

APPENDIX I-1

THE COLLEGE OF NEW JERSEY
DEPARTMENT OF COUNSELOR EDUCATION
COMMUNITY COUNSELING PROGRAM

SUPERVISOR'S EVALUATION OF COUNSELOR

Directions: This evaluation form is to be completed by the Individual Supervisor and the Site Supervisor of the Counselor. In your evaluation, assess the student's performance relative to a Masters level student counselor. When the evaluation form has been completed, please forward to the student's group supervisor at the following address:

The College of New Jersey
Department of Counselor Education
PO Box 7718
Ewing, NJ 08628-0718

Name of student counselor _____

School grade levels or kinds of clients with whom counselor worked _____

Name of Individual Supervisor _____

Period covered by this evaluation _____

Directions: Circle the number which best describes the level of performance of your employee in the following areas:

1 = unsatisfactory, 2 = adequate, 3 = does well, 4 = outstanding, NA = not applicable
Please comment regarding the appropriateness of the clinical setting for meeting course objective.

1. The Counselor's Personal Characteristics

A perceptive person	1	2	3	4	NA
Degree of acceptance of other's values	1	2	3	4	NA
Awareness of own strengths and weaknesses	1	2	3	4	NA
Openness to growth and learning	1	2	3	4	NA
Conducts self in a professional manner	1	2	3	4	NA

Comments:

2. The Counselor's Skills in Counseling

Acceptance of the client	1	2	3	4	NA
Gains the confidence of the client	1	2	3	4	NA
Demonstrates good listening skills	1	2	3	4	NA
Awareness of the client's culture and related counseling implications	1	2	3	4	NA
Adherence to ethical standards and confidentiality	1	2	3	4	NA
Perceptive in handling client's cues	1	2	3	4	NA
Understands the situation the client is trying to present	1	2	3	4	NA
Assesses client concerns using appropriate diagnostic tools	1	2	3	4	NA
Assists the client in formulating concrete counseling goals	1	2	3	4	NA
Develops appropriate treatment/counseling plan	1	2	3	4	NA
Communicates empathy to the client	1	2	3	4	NA
Facilitates the client's resolution of concerns	1	2	3	4	NA
Ability to provide a theoretical rationale for use of known counseling strategies	1	2	3	4	NA
Demonstrates effective consultation skills	1	2	3	4	NA
Works effectively with clients in individual counseling	1	2	3	4	NA
Works effectively with clients in groups	1	2	3	4	NA
Effectively terminates counseling relationship with clients	1	2	3	4	NA

Comments:

3. The Counselor's Skills in Educational and Career Counseling

Aware of career development theories	1	2	3	4	NA
Familiar with current tools and approaches to career exploration	1	2	3	4	NA
Able to use current sources of career information	1	2	3	4	NA
Able to help clients interpret and accumulate career information	1	2	3	4	NA
Able to assist clients with career concerns	1	2	3	4	NA
Able to assist clients with educational planning	1	2	3	4	NA

Comments:

4. The Counselor's Referral Skills

Knowledgeable of available referral sources	1	2	3	4	NA
Able to make reasonable and effective referrals	1	2	3	4	NA

Comments:

5. The Counselor's Skills Associated with Working Effectively with the Organization, Administration and Culture of the Agency

Able to collaborate with other mental health professionals at the agency	1	2	3	4	NA
Able to address client advocacy issues with the agency and other institutions	1	2	3	4	NA
Culturally sensitive awareness about the culturally diverse populations served by the agency	1	2	3	4	NA
Knowledgeable about organizational policy and procedures of the agency, including pertinent ethical and legal considerations	1	2	3	4	NA
Knowledgeable about the agency's crisis intervention policies and procedures	1	2	3	4	NA
Maintains updated and accurate documentation and records	1	2	3	4	NA

Comments:

6. The Counselor's Skills Associated with Program Development and Delivery
Counseling

Able to design, implement and evaluate appropriate
service programs

1 2 3 4 NA

Comments:

SUMMARY NOTES:

Counselor's strong points:

Counselor's needs for improvement:

Signature of Individual Supervisor _____ Date _____

*Signature of Student _____ Date _____

*Signature indicates review of the evaluation rather than agreement with it.