GMU Community Agency Counselor Student - Mid-Term Evaluation

NAME of STUDENT COUNSELOR:_____ DATE:

Signature of On-Site Supervisor:_____ Office Phone #:

1. Describe how supervision with your Student Counselor is progressing.

2. What are the days/times of your weekly supervision meetings?

3. List three areas of strength of the Student Counselor.

4. List three areas for growth of the Student Counselor.

5. In what phase is your Student Counselor currently working (shadowing/orientation, co-counseling, more responsibility, closure)?

6. Describe the extent to which your Student Counselor is involved with:

- Individual counseling
- Group counseling
- Psycho-educational sessions/workshops

7. Provide general observations regarding your Student Counselor's interpersonal and communication skills, counseling skills, and professionalism.

8. Other comments, concerns, and/or suggestions.