

REHABILITATION COUNSELING CHECKLIST

Directions: Please check only one

Counseling Practicum Internship I Internship II Combined Internship

Student's Name: _____

Placement Site: _____

REQUIREMENTS

DATE

1. Contract Received	
2. Field Placement Began	
3. Goals and Objectives	
4. Duties and Responsibilities	
5. On-Site Visit by University Supervisor	
6. Mid-Term Evaluation	
7. Total Hours Completed	
8. Project Summary Received (Internship II or Combined)	
9. Final Evaluation Received	
10. Student Self Rating	
11. Supervisee evaluation of Supervisor	
12. Final Conference with University Supervisor	

Summative Evaluation:

Final Grade: _____

Student's Signature: _____

University Supervisor's Signature: _____

Date of Conference: _____

level of competence in each activity. _____ will be the faculty supervisor
(Faculty Supervisor Name)
with whom the practicum student/intern and the site supervisor will communicate regarding
progress, problems, and performance evaluations.

Projected Practicum/Internship Activities

- Initial Intake Activities (Interviews, collecting basic demographic information, determining eligibility for service)
- Individual Counseling
- Group Counseling / Family Counseling
- Administration, Interpretation, and Processing of Test Results with Clients
- Report Writing
- Case Management
- Job Development and Placement / Job Analysis
- Medical Aspects of Disability (functional capacity, knowledge of the various types of disabilities or disorders, determine need for assistive technology)
- Rehabilitation Services and Resources (managed care, school to work transition, forensic rehabilitation, psychiatric rehabilitation practice)
- Consultation
- Psycho/Educational Activities
- Career Counseling
- Case Conference
- Staff Meetings
- Other Agency Related Responsibilities

Signatures:

Practicum/Internship Site Supervisor*: _____ Date: _____

Daytime Phone Number: _____ Email: _____

Practicum Student/Intern: _____ Date: _____

Daytime Phone Number: _____ Email: _____

Faculty Supervisor: _____ Date: _____

Daytime Phone Number: _____ Email: _____

*Practicum/Internship Site Supervisor: Please attach a short personal resume and a brochure or flyer from your company to this contract.

GOALS & OBJECTIVES

Place a check in the appropriate boxes

- Course
- Counseling Practicum
 - Internship I
 - Internship II
 - Combined Internship

- Major
- Community/Agency Counseling
 - School Counseling
 - Rehabilitation Counseling

List below the goals and objective that you would like to accomplish this semester at your respective site.

Student's Signature: _____ Date: _____

Site Supervisor's Signature: _____ Date: _____

DUTIES & RESPONSIBILITIES

Place a check in the appropriate box

- Counseling Practicum
- Internship I
- Internship II
- Combined Internship

- Community/Agency Counseling
- School Counseling
- Rehabilitation Counseling

List below the specific duties and/or responsibilities that will be assigned to _____ as required practicum/internship activities. Keep in mind that approximately 40% of activities should be in direct service to clients, consumers, and/or prospective clients. Ten direct hours should involve group counseling.

Student's Signature: _____ Date: _____

Site Supervisor's Signature: _____ Date: _____

REHABILITATION COUNSELING *MID-TERM* EVALUATION

Directions: Please check only one

Counseling Practicum Internship I Internship II Combined Internship

Student's Name: _____

Site Name: _____

Site Supervisor's Name: _____

Directions: Site supervisor is to complete this form in duplicate: One copy goes to the student and the other copy is sent to the faculty supervisor:

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The areas listed below serve as a general guide for the activities typically engaged in during Rehabilitation Counseling. Please rate the student on the activities in which he/she has engaged using the following rating system:

A – FUNCTIONS EXTREMELY WELL AND/OR INDEPENDENTLY

B – FUNCTIONS ADEQUATELY AND/OR REQUIRES OCCASIONAL SUPERVISION

C – REQUIRES CLOSE SUPERVISION IN THIS AREA

N/A – NOT APPLICABLE TO THIS TRAINING EXPERIENCE

Training activities

- _____ Initial interview with clients
- _____ Assessment activities
- _____ Formulation of treatment plan
- _____ Individual counseling with clients
- _____ Group counseling with clients
- _____ Creation of progress notes documenting client activity
- _____ Consultation with other professionals regarding client activity
- _____ Recognition of potential or actual client crisis and utilization of crisis management techniques
- _____ Creation or performance of psycho-educational activities
- _____ Referral of clients to appropriate outside providers
- _____ Case management activities as appropriate
- _____ Career Counseling activities
- _____ Demonstrate knowledge and application of case-appropriate counseling theory and

interventions with clients

- Demonstrate orientation to program policy and procedures
- Demonstrate knowledge of appropriate ethical standards of behavior
- Case Management
- Medical Aspects of Disability (functional capacity, knowledge of the various types of disabilities or disorders, determine need for assistive technology)
- Rehabilitation Services and Resources (managed care, school to work transition, forensic rehabilitation, psychiatric rehabilitation practice)

Personal characteristics:

Please rate the practicum/intern student on his/her personal attributes using the following rating system:

- 1 – Acceptable
- 2 – Needs Improvement
- 3 – Not Applicable

- Promptness/Punctuality
- Appropriate Professional Dress
- Attitude
- Reliability
- Accepts constructive criticism
- Initiative
- Works well with others
- Self-Confidence
- Oral Communication
- Written Communication

Compared with other graduate counseling students at this level of training and experience, this student performs overall at the following level:

- Please check one:
- Top 10%
 - Top 25%
 - Other (please) comment

Final comments:

Site Supervisor's Signature: _____ Date: _____

4. Ability to demonstrate competence in the following areas:

a. An understanding of assessment techniques and issues:	1	2	3	4
b. Demonstrate effective interpersonal skills:	1	2	3	4
c. Demonstrate competency with individual clients:	1	2	3	4
d. Demonstrate competency with group clients:	1	2	3	4
e. Conduct psycho-educational groups:	1	2	3	4
f. Participate in and/or conduct case consultations:	1	2	3	4
g. Create and maintain client documentation:	1	2	3	4
h. Seek case consultation as appropriate:	1	2	3	4
i. Demonstrate professionalism in department:	1	2	3	4
j. Demonstrate knowledge and application of ethical standards of practice:	1	2	3	4
k. Case management:	1	2	3	4
l. Medical aspects of disability:	1	2	3	4
m. Rehabilitation services and resources:	1	2	3	4

Comments (Note: For those areas in which practicum student/intern received a 3 or 4 rating, provide details of shortcomings so that goals for improvement may be created):

Summary Comments:

Site Supervisor Signature: _____ Date: _____

Supervisee Evaluation of Supervisor

Place a check in the appropriate box

- Counseling Practicum
- Internship I
- Internship II
- Combined Internship

- Community/Agency Counseling
- School Counseling
- Rehabilitation Counseling

Supervisor's Name: _____

Supervisor to be Evaluated On-Site or University (circle one)

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree N/A = Not Applicable

RATING CATEGORIES RATING

I. My Supervisor:

- | | |
|---|-------------|
| 1. Explained his/her role as my supervisor | 1 2 3 4 N/A |
| 2. Made me feel at ease with the supervisory process | 1 2 3 4 N/A |
| 3. Gave me feedback about my role as a counselor that was accurate and that I could use | 1 2 3 4 N/A |
| 4. Helped me clarify the issues that my client brought to the session. | |
| 5. Assisted me in understanding my own feelings about the client and his/her issues | 1 2 3 4 N/A |
| 6. Encouraged me to develop a plan to work with specific clients. | 1 2 3 4 N/A |
| 7. Modeled appropriate counseling techniques when necessary. | 1 2 3 4 N/A |

II. My Supervisor helped Promote:

- | | |
|--|-------------|
| 8. My professional identity by encouraging membership in professional organizations. | 1 2 3 4 N/A |
| 9. Professional standards by encouraging certification and accreditation of supervisors by accrediting bodies (State and National) | 1 2 3 4 N/A |
| 10. Legal and ethical practice by discussing and modeling appropriate ethical standards. | 1 2 3 4 N/A |

III. I Felt:

- | | | | | | |
|---|---|---|---|---|---------|
| 11. Confident of the counseling skills of my supervisor | 1 | 2 | 3 | 4 | N/A |
| 12. My supervisor respected me and was concerned with my professional growth. | 1 | 2 | 3 | 4 | N/A |
| 13. My supervisor was committed to his/her role as a supervisor. | 1 | 2 | 3 | 4 | N/A |
| 14. My supervisor motivated and encouraged me.
N/A | | | | | 1 2 3 4 |
| 15. My supervisor served as an appropriate professional role model. | 1 | 2 | 3 | 4 | N/A |
| 16. Supervision sessions allowed for personal and professional growth. | 1 | 2 | 3 | 4 | N/A |
| 17. My supervisor recognizes his/her own limitations.
N/A | | | | | 1 2 3 4 |
| 18. My supervisor was genuine, congruent, empathic, and honest. | 1 | 2 | 3 | 4 | N/A |

IV. My Supervisor Helped Me:

- | | | | | | |
|---|---|---|---|---|-----|
| 19. Clarify my own ideas about counseling theory. | 1 | 2 | 3 | 4 | N/A |
| 20. Focus on specific counseling strategies to assist the client. | 1 | 2 | 3 | 4 | N/A |
| 21. Develop techniques to resolve conflict. | 1 | 2 | 3 | 4 | N/A |

Please complete the following demographic questions.

The demographics will be used for descriptive analysis in research.

Your gender: Supervisor's gender: _____

Your age: Supervisor's age: _____

Your ethnic background: _____

(African American, Asian, Caucasian, Hispanic, Native American, Other)

Your supervisor's ethnic background: _____

(African American, Asian, Caucasian, Hispanic, Native American, Other)

Number of years that your supervisor has been a counselor: _____

(survey adopted from Mississippi State University Counseling Program)

Rating Scale		
Poor/often	Good/Often	Excellent/Always
1.....2.....3.....4.....5.....6.....7		

NC A&T STATE UNIVERSITY DEPARTMENT of HUMAN DEVELOPMENT and SERVICES
STUDENT SELF-EVALUATION OF CLINICAL EXPERIENCE

1. Ability to comprehend client's issues.	N/A	1	2	3	4	5	6	7
2. Can facilitate client expression of thought and feeling.	N/A	1	2	3	4	5	6	7
3. Able to maintain control of the counseling session.	N/A	1	2	3	4	5	6	7
4. Can recognize and skillfully interpret client covert messages.	N/A	1	2	3	4	5	6	7
5. Can identify relationships among conceptual themes as expressed by the client.	N/A	1	2	3	4	5	6	7
6. Able to respond to important developments during session.	N/A	1	2	3	4	5	6	7
7. Trust your insight/intuition during counseling session.	N/A	1	2	3	4	5	6	7
8. Feel comfortable in the role of counselor.	N/A	1	2	3	4	5	6	7
9. Ability to show client the person behind the counselor (appropriate counselor self-disclosure).	N/A	1	2	3	4	5	6	7
10. Can recognize the significance of client statements in relation to the presenting problem.	N/A	1	2	3	4	5	6	7
11. Ability to keep session moving toward an appropriate outcome.	N/A	1	2	3	4	5	6	7
12. Can assist the client to identify appropriate outcome and/ or process goals.	N/A	1	2	3	4	5	6	7
13. Able to convey competence to the client.	N/A	1	2	3	4	5	6	7
14. Can resist feeling threatened or becoming defensive.	N/A	1	2	3	4	5	6	7
15. Ability to convey warmth and caring to the client.	N/A	1	2	3	4	5	6	7
16. Have an understanding of organizational procedures.	N/A	1	2	3	4	5	6	7
17. Overall ability to conceptualize the case correctly.	N/A	1	2	3	4	5	6	7
18. Can convey genuine interest in the client.	N/A	1	2	3	4	5	6	7
19. Able to establish a good rapport with others.	N/A	1	2	3	4	5	6	7
Adapted from Evaluation of Therapists Rating Scaiest Performance (Short Form) scale. Bernard, 1982.								