

COUNSELOR-IN-TRAINING CHECKLIST

Student's Name: _____ Date: _____

CHECKLIST COMPLETED BY SITE SUPERVISOR:

Name of On-site Supervisor: _____

Agency or School Name: _____

Period Covered: From: _____ To: _____

Interim _____ or Final _____ Evaluation

This evaluation is intended to help the student, agency, and university assess the student's progress in the development of the knowledge, values, and skills necessary for the practice of counseling. The evaluation guide presented here is a tool to assist in that process. Feel free to include additional areas or criteria which you believe are important.

Core Requirements

The student has successfully demonstrated: (Please initial)	<u>YES</u>	<u>NO</u>
A total of 300 hours of work on-site this semester (FINAL ONLY)	_____	_____
A total of 120 DIRECT hours with students/clients (FINAL ONLY)	_____	_____
Skills with individual counseling	_____	_____
Skills with at least two long-term client contacts	_____	_____
Skills with group counseling - At least one group with a minimum of four members for a series of sessions.	_____	_____
Skills in consultation	_____	_____
Skills in testing/assessment	_____	_____
Skills in making referrals	_____	_____
Skills in training and development	_____	_____