**Indiana Wesleyan University**

**College of Adult and Professional Studies, School of Liberal Arts**

**Department of Behavioral and Social Sciences**

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**Field Supervisor’s Evaluation of Practicum Student**

**This Final Practicum Evaluation form must be completed by the Practicum Supervisor and faxed or emailed to the School of Liberal Arts Office within one week of the completion of the ADC- 464 practicum course.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name**: | | | | | **Student ID**#: | | | |
| **Final Practicum Evaluation**  Practicum Course: ADC 463-464 | | | Evaluation Start Date:  Evaluation End Date: | | | | | |
| **Site Name:** | | | | | | | | |
| **Site Supervisor’s Name:** | | | | | | | | |
| **Evaluation Metrics and Scale** | **Not**  **Observed** | **Poor** | | **Below**  **Average** | | **Average** | **Above**  **Average** | **Superior** |
| **Understanding of counseling process** |  |  | |  | |  |  |  |
| **Understanding of client dynamics** |  |  | |  | |  |  |  |
| **Understanding of diagnosis/assessment** |  |  | |  | |  |  |  |
| **Understanding of treatment planning process** |  |  | |  | |  |  |  |
| **Understanding of professional ethics** |  |  | |  | |  |  |  |
| **Maintains appropriate boundaries** |  |  | |  | |  |  |  |
| **Understanding of site system** |  |  | |  | |  |  |  |
| **Openness to feedback** |  |  | |  | |  |  |  |
| **Respectful** |  |  | |  | |  |  |  |
| **Self-motivated** |  |  | |  | |  |  |  |
| **Emotional maturity** |  |  | |  | |  |  |  |
| **Listening skills** |  |  | |  | |  |  |  |
| **Group counseling skills** |  |  | |  | |  |  |  |
| **Verbal skills** |  |  | |  | |  |  |  |
| **Written skills** |  |  | |  | |  |  |  |
| **Overall counseling skills** |  |  | |  | |  |  |  |
| **Comments:** | | | | | | | | |

**Required Signatures:**

Date

Student

Date

Site Supervisor