

Loyola University New Orleans  
**Professional Counseling Performance Mid-term Evaluation**

\_\_\_\_\_  
 Student Name

\_\_\_\_\_  
 Agency

\_\_\_\_\_  
 Name of Evaluator

\_\_\_\_\_  
 Supervisor

**Circle one: Practicum / Internship I/ Internship II**

*The following rating is based on the level of training the student has so far achieved*

	<u>Poor</u>			<u>Adequate</u>			<u>Superior</u>			
	1			2	3		4	5	6	
1. Understands and follows the agency's policies & procedures, including prompt documentation	1			2	3		4	5	6	N/A
2. Demonstrates a positive relationship with staff and other trainees	1			2	3		4	5	6	N/A
3. Accepts and uses supervision appropriately	1			2	3		4	5	6	N/A
4. Demonstrates a sense of professional identity as a counselor	1			2	3		4	5	6	N/A
5. Can explain a coherent theory of counseling	1			2	3		4	5	6	N/A
6. Can use techniques appropriate to this theory	1			2	3		4	5	6	N/A
7. Has demonstrated ability to engage clients in a mutually respectful relationship	1			2	3		4	5	6	N/A
8. Demonstrates knowledge ethical practice & resolution procedures (consultation, etc.)	1			2	3		4	5	6	N/A
9. Is able to establish personal clinical goals and work toward their accomplishment	1			2	3		4	5	6	N/A
10. Aware of diversity issues in clinical relationship and openness to addressing them	1			2	3		4	5	6	N/A
11. Comfortable advocating for professional needs	1			2	3		4	5	6	N/A

*Please comment on any of the above if that would be useful (i.e., no opportunity to observe, concern about aspects of the trait in the trainee, etc.) (use back if needed)*

\_\_\_\_\_  
 \_\_\_\_\_

*Please list what you see as the student's strengths. (use back if needed)*

\_\_\_\_\_  
 \_\_\_\_\_

*Please suggest areas for further development appropriate to the current level of the student's training. (use back if needed)*

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Student Counselor Signature/ Date

\_\_\_\_\_  
 Supervisor Signature/ Date