



Clinical Rehabilitation Counseling Counselor Trainee's Assessment of the Clinical Experience



Name of Student: _____ Date: ____/____/____

Name of On-Site Supervisor: _____ Total Number of Hours: _____

Site/Agency Name: _____

This Assessment is pertaining to (circle one): Practicum OR Internship

This evaluation is for the purpose of providing feedback to the rehabilitation supervisor, the site, and the University regarding student perceptions of the clinical experience. This instrument is designed as a guide to facilitate the sharing of the most significant perceptions and impressions which occur throughout each clinical experience. As a Counselor Trainee and a beginning professional, you are urged to complete this instrument completely and honestly. You should already have begun this kind of critical sharing with your field supervisor, others at the site, and your faculty practicum or internship instructors. Your response can aid your own professional development, and your assessment will significantly help the site and the University be more responsive to student needs.

NOTE: The form titled "Counselor Trainee's Assessment of the Clinical Experience" is used for both the Clinical Rehabilitation Counseling practicum and the Clinical Rehabilitation Counseling internship.

Complete the rating form as follows:

X = it is not possible to assess this item.

1 = Extremely Dissatisfied. Desired Behavior / Condition was Seldom Met

2 = Somewhat Dissatisfied. Desired Behavior / Condition was Often Absent

3 = Somewhat Satisfied: Desired Behavior / Condition was Sometimes Absent

4 = Moderation Satisfaction: Desired Behavior / Condition was Frequently Present

5 = Indicates Complete Satisfaction or an Extremely Positive Response.

Note: Please provide written comments if applicable.

The Clinical Experience Process

#	Item	Rating (circle one)
1	Was there sufficient information about this clinical experience prior to actually starting the experience?	X 1 2 3 4 5
2	Did you feel the kind of setting was appropriate to your needs and interests?	X 1 2 3 4 5
3	Was orientation at the site sufficient when the course you are in now (practicum or internship) began?	X 1 2 3 4 5
4	Overall, did the faculty instructor meet his/her responsibilities for this clinical experience?	X 1 2 3 4 5
5	During this clinical experience process, did you feel that you were treated as an individual with respect for your own special	X 1 2 3 4 5
6	Was the site adequately prepared for your arrival?	X 1 2 3 4 5

The Setting

#	Item	Rating (circle one)
7	Was interaction with other counselors and related disciplines sufficient?	X 1 2 3 4 5
8	Did the site provide you with agreed upon working conditions?	X 1 2 3 4 5
9	Overall, did you feel the site attached sufficient importance to your clinical experience?	X 1 2 3 4 5

Professional Development

#	Item	Rating (circle one)
10	Did the experience acquaint you with the operation of a rehabilitation counseling program?	X 1 2 3 4 5
11	Did this clinical experience improve your capacity to work with people in a helping relationship?	X 1 2 3 4 5
12	Did this clinical experience acquaint you with resources available in the community?	X 1 2 3 4 5
13	Did this clinical experience significantly increase your knowledge of the role and functions of rehabilitation counselors?	X 1 2 3 4 5
14	Did this clinical experience significantly increase your knowledge of the specific problems in rehabilitation, e.g., poverty, substance abuse, mental health issues, anger management, abuse, and so on?	X 1 2 3 4 5
15	Rate your general level of satisfaction with the amount and kind of counseling activity you were assigned?	X 1 2 3 4 5
16	Was there a sufficient diversity of learning activities?	X 1 2 3 4 5
17	Were there opportunities to be part of the larger agency/site such as attending staff meetings, in-service training, and so on?	X 1 2 3 4 5
18	Did this experience help you understand and use professional record keeping procedures?	X 1 2 3 4 5

Direct Supervision

#	Item	Rating (circle one)
19	Did your supervisor stimulate professional counselor identity?	X 1 2 3 4 5
20	Did your supervisor help you feel accepted and respected as a person?	X 1 2 3 4 5
21	Did your supervisor help in demonstrating professional relationships with staff members at the site?	X 1 2 3 4 5
22	Did your supervisor meet with you for supervision at established times and for the agreed upon time?	X 1 2 3 4 5
23	Did your supervisor assist in conceptualizing your clients?	X 1 2 3 4 5
24	Did your supervisor help clarify objectives for your counseling sessions?	X 1 2 3 4 5
25	Did your supervisor help organize relevant case data in planning procedures for working with your clients?	X 1 2 3 4 5
26	Did your supervisor guide you in generating your own solutions to problems faced with clients?	X 1 2 3 4 5
27	Did your supervisor provide you with useful feedback regarding your counseling skills?	X 1 2 3 4 5
28	Did your supervisor help you focus on how your personal style influenced clients?	X 1 2 3 4 5
29	Did your supervisor adequately reinforce the development of your strengths and capabilities?	X 1 2 3 4 5
30	Did your supervisor help you use appraisal instruments constructively in counseling?	X 1 2 3 4 5
31	Was your supervisor helpful in critiquing your report writing?	X 1 2 3 4 5
32	Did your supervisor allow and encourage you to evaluate your work with clients?	X 1 2 3 4 5

Student's Signature: _____ Date: ____/____/____