



# M.A./BC

## BC 305 Practicum I

### LPCi/Counselor Evaluation

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(Please Print or Type)

LPCi/Counselor's Name: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Check the appropriate number for LPCi/Counselor's respective competency level:

1 = Very Poor

2 = Needs Improvement

3 = Average

4 = Above Average

5 = Excellent

Ability to establish trust in our interchanges  1  2  3  4  5

Ability to provide valuable feedback  1  2  3  4  5

Emotional and psychological maturity  1  2  3  4  5

Ability to handle silence & not interrupt  1  2  3  4  5

Genuineness when listening & interacting  1  2  3  4  5

Ability to track with conversation & keep on topic  1  2  3  4  5

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I, \_\_\_\_\_ (*client/student's name*), hereby attest to the accuracy of this evaluation completed to the best of my knowledge.

Client/Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Additional comments are welcome, and can either be attached or written on the back.*