

Name of Student: _____

To: MFT Practicum Clinical Supervisors
From: The Clinical Training Coordinators
Date: Spring/Summer 2008
RE: Evaluation Procedures

This memo contains information regarding the evaluation process of Pepperdine MFT practicum students. The primary on-site clinical supervisor is required by both the BBS and Pepperdine University to evaluate the practicum student at her or his facility by providing the information requested on the enclosed form. The format of this "Supervisor's Evaluation of the MFT Student" should look similar to the evaluations you complete for trainees from other colleges/universities. The completed evaluation should be reviewed with the student and signed by the supervisor and the student. The evaluation (all five pages including this cover page) should then be returned to the student's practicum instructor via the student.

It is extremely important that this evaluation be completed and returned to the student as soon as possible. **An important criterion for practicum credit is that the student has been directly observed twice since January 7th 2008. If the student has completed a tape that you have not reviewed, please do so by April 13th, so that the student may get credit for the Practicum course.** We encourage your best clinical assessment of each trainee even if your evaluation seems unfavorable.

Thank you for your time, energy, and contribution to the student's professional development. Clinical supervisors play a vital role in the training of Pepperdine University's MFT students. We very much appreciate your dedication and commitment to this program. If you have questions regarding the evaluation process, please contact me at (818) 501-1619.

Pepperdine University
MFT Clinical Training Program
 SUPERVISOR'S EVALUATION OF MFT STUDENT

STUDENT NAME _____

EVALUATION PERIOD: Spring 2008

PRACTICUM SITE _____

SUPERVISOR _____

Practicum Instructor _____

Date of Evaluation _____

Trainees are evaluated with criteria that are utilized in standardized professional practice, and similar to the evaluation for licensure. For each of the areas below, please evaluate the student *as compared to other students at the same level of training (i.e., evaluate 1st semester Practicum students as compared to other 1st semester Practicum students and 3rd semester Practicum students as compared to other 3rd semester Practicum students, etc.)*.

- | | |
|-----------------------|---|
| 0 UNACCEPTABLE | little evidence of understanding the concept or demonstrating the skill; harmful or unprofessional behavior |
| 1 BEGINNING | some understanding of concept; recognize in hindsight how might have been applied |
| 2 PROGRESSING | understand concept/demonstrate skill, but uneven performance at this time |
| 3 SATISFACTORY | increasing understanding/demonstration of skill with greater consistency |
| 4 CONSISTENT | consistent high level of understanding/demonstration of skill |
| 5 EXCEPTIONAL | integrated skill; demonstrates independence, insight, creative and flexible application |
| NA | No opportunity to develop this skill as of yet; or not able to assess at this time |

CLINICAL EVALUATION	0 1 2 3 4 5 NA
<i>identifies</i> unit of treatment, presenting problems, and patterns of behavior; <i>routinely assesses</i> relevant clinical issues, client strengths and coping skills, and possible substance use; <i>gathers</i> adjunctive resource information and uses DSM criteria to determine diagnoses	COMMENTS:
CRISIS MANAGEMENT	0 1 2 3 4 5 NA
<i>routinely observes and assesses</i> for indications of abuse, danger to self or others; <i>develops/implements a plan</i> (with assistance of supervisor) to reduce the potential for danger; <i>manages reporting requirements</i> appropriately	COMMENTS:
TREATMENT PLANNING	0 1 2 3 4 5 NA
<i>demonstrates awareness</i> of principles of systems theory and an understanding of a variety of theoretical models; <i>identifies</i> stages of treatment and appropriate short- and long-term treatment goals for each stage; <i>recognizes</i> the need for referral for adjunctive services and identifies appropriate referrals	COMMENTS:
TREATMENT	0 1 2 3 4 5 NA
<i>demonstrates</i> good skills in listening, communication, and coping with anxiety-producing situations; <i>utilizes</i> theoretically appropriate and client-specific clinical interventions; <i>evaluates</i> client's coping skills to determine timing of interventions; <i>modifies</i> the treatment process by monitoring therapeutic progress <i>develops</i> a plan for termination with client to provide a transition from treatment	COMMENTS:

<p>HUMAN DIVERSITY <i>identifies</i> the issues of diversity which impact the therapeutic environment; <i>recognizes</i> the impact of own gender, culture, ethnicity, age, and beliefs on the therapeutic process; <i>provides</i> an unbiased therapeutic environment when client's values or beliefs are different from own; <i>applies</i> treatment strategies consistent with client's values and beliefs</p>	<p>0 1 2 3 4 5 NA COMMENTS:</p>
<p>LAW <i>demonstrates knowledge</i> of legal issues relevant to this counseling setting; <i>adheres</i> to legal statutes related to this counseling setting; <i>recognizes and appropriately manages</i> mandated reporting requirements; <i>obtains</i> client's (or legal guardian's) authorization for release to disclose or obtain confidential information; <i>maintains security</i> of client therapy records</p>	<p>0 1 2 3 4 5 NA COMMENTS:</p>
<p>ETHICS <i>demonstrates knowledge</i> of ethical issues arising in this counseling setting; <i>informs</i> clients of parameters of confidentiality and conditions of mandated reporting; <i>maintains</i> appropriate therapeutic boundaries; <i>identifies</i> personal reactions/countertransference issues that could interfere with the therapeutic process; <i>identifies</i> personal limitations that require outside consultation</p>	<p>0 1 2 3 4 5 NA COMMENTS:</p>
<p>PERSONAL QUALITIES integrity, initiative, motivation, attitude, self-awareness oral and written communication skills</p>	<p>0 1 2 3 4 5 NA COMMENTS:</p>
<p>PROFESSIONALISM punctuality, responsibility, appearance appropriate to counseling setting, relationship with professional colleagues; maintenance of timely and orderly paperwork, adherence to agency policies</p>	<p>0 1 2 3 4 5 NA COMMENTS:</p>
<p>USE OF SUPERVISION <i>seeks</i> supervision when needed, comes prepared for supervision sessions, openly shares concerns and ideas with supervisor; <i>demonstrates</i> openness to feedback, uses supervisory suggestions to make improvements</p>	<p>0 1 2 3 4 5 NA COMMENTS:</p>
<p>OVERALL ASSESSMENT</p>	<p>0 1 2 3 4 5 NA COMMENTS:</p>

Hours Accrued This Term

- | | <u>Accrued</u> | <u>Required</u> |
|---|----------------|-----------------|
| 1. Total client contact accrued this term (Jan 7 – April 18) (Please complete) | _____ | 30 |
| 2. Total weeks of supervision this term (Jan 7 – April 18) (Please complete) | _____ | 10 wks |
| 3. How long have you been supervising the student? _____ | | |
| 4. During the past 15 weeks, the following methods of direct observation must have been utilized at least twice during this term. Please indicate which method(s) were used in your supervision of the student. (Circle all that apply): | | |

1
Audio Tapes

2
Video Tapes
(of client session)

3
Sitting in on Session/One-Way
Mirror/live supervision

4
Not Completed
(See Below)

If direct observations have not been completed, please answer the following:

___ Supervisor received tape(s) in a timely manner, but has not been able to review.

___ Only one observation completed (out of two).

___ Observation will be completed by _____.
(Date)

___ Tape received too late in the term for review.

___ Other _____

___ Please indicate plan for completing direct observation(s).

(Continued on next page)

NARRATIVE EVALUATION: (Please use additional paper if space is not adequate)

STUDENT STRENGTHS:

AREAS NEEDING IMPROVEMENT:

AREAS OF SUPERVISION FOCUS WITH THIS STUDENT DURING THIS EVALUATION PERIOD:

HOW OFTEN DO YOU UTILIZE A FAMILY SYSTEMS OR FAMILY THERAPY THEORETICAL ORIENTATION IN SUPERVISION?

AREAS OF SUPERVISION FOCUS WITH THIS STUDENT IN THE NEXT EVALUATION PERIOD:

CONCERNS WITH STUDENT'S APTITUDE, SKILLS OR PERFORMANCE (if any):

OTHER COMMENTS:

Supervisor's Printed Name

Supervisor's Signature

License Number

Date

My signature below indicates that I have read this evaluation. I am aware that I have the right to respond to it in writing and to have my response placed with this evaluation in my student file.

Trainee's Printed Name

Trainee's Signature

Date