Counselling Skills Evaluation Form

This form is meant to be completed by a counselling course (ED-D 417 or equivalent) instructor or a helping profession supervisor in a volunteer or professional setting (i.e., someone who has completed a post-degree certificate, masters's degree, or doctoral degree in psychology, social work, or a related profession). **REFEREES MUST COMPLETE THIS FORM IN FULL**. The information in this report will be considered confidential and will not be released to anyone outside the University of Victoria.

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|--------------------|----------------------|--------------------|------------------------|-----------------------|
| Name of applicant | : | Date of report: | | |
| Role/relationship | with the applicant: | | | |
| Dates and duratio | n of role/relationsh | ip: | | |
| Ability to establi | sh rapport with cli | ents, colleagues | s, supervisors, staff: | |
| Unsuitable | Below Average | Average | Above Average | Exceptional |
| Ability to demon | | ing skills (i.e. p | araphrasing, summa | rizing, clarificatior |
| Unsuitable | Below Average | Average | Above Average | Exceptional |
| Ability to demor | strate accurate ex | pressed empatl | ny with clients: | |
| Unsuitable | Below Average | Average | Above Average | Exceptional |
| Demonstration of | of professional/eth | ical behaviours | with colleagues and | clients: |
| Unsuitable | Below Average | Average | Above Average | Exceptional |
| Demonstrates o | penness and non-d | efensiveness to | feedback from supe | ervisors: |
| Unsuitable | Below Average | Average | Above Average | Exceptional |
| | | | | |
| Please use this s | ection to provide f | urther commen | ts on the applicant: | |
| | | | | |

Evaluator's Information - Name (please type):
Signature: or type initials:
Email: