



# Skill Evaluation Form: Clinical Mental Health Counseling Internship I & II

Student Name: \_\_\_\_\_ Person Completing Evaluation: \_\_\_\_\_

**Instructions:**

- Clearly write your score in the far-right column titled "Score". Place an "X" in the "Score" column if the standard was not observed.
- When this form is completed, turn it into the CES course instructor. Course instructor will turn in the form to CES Administrator at the end of the semester.
- Items scored as 4-5 are considered acceptable. If any items are scored as 1 or 2, the instructor should discuss specific concerns with the student and ways the student can improve.

Standard	1	2	3	4	5	Score
<b>1.D. Self-care strategies appropriate to the counselor role</b>	The student cannot verbalize a need for self-care	The student cannot verbalize strategies for self-care	The student can verbalize self-care strategies but does not or cannot implement the strategies	The student integrates self-care strategies but not continually	The student continually integrates and adapts new self-care strategies	
<b>5. B. Counselor characteristics and behaviors that influence helping processes</b>						
<b>5. b. 1 Empathy</b>	The verbal and behavioral expression by the student does not attend to and detract significantly from the client	When the student responds, they do so in such a way that it subtracts noticeable affect from the communications of the client	The expressions of the student are essentially interchangeable with those of the client in that they express the same affect and meaning	The responses of the student add noticeably to the client in such a way to express feeling levels deeper than those expressed by the client	The student's responses add significantly to the feeling and meaning of the client expression and when the client is in ongoing deep self-exploration, the student remains immediate to that experience	
<b>5. b. 2 Unconditional Positive Regard</b>	Does not show ANY ability to suspend judgmental thinking, value clients as individuals, and think positively about them	Shows one of three of the following qualities; suspend judgmental thinking, value clients as individuals, and think positively about them	Shows two of three of the following qualities; suspend judgmental thinking, value clients as individuals, and think positively about them	Shows three of three of the following qualities (but not consistently); suspend judgmental thinking, value clients as individuals, and think positively about them	Student is ABLE to show consistently across clients the ability to suspend judgmental thinking, value clients as individuals, and think positively about them	
<b>5. b. 3. Congruence</b>	In incongruent among self, thoughts, and actions	Is aware of incongruence among self, thoughts, and actions	Begins to take action in client sessions to be more congruent in their experience of the client	Takes regular action in client sessions to be more congruent in their experience of the client	Demonstrates consistent congruence among self, thoughts, and actions	
<b>5. C. Essential interviewing and counseling skill</b>						
<b>5. c. 1 Establishing relationships</b>	Shows no pattern for stabling a counseling relationship	Starts counseling relationship with introduction but w/o structured ethical introduction (professional discloser, fees, cancellation, orientation, confidentially, informed consent, questions)	Starts counseling relationship with introduction but misses many components of a structured ethical introduction (professional discloser, fees, cancellation, orientation, confidentially, informed consent, questions)	Starts counseling relationship with introduction but misses a few components of a structured ethical introduction (professional discloser, fees, cancellation, orientation, confidentially, informed consent, questions)	Demonstrates a complete process of establishing a counseling relationship with complete ethical introduction (professional discloser, fees, cancellation, orientation, confidentially, informed consent, questions)	
<b>5. c. 2. Attending</b>	Does not practice attending behavior	Shows some inaccurate and inconsistent attending behaviors; visual contact, verbal tracking, vocal qualities, body language	Attending behavior is accurate but inconsistent; visual contact, verbal tracking, vocal qualities, body language	Attending behavior is mostly consistent and accurate; visual contact, verbal tracking, vocal qualities, body language	Attending behavior is accurate and complete	

Standard	1	2	3	4	5	Score
<b>5. c. 3. Questions</b>	Asks few questions or the questions do not appear to follow any logical pattern; does not verbally track client	Uses unintentional pattern of questions and does not follow logical pattern of client verbal tracking	Selects open and closed ended questions appropriately; does not follow client verbal tracking	Selects open and closed ended questions appropriately and mostly tracks client	Include questions appropriately; using closed and open ended questions and closely follows verbal tracking	
<b>5. c. 4 Observation Skills</b>	Makes no use of observation skills	Demonstrates some observational skills but does not show immediacy in response to the client	Uses observation skills but rarely uses immediacy in presenting them to the client	Uses appropriate observation skills with occasional immediacy	Uses appropriate observational skills and is able to show immediacy with them when working with a client	
<b>5. c. 5 Encouraging</b>	Makes no use of encouraging skills	Rarely uses encouraging comments to client	Uses primarily non-verbal or minimal encouragers with client	Uses a range of encouragers (head nods, uh-huh, keywords, and short statements with client)	Intentionally uses a range of appropriate/timely encouraging skills with a client	
<b>5. c. 6 Paraphrasing</b>	Paraphrases w/o intentionally using any of the four dimensions; sentence stem, keywords, essence, and checkout	Paraphrases and misses key points in client verbal tracking and components of the four dimensions	Paraphrases getting key verbal tracking but missing checkout and use of keywords	Paraphrases with checkout but lacks full breath of the client story	Paraphrases using sentence stem, keywords, essence and checkout	
<b>5. c. 7. Summarizing</b>	Summarizes w/o intentionally using any of the four dimensions; sentence stem, keywords, essence, and checkout	Summarizes and misses key points in client verbal tracking and components of the four dimensions	Summarizes getting key verbal tracking but missing checkout and use of keywords	Summarizes with checkout but lacks full breath of the client story	Summarizes using sentence stem, keywords, essence, and checkout	
<b>5. c. 8 Ending a Session</b>	Does not reflect feelings	Attempts to reflect feelings but does so inaccurately	Reflects feelings inconsistently with varying levels of appropriateness	Consistently reflects feelings appropriately	Consistently reflects feelings appropriately and integrates it into case conceptualizing	
<b>5. c.9 Reflection of Feelings</b>	Does not reflect feelings	Attempts to reflect feelings but does so inaccurately	Reflects feelings inconsistently with varying levels of appropriateness	Consistently reflects feelings appropriately	Consistently reflects feelings appropriately and integrates it into case conceptualizing	
<b>B. 1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling</b>						
<b>B. 1. a Confidentiality</b>	Inappropriately reveals private information to select others				Always maintains appropriate confidentiality	
<b>B. 1. b. Boundaries</b>	Has serious boundary problems with clients		Has minor boundary problems with clients		Has no boundary problems with clients	
<b>B. 1. c. Record Keeping</b>	Appropriate records are not kept	Records are kept infrequently, inaccurately, and sloppily	Records are kept well except for lapses in two areas (e. g., timely and neatly)	Records are kept well except for lapses in one area (e.g., timely and neatly)	Records are kept inaccurately and neatly at all times	
<b>B. 1. d. Areas of Competence</b>	Consistently counsel's clients outside many areas of expected developmental levels	Often counsel's clients outside many areas of expected developmental levels	Sometimes counsel's clients outside a few areas of expected developmental levels	Rarely counsel's clients outside many areas of expected developmental levels	Never counsel's clients outside any areas of expected developmental levels	
<b>B. 1. e. Counseling Minors</b>	Always disregards client development and fails to inform care givers appropriately	Often disregards client development and fails to inform care givers appropriately	Sometimes disregards client development or fails to inform care givers appropriately	Rarely disregards client development or fails to inform care givers appropriately	Never disregards client development or fails to inform care givers appropriately	

Standard	1	2	3	4	5	Score
<b>D. 1. Uses the principles and practices of dx, tx, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling</b>						
D. 1. a. Appropriately uses the principles and practices of diagnosis to initiate counseling	Never	Rarely	Sometimes	Always	Always and can integrate into treatment planning	
D. 1. b. Appropriately uses the principles and practices of diagnosis to maintain counseling	Never	Rarely	Sometimes	Always	Always and can integrate into treatment planning	
D. 1. c. Appropriately uses the principles and practices of diagnosis to terminate counseling	Never	Rarely	Sometimes	Always	Always and can integrate treatment planning	
D. 1. d. Appropriately uses the principles and practices of treatment to initiate counseling	Never	Rarely	Sometimes	Always	Always and can integrate treatment planning	
D. 1. e. Appropriately uses the principles and practices of treatment to maintain counseling	Never	Rarely	Sometimes	Always	Always and can integrate treatment planning	
D. 1. f. Appropriately uses the principles and practices of treatment to terminate counseling	Never	Rarely	Sometimes	Always	Always and can integrate treatment planning	
D. 1. g. Appropriately uses the principles and practices of referring to initiate counseling	Never	Rarely	Sometimes	Always	Always and can integrate treatment planning	
D. 1. h. appropriately uses the principles and practices of referring to maintain counseling	Never	Rarely	Sometimes	Always	Always and can integrate treatment planning	
D. 1. i. Appropriately uses the principles and practices of referring to terminate counseling	Never	Rarely	Sometimes	Always	Always and can integrate treatment planning	
D. 1. j. Appropriately uses the principles and practices of prevention to initiate counseling	Never	Rarely	Sometimes	Always	Always and can integrate treatment planning	
D. 1. k. Appropriately uses the principles and practices of prevention to maintain counseling	Never	Rarely	Sometimes	Always	Always and can integrate treatment planning	
D. 1. l. Appropriately uses the principles and practices of prevention to terminate counseling	Never	Rarely	Sometimes	Always	Always and can integrate treatment planning	
D. 2 Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders	Never	Rarely	Sometimes	Often	Always	

Standard	1	2	3	4	5	Score
<b>D. 3 Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities</b>	Never	Rarely	Sometimes	Often	Always	
<b>D. 4 Applies effective strategies to promote client understanding of and access to a variety of community resources</b>	Does not use nor understand strategies	Rarely uses or often misuses strategies	Sometimes uses or sometimes misuses strategies	Usually uses strategies appropriately	Always uses strategies appropriately	
<b>D. 5 Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling</b>						
<b>D. 5. a. Demonstrates appropriate use of culturally responsive individual modalities</b>	Never	Rarely	Sometimes	Often	Always	
<b>D. 5. b. Demonstrates appropriate use of culturally responsive couple modalities</b>	Never	Rarely	Sometimes	Often	Always	
<b>D.5.c. Demonstrates appropriate use of culturally responsive family modalities</b>	Never	Rarely	Sometimes	Often	Always	
<b>D.5.d. Demonstrates appropriate use of culturally responsive group modalities</b>	Never	Rarely	Sometimes	Often	Always	
<b>D.5.e. Demonstrates appropriate use of culturally responsive systems modalities</b>	Never	Rarely	Sometimes	Often	Always	
<b>D. 6 Demonstrates the ability to use procedures for assessing and managing suicide risk</b>	Does not recognize signs of suicide	Recognizes signs of suicide but does not or does not adequately assess or manage risk but seeks supervision	Assesses or manages suicide risk in a basic or shallow manner (e.g., PIMP model)	Provides a thorough / comprehensive assessment of suicide risk (e.g., SIMPLE STEPS model); comprehensively manages suicide risk with short and long term goals for treatment - though is apprehensive and/or needs great amounts of supervision	Provides a thorough / comprehensive assessment of suicide risk (e.g., SIMPLE STEPS model); comprehensively manages suicide risk with short and long term goals for treatment	
<b>D. 7 Applies current record-keeping standards related to clinical mental health counseling</b>						
<b>D. 7. a. Timely in accordance to site guidelines</b>	Never	Rarely	Sometimes	Often	Always	
<b>D. 7. b. Record Security</b>	Never	Rarely	Sometimes	Often	Always	
<b>D. 7. c. Accuracy</b>	Never	Rarely	Sometimes	Often	Always	
<b>D. 7. d. Thoroughness</b>	Never	Rarely	Sometimes	Often	Always	
<b>D. 7. e. Conciseness</b>	Never	Rarely	Sometimes	Often	Always	
<b>D. 7. f. Makes documented links to treatment plan</b>	Never	Rarely	Sometimes	Often	Always	

Standard	1	2	3	4	5	Score
<b>D. 8 Provides appropriate counseling strategies when working with clients with addiction and cooccurring disorders</b>	Never	Rarely	Sometimes	Often	Always	
<b>D. 9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate</b>						
<b>D. 9. a. Recognition of limitations</b>	Never	Rarely	Sometimes	Often	Always	
<b>D.9.b. Seeks supervision when necessary</b>	Never	Rarely	Sometimes	Often	Always	
<b>D. 9. c. Makes appropriate referrals</b>	Never	Rarely	Sometimes	Often	Always	
<b>F. 1 Maintains information regarding community resources to make appropriate referrals</b>	Never makes referrals	Does not recognize when referrals are needed, but makes them after prompting	Usually recognizes the need for referrals and makes them after prompting	Usually recognizes the need for referrals and makes them appropriately	Always recognizes the need for referrals and makes them appropriately	
<b>H.2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.</b>						
<b>H. 2. a. Skill in conducting an intake interview</b>	Does not understand how to conduct, interpret, or integrate an intake with treatment	Has basic knowledge of how to conduct an intake but has difficulty in the skill of conducting an intake	Has basic knowledge and skill if effectively conducting an intake	Can effectively conduct an intake and has a basic knowledge of how to conceptualize the intake into treatment	Can effectively conduct and intake, utilize information from the intake into ongoing diagnosis and treatment planning	
<b>H. 2. b. Skill in conducting a mental status evaluation</b>	Does not understand how to conduct, interpret or integrate an MSE with treatment	Has basic knowledge of how to conduct an MSE but has difficulty in the skill of conducting an MSE	Has basic knowledge and skill if effectively conducting an MSE	Can effectively conduct an MSE and has a basic knowledge of how to conceptualize the results of an MSE into treatment	Can effectively conduct an MSE, utilize information from an MSE into ongoing diagnosis and treatment planning	
<b>H. 2. c. Skill in conducting a biopsychosocial history</b>	Does not understand how to conduct, interpret, or integrate a BPS Hx with treatment	Has basic knowledge of how to conduct a BPS Hx but has difficulty in the skill of conducting a BPS Hx	Has basic knowledge and skill if effectively conducting a BPS Hx	Can effectively conduct a BPS Hx and has a basic knowledge of how to conceptualize the results of the Bps Hx into treatment	Can effectively conduct a BPS Hx, utilize information from the BPS Hx, into ongoing diagnosis and treatment planning	
<b>H. 2. d. Skill in conducting a mental health history</b>	Does not understand how to conduct, interpret, or integrate an MH Hx with treatment	Has basic knowledge of how to conduct an MH Hx but has difficulty in the skill of conducting an MH Hx	Has basic knowledge and skill if effectively conducting an MH Hx	Can effectively conduct an MH Hx and has a basic knowledge of how to conceptualize the results of an MH Hx into treatment	Can effectively conduct an MH Hx, utilize information from the MH Hx into ongoing diagnosis and treatment planning	
<b>H. 2. e. Skill in conducting psychological assessment (s)</b>	Does not understand how to conduct, interpret, or integrate a psychological assessment with treatment	Does not understand how to conduct, interpret, or integrate a psychological assessment with treatment	Can effectively select, administer, score, and use a psychological assessment in treatment along with integrating results into treatment with extensive supervision	Can effectively select, administer, score, and use a psychological assessment in treatment along with integrating results into treatment with minimal supervision	Can effectively select, administer, score, and use a psychological assessment in treatment along with integrating results into treatment independently	
<b>H. 3 Screens for addiction, aggression, and danger to self and/or others, as well as cooccurring mental disorders</b>						
<b>H. 3. a. Appropriately screens for addiction</b>	Never	Rarely	Sometimes	Often	Always	

Standard	1	2	3	4	5	Score
H. 3. b. Appropriately screens for aggression	Never	Rarely	Sometimes	Often	Always	
H. 3. c. Appropriately screens for danger to self	Never	Rarely	Sometimes	Often	Always	
H. 3. d. Appropriately screens for danger to others	Never	Rarely	Sometimes	Often	Always	
H. 3. e. Appropriately screens for cooccurring disorders	Never	Rarely	Sometimes	Often	Always	
J. 1 Applies relevant research findings to inform the practice of clinical mental health counseling	Does not participate in this activity	Looks at research but does not understand it	Looks at research and tries to use it with clients though needs extensive assistance	Uses research to work with clients with minimal assistance	Uses research to work with clients independently	
L. 1 Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments	Never	Rarely	Sometimes	Often	Always	
L. 2 Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnoses with collaborating professionals	Never	Rarely	Sometimes	Often	Always	
CES. 1 Ability to structure a session intentionally	Never	Rarely	Sometimes	Often	Always	
CES. 2 Integrates multiple micro-skills fluidly	Never	Rarely	Sometimes	Often	Always	

For Site Supervisors completing evaluation on Internship I students (Check One):

\_\_\_\_\_ Based on the above standards, this student has met the skills requirement for an Internship I student.  
 \_\_\_\_\_ Based on the above standards, this student has not met the skills requirement for an Internship I student.

For Site Supervisors completing evaluation on Internship II students (Check One):

\_\_\_\_\_ Based on the above standards, this student has met the skills requirement for an Internship II student.  
 \_\_\_\_\_ Based on the above standards, this student has not met the skills requirement for an Internship II student.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: As an addition to this evaluation, supervisors may include a written summary, list of recommendations, etc. and attach it to this form.



## Skill Evaluation Form: CMHC Internship Professional Behavior Form

KENT STATE  
UNIVERSITY  
College of Education,  
Health and  
Human Services

Student Name: \_\_\_\_\_ Person Completing Evaluation: \_\_\_\_\_

### Instructions:

- Please place a check in the appropriate box.
- When this form is completed, turn it into the CES course instructor. Course instructor will turn in the form to CES Administrator at the end of the semester.
- Professional behavior is expected of all CES students during class, at their site, and while working with other students on class assignments. If a student's professional behavior is deemed as questionable, programmatic remediation may need to occur. If any item is marked as 1-3, please inform the CES Master's Programs Coordinator and remediation will be determined. In Section B, if any of the Professional Behaviors are not "always" done (meaning NEVER not done), please inform the CES Master's Programs Coordinator (and remediation will be determined). However, there are multiple levels of severity of professional behavior and remediation could occur even if there was only one correction.
- All scores contribute to the overall grade in this course.

Section A: Professional Behavior	Never Occurs After Multiple Corrections	Occurs After Multiple Corrections	Occurs After Few Corrections	Occurs After One Correction	Always occurs	Not Applicable
	1	2	3	4	5	X
Dresses Appropriately						
Is on time for appointments						
Is on time to site						
Interacts with colleagues in a professional manner						
Interacts with office staff in a professional manner						
Has professional demeanor on telephone with clients/parents						
Completes record keeping in a timely manner						
Treats clients with respect in waiting areas						
Comes to site on agreed dates and times						
Calls to report inability to come to site in a timely and professional manner						
Comes prepared for supervision						
Assists colleagues when appropriate and needed						
Follows site guidelines / policies						
Accepts feedback						
Comes prepared for client sessions						
Takes initiative on projects when appropriate						
Has proper personal hygiene						

Section B: Professional Behavior	Serious Concern	Always
Discusses client cases only in appropriate settings		
Maintains client confidentiality through proper record handling		
Is respectful of all clients regardless of any differences		
Complies with supervisor directions		
Seeks supervision when needed		

For Site Supervisors completing evaluation on Internship I students (Check One):

- \_\_\_\_\_ Based on the above standards, this student has met the skills requirement for an Internship I student.  
\_\_\_\_\_ Based on the above standards, this student **has not** met the skills requirement for an Internship I student.

For Site Supervisors completing evaluation on Internship II students (Check One):

- \_\_\_\_\_ Based on the above standards, this student has met the skills requirement for an Internship II student.  
\_\_\_\_\_ Based on the above standards, this student **has not** met the skills requirement for an Internship II student.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Content in this evaluation taken from Ivey & Ivey (2008); Carkhuff, (1972); and Stoltenberg, McNeill, & Delworth (1998).

Revised May 2017