

COUNSELING COMPETENCE EXAMINATION EVALUATION FORM

ARGOSY UNIVERSITY, CHICAGO
MA COMMUNITY COUNSELING

.....
Student Name: _____ Seminar Leader: _____

Training Year: _____
Semester Year

Rating Scale:

- | | |
|---|---|
| 6 | Excellent Competence |
| 5 | Strong Competence |
| 4 | Adequate Competence |
| 3 | Slightly Below the Required Competence |
| 2 | Significant Below the Required Competence |
| 1 | Unacceptable Level of Performance |

<u>GRADING:</u>	High Pass	(All items score 5 or higher)
	Pass	(10 or more items score 4 or higher)
	Pass with Revision	(2 to 4 items score below 4)
	Fail	(5 or more items score 3 or below)

Items 1 & 2 correspond to: Assessment of Client

1. Student has provided a comprehensive description of the client, including both relevant behavioral patterns and historical, developmental information. (i.e., development, cognitive, affective, social, biological and medical domains are appropriately addressed.)

Rating: 1 2 3 4 5 6

Comments: _____

2. Student has integrated relevant issues of diversity including: social, ethnic, racial, cultural, gender, sexual orientation, economic, and disability factors that organize and impact psychological functioning

Rating: 1 2 3 4 5 6

Comments: _____

Items 3 & 4 correspond to: Case Formulation & DSM IV Multi-Axial Diagnosis

3. Student has provided a concise case formulation or conceptualization consistent with his/her theoretical orientation and/or discipline (e.g., career counseling) and including an appropriate DSM-IV multi-axial diagnosis, if appropriate.

Rating: 1 2 3 4 5 6

Comments: _____

4. Student documents his/her formulation or conceptualization with relevant data from the social history, therapy or counseling sessions, observations, etc.

Rating: 1 2 3 4 5 6

Comments: _____

Items 5 & 6 correspond to: Treatment Recommendations & Progress Report

5. Student provides an appropriate treatment and/or vocational plan and rationale, specific to the client and the theoretical perspective.

Rating: 1 2 3 4 5 6

Comments: _____

6. Student discusses specific interventions or strategies which expand the treatment/vocational plan and facilitate implementation of the plan.

Rating: 1 2 3 4 5 6

Comments: _____

Items 7 & 8 address Demonstration of Skills

7. Student demonstrates empathic, listening, and communication skills during taped session

Rating: 1 2 3 4 5 6

Comments: _____

8. Student demonstrates appropriate intervention skills during taped session.

Rating: 1 2 3 4 5 6

Comments: _____

Items 9 & 10 correspond to: Analysis of Counseling Process & Self-Evaluation

9. Student can evaluate his/her therapy or counseling skills for the taped session and is able to discuss both therapeutic (effective, useful) and counter-therapeutic (ineffective, not useful) exchanges.

Rating: 1 2 3 4 5 6

Comments: _____

10. Student can evaluate therapeutic or vocational progress on the case in terms of changes in the client's functioning and can point to interventions and attitudes that have facilitated or hindered the client's overall movement.

Rating: 1 2 3 4 5 6

Comments: _____

11. Student exhibits good professional writing skills.

Rating: 1 2 3 4 5 6

Comments: _____

CONDITIONS FOR CCE REVISION

1. All revision must be completed and submitted within four weeks after students' reception of the original grading from the seminar leader who will determine the exactly day and time of submission of the revision.
2. If students cannot obtain a passing grade in their first submission of the CCE, they can have only **one chance** to revise the CCE in order to attain a satisfactory grade. Students will get a "Fail" for unsuccessful revision attempts.
3. The seminar leader will need to use the **Remediation Plan** form to specify related remedial work. Both practicum leader and student should have a copy of the form after they both sign the form. Please also attach the form with the Evaluation to the MACC ADOT at the end of the training year.

RESULTS AFTER REVISION

Please indicate the new overall grade of the revised CCE as well as the new numeric grades for each of the revised items.

Items to be Revised	Original Rating	Final Rating
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Final Grade after Revision: High Pass Pass Fail

Seminar Leader Signature:

Date: _____