



**REGENT
UNIVERSITY**

**School of Psychology
& Counseling**

**SITE SUPERVISOR/FACULTY LIVE OBSERVATION EVALUATION
SCHOOL COUNSELING**

Name of Student: _____

Name of Supervisor: _____

Internship Site: _____

Semester: _____ Date & Time of Observation: _____

*How does the counseling student do the following therapy with children/students.
Please be thorough and provide specific examples. Your feedback is greatly
appreciated.*

1. How did the counseling student establish rapport with the child/student?
2. How did the counseling student effectively manage the child/student's discussion or contracted topics?
3. How aware is the counseling student of the child/student's problems or concerns?
4. How well can the counseling student track the child/student's report of problems or concerns and the flow of information?

5. How does the counseling student manage the child/student's presenting problems and willingness or unwillingness to engage in the counseling contact?

6. How does the counseling student manage their own personal values and limits within the counseling interaction?

7. How does the counseling student problem solve with the child/student to effect change?

8. Is the counseling student able to conceptualize the child/student's problems effectively?

Overall Comments/Suggestions:

Signature of Supervisor/Faculty

Date: _____

Signature of Student/Supervisee

Date: _____