



Supervisor report form (2) – for TC-L4 after 100 hours

EVALUATION OF COUNSELLING PRACTICE

Supervisor’s report after 100 hours of counselling practice

Supervisee’s name Number of hours of client work

Supervisor’s name Number of hours of supervision

Name of agency

1. Clients supervised

Type/range of client work, number of clients presented, type of presenting problems

2. Workplace experience/agency setting

Please comment on the supervisee’s ability to work ethically and safely within a counselling framework in the agency setting

3. Risk assessment

Please comment on the supervisee’s ability to use supervision to make risk assessments, recognise his/her own limits of proficiency and recognise when referral is appropriate



4. Self-awareness

Use this space to comment on the supervisee's level of self-awareness both in the supervision process and when working with clients

5. Counselling Relationship

Please comment on the supervisee's ability to create a therapeutic relationship and to respond to the client's needs in terms of:

- (a) establishing a user-centred contract

 - (b) building trust and empathy

 - (c) using appropriate counselling skills

 - (d) enabling the client to focus and prioritise his/her concerns and express a range of emotions

 - (e) enabling the client to explore and work with his/her explicit patterns of relating

 - (f) being aware of difference and diversity and being able to challenge own fear/prejudices

 - (g) challenging and being challenged
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6. Integration of theory and practice

Please comment on the supervisee’s ability to link practice with counselling theory in their understanding of the client-counsellor relationship and the counselling process:

7. 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 work as a practitioner:

8. Trainee’s comments on this evaluation

Supervisor Signature: Date:

Supervisee Signature: Date:

Tutor/assessor Signature: Date: