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: ___________________________________  

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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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)