



SITE SUPERVISOR/FACULTY LIVE OBSERVATION EVALUATION **CLINICAL FIELD PLACEMENT**

Name of Student:	
Name of Supervisor:	
Practicum/Internship	Site:
Semester:	Date & Time of Observation:
Session Description: Type of Session:	Initial Intake Session # Termination Session Individual Couple Family Group

Please comment on the observed therapy session below. Please be thorough and provide specific examples. Your feedback is greatly appreciated.

- 1. How did the student establish rapport with the individual/couple/family?
- 2. Briefly describe how the student focused the session in an appropriate direction.
- 3. How did the student handle resistance, emotional dysregulation and/or conflict within the session? Explain with examples.
- 4. How well did the student set clear goals and/or apply appropriate interventions for the session? Explain.

- 5. What theoretical orientation or treatment modality was used by the student? Include comments on the appropriateness for the client(s).
- 6. How accepting was the student individual's or family's culture, religion, social, ethnic, and family life cycle issues? How were these incorporated in session?
- 7. (For couple/family session only.) How well was the student able to establish appropriate boundaries between the counselor and the couple/family members (i.e., avoids taking sides or being "caught" in the middle). Explain.
- 8. How self-aware was the student of their own personal reactions/processes in the session? How did the student handle countertransference or own emotional reactivity?
- 9. How did the student close the session (summarize, review goals, assign homework, check in/relaxation techniques, etc.)?

Overall Comments/Suggestions:

Signature of Supervisor/Faculty

Date: _____

Signature of Student/Supervisee

Date: _____