

**Department of Counseling & Development
College of Education, Information and Technology
LIU Post/LIU Brentwood**

PRACTICUM EVALUATION

SPRING/ SUMMER/ FALL 2020
(circle semester)

Name of Practicum Student:	Date:
Practicum Site:	
University Professor:	EDC 669-001/

Site Supervisor: Please review the following statements and rate the student using the ratings below:

	Fully Agree	Partially Agree	Neutral	Somewhat Disagree	Disagree	No Opportunity To Observe
1. Shows a commitment to personal & professional growth	5	4	3	2	1	_____
2. Shows a commitment to the profession	5	4	3	2	1	_____
3. Shows a commitment to professional identity	5	4	3	2	1	_____
4. Shows a commitment to on-going professional development	5	4	3	2	1	_____
5. Student is receptive to supervisor feedback	5	4	3	2	1	_____
6. Evidences knowledge of individual counseling theories	5	4	3	2	1	_____
7. Evidences knowledge of group counseling theories	5	4	3	2	1	_____
8. Evidences knowledge of assessment processes	5	4	3	2	1	_____
9. Evidences knowledge of theoretically appropriate developmental stages	5	4	3	2	1	_____
10. Evidences knowledge of working with diverse populations	5	4	3	2	1	_____
11. Evidences understanding of multicultural differences	5	4	3	2	1	_____
12. Evidences knowledge of central aims of your program	5	4	3	2	1	_____

	Fully Agree	Partially Agree	Neutral	Somewhat Disagree	Disagree	No Opportunity To Observe
13. Contributes constructively to team projects	5	4	3	2	1	_____
14. Demonstrates counselor characteristics and behaviours that influence helping (CACREP Core G.5.b.)	5	4	3	2	1	_____
15. Understands and appropriately practices consultation (CACREP Core G.5.f.)	5	4	3	2	1	_____
16. Demonstrates the ability to articulate, model and advocate for an appropriate school counselor identity and program (CACREP SC-B.2.)	5	4	3	2	1	_____
17. Demonstrates the ability to recognize his or her own limitations as a school counselor or clinical mental health counselor and to seek supervision or refer clients when appropriate (CACREP CMHC – D.9. and SC – D.5.)	5	4	3	2	1	_____
18. Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling OR demonstrates the ability to apply and adhere to ethical and legal standards in school counseling (CACREP CMHC – A.2. and SC B.1.)	5	4	3	2	1	_____
<u>FOR CMHC STUDENTS ONLY:</u>	5	4	3	2	1	_____
19. Knows the principles, models and documentation formats of biopsychosocial case conceptualization and treatment planning (CACREP CMHC – C.7.)	5	4	3	2	1	_____
20. Uses the principles and practices of diagnosis, treatment, referral and prevention of mental health and emotional disorders to initiate, maintain and terminate counseling (CACREP CMHC – D.1.)	5	4	3	2	1	_____
21. Maintains information regarding community resources to make appropriate referrals (CACREP CMHC – F.1.)	5	4	3	2	1	_____

1. What are your qualifications as the on-site supervisor (i.e., licensure in a profession, permanent certification as a school counselor, national certification in counseling)?

2. Personal strengths and weakness:

3. Sense of responsibility:

4. Professional judgment:

5. Common sense:

6. Initiative:

7. Communication (with staff, supervisors and students or clients):

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Cooperating Counselor's Name _____ Signature _____
(print)

Practicum Student's Name _____ Signature _____
(print)

University Professor's Name _____ Signature _____
(print)

Supervisor reviewed Evaluation with Student: YES NO DATE: _____

University Professor has read this evaluation. DATE: _____

APPLICATION FOR CREDIT EDC 669, COUNSELING PRACTICUM

**Department of Counseling & Development
College of Education, Information and Technology**

Cooperating Counselor (Site Supervisor): The application for counselor credit must be returned to the University Professor by the student before the completion of the semester in which you have served as the cooperating counselor. The name submitted for counselor credit must be the name of the cooperating counselor.

Counselor credit letters (tuition voucher) are not awarded to cooperating counselors at LIU Post or LIU Brentwood.

Semester/Year: **SPRING/ SUMMER/ FALL 2020 (CIRCLE SEMESTER)**

PLEASE PRINT ALL INFORMATION

To be completed by the Cooperating Counselor:

Name of Practicum Student: _____
(Name of Student supervised)

Name of Cooperating Counselor: _____

Name of School/Agency/Site: _____

Address of the Practicum Site for credit letter

Address of School/Agency/Site: _____
Address of School/Agency/Site Line 1

_____ Address of School/Agency/ Site Line 2

Telephone number of School/Agency/Site: _____

Number of credits applying for **1**

Number of total practicum hours completed under your supervision _____

I do not want to receive the credit voucher _____

Signature of Cooperating Counselor _____
(Signature of Cooperating Counselor)

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To be completed by the University Professor:

Name and LIU ID# of student _____
Name of Student Student's LIU ID #

Signature of University Professor: _____
(Signature of University Professor)

