

## Counselling Skills Evaluation Form

To the Referee: This form is meant to be completed by a **counselling** course (ED-D 417 or equivalent) instructor or a **counselling** (or a related profession) supervisor in a volunteer or professional setting. Additional information may be provided in a letter but **REFEREES MUST COMPLETE THIS FORM IN FULL**. The information in this report will be considered confidential and will not be released to the applicant or anyone outside the University of Victoria.

Name of Applicant \_\_\_\_\_ Date of Report: \_\_\_\_\_

Location of Supervisory or Teaching Relationship: \_\_\_\_\_

Context of Relationship: \_\_\_\_\_

Course (number/title, \_\_\_\_\_  
grade, duration, content)

Clinical Setting (volunteer/  
paid, duties performed, \_\_\_\_\_  
duration)

Dates and duration of contact: \_\_\_\_\_

Type and amount of supervision per client hour: \_\_\_\_\_

■ Ability to establish rapport with clients:

<i>Inability to effectively establish rapport</i>	<i>Struggles to effectively establish rapport</i>	<i>Able to effectively establish rapport</i>	<i>Very skilled in effectively establishing rapport</i>	<i>Exceptionally skilled in effectively establishing rapport</i>
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■ Ability to demonstrate active listening skills (i.e. paraphrasing, summarizing, clarification, and appropriate questioning) with clients:

<i>Inability to demonstrate active listening skills</i>	<i>Struggles to demonstrate active listening skills</i>	<i>Able to demonstrate active listening skills</i>	<i>Very skilled in demonstrating active listening</i>	<i>Exceptionally skilled in demonstrating active listening</i>
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■ Ability to demonstrate accurate expressed empathy with clients:

<i>Inability to demonstrate accurate expressed empathy</i>	<i>Struggles to demonstrate accurate expressed empathy</i>	<i>Able to demonstrate accurate expressed empathy</i>	<i>Very skilled in demonstrating accurate expressed empathy</i>	<i>Exceptionally skilled in demonstrating accurate expressed empathy</i>
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■ Ability to demonstrate conceptual skills (e.g. case conceptualization, treatment planning) in supervision and case consultation:

<i>Inability to demonstrate conceptual skills</i>	<i>Struggles to demonstrate conceptual skills</i>	<i>Able to demonstrate conceptual skills</i>	<i>Very skilled in demonstrating conceptual abilities</i>	<i>Exceptionally skilled in demonstrating conceptual abilities</i>
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■ Demonstration of professional/ethical behaviours (as defined by the Canadian Counselling Association) with colleagues and clients:

<i>Did not demonstrate professional/ethical behaviours</i>	<i>Struggled to demonstrate professional/ethical behaviours</i>	<i>Adequately demonstrated professional/ethical behaviours</i>	<i>Clearly demonstrated professional/ethical behaviours</i>	<i>Insufficient basis to judge applicant's professional/ethical behaviours</i>
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■ Demonstrates openness to feedback from supervisors:

<i>Was not open to feedback from supervisors</i>	<i>Somewhat open to feedback from supervisors</i>	<i>Fairly open to feedback from supervisors</i>	<i>Very open to feedback from supervisors</i>	<i>Completely open to feedback from supervisors</i>
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■ Applicant's ability to demonstrate awareness of the impact of his/her behaviour on others (i.e., clients, colleagues, supervisors, staff):

<i>Inability to demonstrate awareness of impact on others</i>	<i>Struggled to demonstrate awareness of impact on others</i>	<i>Able to demonstrate awareness of impact on others</i>	<i>Clearly demonstrates awareness of impact on others</i>	<i>Insufficient basis to judge applicant's awareness</i>
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■ What is your overall assessment of the suitability of this applicant for entrance into the graduate program in counselling psychology?

<i>The candidate is unsuitable</i>	<i>The candidate is below average</i>	<i>The candidate is average</i>	<i>The candidate is very good</i>	<i>The candidate is excellent</i>	<i>The candidate is exceptional</i>
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Please use this section to provide further comments on the applicant: \_\_\_\_\_

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**Evaluator's Information:** Name: (Please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please email this form directly to the Counselling Graduate Secretary at [epslgrad@uvic.ca](mailto:epslgrad@uvic.ca)**