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| **EVALUATION OF COUNSELLING PRACTICE****Supervisor’s report** |

Supervisee’s name: …………….............…………………………… Number of hours of client work: ………………….

Supervisor’s name: .................................................................... Number of hours of supervision: ………………..

Name/Description of work experience placement/agency: ........................................................................

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| **Supervisee’s relationship with you** | **Relevant assessment criteria** |
| **Presentation of work**  Is the supervisee prepared for the session? How openly and honestly is the clinical material presented? | 7.2.2 |
| **Receiving feedback**  How well is the supervisee able to receive feedback non-defensively and make use of it when appropriate? | 7.2.1 |
| **Use of supervision**  Comment on the supervisee’s pro-active use of supervision for:   * checking referral procedures * making risk assessments (suicidal and/or other) * monitoring professional/personal limits of proficiency and fitness to practice * reviewing the working agreements with clients | 1.3.3  6.2.3  1.3.2  1.1.2  1.3.1  1.3.4  4.1.3 |
| **Supervisee’s relationship with clients** | **Relevant qualification criteria** |
| **Working alliance**  Comment on the supervisee’s ability to establish and sustain the boundaries of the counsellor role and relationships in this agency | 2.1.2  2.1.3 |
| **Therapeutic relationship**  Comment on the supervisee’s ability to develop the therapeutic relationship and communicate emotional warmth and safety to clients  Comment on the supervisee’s ability to stay focused on the client’s agenda | 2.2.2  4.2.3  4.2.1  4.2.2 |
| **Client contact**  Comment on the supervisee’s ability to understand and work within an appropriate and coherent framework of counselling skills and theory | 6.1.1  6.1.2  6.1.4 |
| **Clinical work**  How has the supervisee applied understanding of client diversity in his/her clinical work? | 3.1.1  3.1.2  3.1.3 |

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| **Ethical practice** | **Relevant qualification criteria** |
| How does the supervisee demonstrate that he/she is consciously working within agreed ethical and legal boundaries? | 1.1.1  1.1.3  1.1.4  1.1.5  1.2.1 |

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| **Professional development** | **Relevant qualification criteria** |
| Comment on the supervisee’s capacity to increase his/her empathic understanding with a range of clients | 3.1.2  3.1.3 |
| Comment on the supervisee’s ability to use self-awareness during supervision sessions to enhance the counselling process | 5.3.1 |
| How aware is the supervisee of the limits of his/her professional capability in relation to mental health issues? | 6.2.2  6.2.3 |
| Comment on the supervisee’s ability to reflect on learning about self, personal history and relationships and subsequently apply this to client work | 5.2.1  5.2.2  5.2.3 |

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| **Overall evaluation** |
| Please use this section to record your overall evaluation of the supervisee. Please identify any areas that have been agreed with the supervisee as areas for development and record clearly any concerns about the supervisee’s work as a practitioner. |

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| **Supervisee’s comments on this evaluation** | **Relevant qualification criteria** |
|  | 7.1.1 |

Supervisor’s signature: Date:

Supervisee’s signature: Date:

Thank you very much for your co-operation.