MFT Practicum & Traineeship Evaluation Form
California State University, Chico

STUDENT: **SUPERVISOR:**
SEMESTER: **DATE:**
SITE(S):

SERVICES PROVIDED (circle all that apply): Individual, Group, Couple, Child, Family

Rating scale:

5= Superior
4=Very Good
3=Adequate
2=Needs Some Improvement
1=Needs Considerable Improvement
N/O = Not Observed

	Comments	Rating Scale: 1-5 or N/O
A. Administrative Work		
Overall Participation and Preparation (session planning, tape reviewing, reading course material, sharing feedback and comments)		
Record Keeping (peer-reviews, treatment plans, and case notes done in a timely manner)		
B. Clinical Work		
Joining Skills (effectively introduce clients to therapy, appropriate use of language, emotional tone, empathy, active listening, provides reflection, paraphrasing, coveys competency and trust)		
Integration of theory with practice (able to articulate theory as it is applied in practice, able to describe interventions that fit with the theory and hypothesize)		
Assessment/information gathering (use of various assessments: interviewing, inventories, genograms, assesses strengths and resources)		
Hypothesizing and/or diagnosis (recognizes and conceptualizes presenting concerns using a theoretical orientation and/or the DSM)		
Intervention-directive skills (uses appropriate confrontation, provides direction, able to manage safety issues, interrupt negative patterns, addresses incongruence between verbal and non-verbal behavior)		

Intervention (normalizing, solution-building, engenders hope, identifies isomorphism, ability to balance content vs. process focus)		
Appropriate termination (able to recognize and initiate appropriate conversation around termination, able to use various techniques: engender hope, summarize growth etc.)		
Collegiality (respectful and positive towards others, helpful)		
Ethics and Professionalism (knows and observes ethical codes and laws, initiates and maintains appropriate contact with other professionals, professional behavior with clients)		
Use of self /Self of therapist (genuineness, self-evaluation of strengths and weaknesses; self-awareness of thoughts and emotions including counter-transference, able to manage emotions and behavior; use of self-disclosure, curiosity)		
Use of Supervision (openness to and use of feedback, prepared to discuss cases, consults with the supervisor regarding potential ethical/law issues)		

Supervisor Signature: _____

Email to:
Roxy Eberhardt, LMFT, Interim Training Director
CSU, Chico WellCat Counseling Center
rleberhardt@csuchico.edu

Deadline:
Friday, March 25, 2022 at 5:00 p.m. For additional questions regarding this form or the procedure, please contact Roxy Eberhardt at the WellCat Counseling Center via her email address or by leaving a message with front office staff at 530-898-6345. THANK YOU FOR YOUR ASSISTANCE!