



School Counseling Practicum and Internship Assessment of Clinical Experience

KENT STATE UNIVERSITY
 College of Education,
 Health and
 Human Services

Student Name: _____ Name of On-Site Supervisor: _____

School Name: _____ Total Number of Hours: _____

Check one—this assessment is regarding—**Practicum:** _____ OR **Internship:** _____

This evaluation is for the purpose of providing feedback to the school supervisor, the school, 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 in the School, and your faculty practicum or internship instructors. Your response can aid your own professional development, and your assessment will significantly help the School and the University be more responsive to student needs.

1. Complete the rating form as follows (circle appropriate responses for each item):

- 5 Indicates complete satisfaction or an extremely positive response with the item. Where behavior is referred to, the behavior was always present when appropriate
- 4 Moderate satisfaction: Desired behavior or condition was frequently present.
- 3 Somewhat satisfied: Desired behavior or condition was sometimes absent.
- 2 Somewhat dissatisfied: Desired behavior or condition was often absent.
- 1 Extremely dissatisfied: Desired behavior or condition was seldom present.
- X It is not possible to assess this item.

2. Provide written comments regarding those items for which you have a special concern.

I. The Clinical Experience Process

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

II. The School Setting

1	Was interaction with other counselors and related disciplines sufficient?	5	4	3	2	1	X
2	Did the school provide you with agreed upon working conditions?	5	4	3	2	1	X
3	Overall, did you feel the school attached sufficient importance to your clinical experience?	5	4	3	2	1	X

III. Professional Development

1	Did the experience acquaint you with the operation of a school counseling program?	5	4	3	2	1	X
2	Did this clinical experience improve your capacity to work with people in a helping relationship?	5	4	3	2	1	X
3	Did this clinical experience acquaint you with resources available in the school?	5	4	3	2	1	X

4	Did this clinical experience significantly increase your knowledge of the role and functions of school counselors?	5	4	3	2	1	X
5	Did this clinical experience significantly increase your knowledge of the specific problems in the school, e.g. poverty, substance abuse, mental health issues, anger management, child abuse, and so on?	5	4	3	2	1	X
6	Rate your general level of satisfaction with the amount and kind of counseling activity you were assigned.	5	4	3	2	1	X
7	Was there a sufficient diversity of learning activities	5	4	3	2	1	X
8	Was there opportunities to be part of the larger school such as attending staff meetings, in-service training, and so on?	5	4	3	2	1	X
9	Did this school experience help you understand and use professional record keeping procedures?	5	4	3	2	1	X

IV. Direct Supervision

1	Did your supervisor stimulate professional counselor identity?	5	4	3	2	1	X
2	Did your supervisor help you feel accepted and respected as a person?	5	4	3	2	1	X
3	Did your supervisor help in demonstrating professional relationships with staff members at the site?	5	4	3	2	1	X
4	Did your supervisor meet with you for supervision at established times and for the agreed upon time?	5	4	3	2	1	X
5	Did your supervisor assist in conceptualizing your clients?	5	4	3	2	1	X
6	Did your supervisor help clarify objectives for your counseling sessions?	5	4	3	2	1	X
7	Did your supervisor help organize relevant case data in planning procedures for working with clients?	5	4	3	2	1	X
8	Did your supervisor guide you in generating your own solutions to problems faced with clients?	5	4	3	2	1	X
9	Did your supervisor provide you with useful feedback regarding your counseling skills?	5	4	3	2	1	X
10	Did your supervisor help you focus on how your personal style influence clients?	5	4	3	2	1	X
11	Did your supervisor adequately reinforce the development of your strengths and capabilities	5	4	3	2	1	X
12	Did your supervisor help you use appraisal instruments constructively in counseling?	5	4	3	2	1	X
13	Was your supervisor helpful in critiquing your report writing?	5	4	3	2	1	X
14	Did your supervisor allow and encourage you to evaluate your work with clients?	5	4	3	2	1	X

Optional: Provide additional comments in the space below:

The Site/Clinical Supervisor and Intern have been involved in an evaluation process that they have discussed with one another. Significant disagreement on the part of the Intern or Site/Clinical Supervisor regarding this assessment should be noted in writing and forwarded to the Internship Instructor as an addendum to this form.

Student's Signature: _____ Date: _____

Instructors Signature: _____ Date: _____

Master's Practicum & Internship Coordinator's Signature: _____ Date: _____