 5 NA

12. Demonstrates the ability to develop and deliver a range of interventions which are consistent with their conceptualization and treatment goals. 1 2 3 4 5 NA

13. Appropriate homework assignments are given and follow up occurs at the next session. 1 2 3 4 5 NA

14. Able to keep the focus of therapy on the established therapeutic goals. 1 2 3 4 5 NA

15. Overall evaluation of student’s performance. 1 2 3 4 5 NA

**Additional Comments:** Please comment on the student’s strengths and limitations as you see them and identify what the student needs to focus on in the immediate future. Please be sure to comment on any area where the student received a rank of one or two and provide at least one specific example that illustrates the student’s limitations in that area. Use the back of the form if you need more space. Please take time in your supervision to review this evaluation with the student. Retain a copy for yourself and give a copy to the student to bring back to their USF faculty supervisor.

**Signature:** ___________________________________________ **Date:** ____________________________

**Phone:** ___________________________________________ **Email:** ____________________________