Clinical Progress Assessment Form
Marriage and Family Therapy
SKILLS EVALUATION
(Final)
Texas Wesleyan University
School of Health Professions

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

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

Date: _____/_____/_____

Student Name: _____ **Degree Plan**: _____

Theoretical Framework: _____

Practicum: ☐ 6324 (Practicum I)   ☐ 6324 (Practicum 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   ☐ Spring   ☐ Summer   Year: _____

To Be Completed by the Site Field Supervisor

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

_____

_____

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_____

_____

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_____

Summary of areas that need more attention for this Student:

_____

_____

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_____

_____   _____/_____/_____
(Supervisor name **PRINT**)   (Date)

_____   _____/_____/_____
(Supervisor **SIGNATURE**)   (Date)

_____   _____/_____/_____
(Student name **PRINT**)   (Date)

_____   _____/_____/_____
(Student **SIGNATURE**)   (Date)