

Date \_\_\_\_\_

## Annual Student Performance Evaluation

**Student Name:** \_\_\_\_\_

**Enrollment Date:** \_\_\_\_\_

**Program Status:** Pre-comps \_\_\_\_\_ Adv. Classes \_\_\_\_\_ Field Placements \_\_\_\_\_

Coursework in the Clinical Counseling Program is designed to facilitate growth in core competencies and skills critical for effective professional and ethical applied practice. Students are evaluated by Clinical Counseling faculty annually based upon interactions both in and outside the classroom environment.

Use the following scale to indicate rating of competence: 1 – Unsatisfactory, 2 - Satisfactory: Meets program criteria, 3 –Excellent: exceeds program criteria, N/A – Not Applicable

Areas of Competence:

### 1. Communication Skills

- a. Displays effective verbal communication
- b. Displays effective writing ability

	1	2	3	NA
<b>1a.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1b.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2. Interpersonal & Professional Competence

- a. Appears to establish positive relationships with others
- b. Is sensitive to cultural differences
- c. Maintains appropriate boundaries

	1	2	3	NA
<b>2a.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2b.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2c.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Self-Awareness/Reflection/Evaluation

- a. Is aware of personal strengths and limitations
- b. Is able and willing to examine personal beliefs and stereotypes

	1	2	3	NA
<b>3a.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3b.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date \_\_\_\_\_

4. Response to Feedback

- a. Open to Feedback in academic, clinical, and/or research contexts
- b. Able to assimilate and incorporate feedback

	1	2	3	NA
<b>4a.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4b.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Ethical and Professional Conduct

- a. Behaves ethically and with integrity
- b. Adheres to timelines
- c. Acknowledges personal role in problems and assumes responsibility for resolutions

	1	2	3	NA
<b>5a.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5b.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5c.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Letter of concern sent to student    N    Y

Date: \_\_\_\_\_

Date of meeting \_\_\_\_\_

Faculty present (2 required) \_\_\_\_\_  
\_\_\_\_\_

Outcome and goals of meeting: