

Student Performance Evaluation

Student Name: Course: Field: Supervisor:		Dates Observed		to

(1) = Poor (2) = Fair (3) = Satisfactory (4) = Good (5) = Excellent

Integrates human resource, and financial data to appropriately plan care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>						
Uses theoretical counseling knowledge appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>						
Uses research to gain knowledge and skill in counseling activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>						
Uses appropriate policies to guide care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>						
Demonstrates professional treatment planning and case management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>						
Exhibits professional behavior in interaction with members of the counseling team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>						
Seeks supervisory advice when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>						

Additional Comments:	

Site Supervisor Signature: _____ Date _____

Site Supervisor: Please submit this completed form directly to the student's Instructor