Clinical Progress Assessment Form Marriage and Family Therapy SKILLS EVALUATION

(Mid-Term)

Texas Wesleyan University School of Health Professions

Adapted from the Counseling Skills Evaluation Form; University of Wyoming, Department of Counselor Education

To be completed by the practicum student during the first class:

Date://			
Student Name:	Degree Plan:	_ Degree Plan:	
Theoretical Framework:			
Practicum : General 6324 (Practicum I) General 6324 (Practicum I)	racticum II) 🗌 6324 (Practicum III)		
Off-site place	Off-site supervisor		
Off-site supervisor contact: phone:	email:		
Class: Pre-Practicum Instructor: Practicum I Instructor: Practicum II Instructor: Practicum III Instructor:			
Practicum Term Start Date: □ Fall □ Spri	ring Summer Year:		

To Be Completed by the Site Field Supervisor

Evaluation based on (mark all that apply): \Box live observations; \Box recorded observations; \Box case transcription; \Box individual/triadic supervision; \Box large group supervision; \Box Other:

Please discuss this evaluation with the student at the Mid-Term point of their practicum experience at your site

FIELD/FACULTY SUPERVISOR_____

STUDENT ___

Indicate the number that best evaluates the graduate counseling student's behavior:

- 1 Does not meet criteria for program level competency and needs improvement
- 2 Meets criteria marginally and/or inconsistently for program level competency
- 3 Meets criteria accurately for program level competency
- 4 Exceeds criteria for program level competency

Professionalism

- ____ Personal and public demeanor conveys a genuine concern for professional development.
- ____ Communication with peers and supervisor is clear, open and honest.
- ____ Recognizes own competencies and deficiencies and discusses these with peers and supervisor.
- ____ Accepts constructive critique for developing and evaluating therapy skills.
- ____ Actively participates in learning activities during practicum classes.
- ____Provides feedback to peers in a respectful manner, within a systemic framework.

Therapy Process

- ____ Properly deals with feelings related to transference and countertransference.
- _____ Uses therapeutic silence effectively when appropriate.
- Reinforces the clients' ability to self-determine directions for life.
- _____ Maintains consistency with the chosen family therapy model that may enhance clients' ability to change.
- ____ Plans with the clients ways to implement action through evaluation of relational goals.
- ____ Encourages and invites relational and family involvement for maximum change.
- ____ Practices a family therapy model consistently and can explain theory behind strategies used.
- ____ Demonstrates sound ethical behavior with clients.
- ____Demonstrates a systemic theoretical view when discussing a case with a supervisor and in class.
- ____Designs a treatment plan or strategy with a systemic framework in mind.

Fitness for Counseling

- ____ Is punctual for appointments.
- ____ Explains aspects of the therapy process, confidentiality, and answers any questions in the initial session.
- ____ Exercises unconditional positive regard for the client.
- ____ Effectively conceptualizes each case for developing an appropriate, systemic plan for treatment.
- ____ Demonstrates understanding of DSM-5 in clinical application.
- ____ Appropriately handles risk management for self-harm, suicidal or homicidal ideation.
- _____ Understands treatment protocol for various forms of abuse as it relates to family therapy.
- ____ Demonstrates ability to accurately and appropriately record case notes in a timely fashion.

Sensitivity to Diversity in Clients

- _____ Is sensitive to cultural, religious, racial and sexual orientation in treatment planning.
- ____ Demonstrates acceptable and sensitive behavior toward diverse clients of cultural, religious, racial and sexual orientation.
- Is capable of forming a therapeutic relationship with clients of diverse cultural, religious, racial and sexual orientation so that clients are consistent in attending and are invested in therapy
- ____ Respects diversity of individual differences in families.

Summary	of	Student	strengths:
---------	----	---------	------------

Summary of areas that need more attention for this Student:

(Supervisor name **PRINT**)

(Supervisor SIGNATURE)

(Student name **PRINT**)

(Student SIGNATURE)

____/___/_____ (Date)

____/___/_____ (Date)

____/___/____ (Date)