California State University, Fresno
Department of Counselor Education and Rehabilitation
Comprehensive Assessment Plan

The Department of CER programs at the CSU, Fresno utilize both formative and summative assessments regularly to evaluate students and ensure the development of student knowledge, skills, and professional dispositions.

Students will be observed and evaluated at all times by faculty and instructors within individual courses and in other program-related activities. If any concerns regarding interpersonal and professional behavior are identified, instructors are encouraged to provide students with feedback and suggestions for improvement. *Please see the Department Clinical Review Policy/Due Process.* If necessary, instructors should contact the student's academic advisor and/or Program Coordinator for more structured consultation. Within courses, students will be formally evaluated through grades and written feedback on assignments.

Students are also systematically assessed by the faculty at specific points in time throughout their program. The program utilizes six target (data) points of student progress during the course sequence.

Target (data) points of Student Progress:

Target Points	Description
Target (Data) Points 1: Admissions	During the admissions process, student data (e.g., demographics, GPA), personal statements, letters of recommendations, and individual interviews are reviewed to assess applicants and make admissions decisions using an evaluation rubric.
Target (Data) Points 2: At the end of the first semester	At the end of the first semester (the first fall in the course sequence), each student will be reviewed by faculty, a 'B' or better must be obtained in each course and students must receive a 3.0 GPA. Other observations or interactions with the student in or out of the classroom. If any concerns or issues are identified, remediation plan will be developed. *Please see the Department Clinical Review Policy/Due Process.*
Target (Data) Points 3: Pre-Practicum	Students are reviewed by the faculty at the end of the second semester, before the practicum sequence begins, to determine if they are prepared to enter practicum and work with clients. Grades, dispositions, and clinical skills, as assessed in REHAB 237 and COUN 208, will be evaluated and any issues will be discussed and remediated based on the Clinical Review/Due Process Policy. Student disposition information (Appendix A-Counselor Disposition Assessment) will be assessed by the instructor of COUN 208 and REHAB 237, who will have the opportunity to observe each student's counseling skills and abilities. The Graduate Writing Requirement (GWR) is included in course sequence

	during this time to assess scholarly graduate level writing and research as tied to counselor competencies.
Target (Data) Points 4: Practicum	Students are evaluated by their practicum supervisors and instructors on their clinical skills, professional development, and dispositions. A minimum grade of "B" is required to move into the internship in the clinical sequence. Any dispositional concerns will be addressed mid-semester, per the Counselor Disposition Assessment in Appendix B. Students are assessed mid-semester using the Clinical Review tool as part of the Clinical Review process (*Appendix A- Clinical Review Policy/Due Process)*. Students are assessed at the midterm and final point in the semester using the practicum evaluation forms.
Target (Data) Points 5: Internship	Students are evaluated by their internship supervisors and instructors on their clinical skills, professional development, and dispositions. A minimum grade of "CR" (i.e., Credit) is required. Any dispositional concerns will be addressed mid-semester, per the Counselor Disposition Assessment in Appendix B. Students may be referred for Clinical Review should a need arise during the internship experience. (*Appendix A- Clinical Review Policy/Due Process)*. Students are assessed at the midterm and final point in the semester using the internship evaluation forms.
Target (Data) Points 6: At the End of the Program	Students will be reviewed by the faculty at the end of the course sequence, utilizing the following information to determine if students qualify for graduation: 1. Evaluation of both clinical performance and dispositions by internship supervisors and instructors. a. Students must obtain a "CR" in the internship course and achieve a rating of 3.0 on each component of the internship evaluation form (i.e., Counselor Trainee Evaluation) in order to graduate. 2. Review of course grades. Students must have a GPA of 3.0 in order to graduate. 3. Review of Culminating Experience (e.g., Comprehensive Exam). Students must pass the culminating experience in order to graduate. 4. Completion of an Exit Survey

Supplemental Data Sources

The Department of CER programs assess data to aid in program evaluation and modification through measures including:

1. Advisory Board (annually)
    a. The Department of CER programs program also has an advisory board, which convenes at least once a year to provide input on program objectives, activities, program coursework, and counseling training. Program faculty, current and former students, site supervisors, and other community Department of CER programs professionals are members of this board. Feedback from this board is used to make program revisions.

- Alumni Survey and Employer/Site Supervisor Survey (annually)

Program alumni, site supervisors, and employers are regularly surveyed regarding their perceptions of the program, the curriculum, and our graduates and current students. Graduates are asked to rate the quality of training and support they receive from the program, and site supervisors and employers are asked to rate the quality of preparation our current students and graduates receive before they enter clinical work. The results of these surveys are used to inform curriculum and program decisions to systematically improve the program.

- University Assessment Report (annually)

The University requires an annual report summarizing the findings gathered through various assessment measures. Programmatic adjustments are made based on findings.

- Course Evaluations

At the end of each course, the students complete an evaluation through CSU, Fresno's IDEA course evaluation, which measures a wide variety of student perceptions of the course and instructor. Results are compared with department averages, and are used to inform instructional decisions.

ASSESSMENT OF STUDENT LEARNING

The Department of Counselor Education and Rehabilitation Mission

The mission of the Department of Counselor Education and Rehabilitation at Fresno State is to provide quality instruction and to contribute to our community through research, technical assistance, partnerships, training and other related public service activities.

Assessment of Student Learning

The Clinical Rehabilitation and Mental Health Counseling program and Marriage, Family and Child Counseling (MFCC) systematically assesses student learning of Key Performance Indicators (KPIs) identified from the core curriculum and area of CRMHC and MFCC program specialization, aligning with program objectives (see appendices). Curricular experiences and demonstrated knowledge in each of the eight common core areas (i.e., professional identity,

social and cultural diversity, human growth and development, career development, helping relationships, group work, assessment, research and program evaluation) are required of all students in the program. The program requires supervised experiences (i.e., practicum and internship) for all students.

Assessment of Program Outcomes:
In addition to student learning, we systematically assess our program outcomes. First, the department assesses outcomes in the eight core areas of the counseling curriculum, as well as the specialty area programs. We have developed Key Performance Indicators (KPI) related to standards, in order to assess areas in multiple ways over multiple points in time. Each core area has KPIs that are targeted toward one specific standard in that area. The first KPI for each standard relates to a grade on a specific assignment in a course. This data is collected from course instructors at the end of each semester. Other performance indicators (i.e., Counselor Trainee Evaluation, Counselor Disposition Assessments) are completed during the practicum and internship experience.

Lastly, KPIs for each area are scores on specific domains of the comprehensive examination. This examination is taken in the last semester of the course sequence. The domains of the comprehensive exam align directly with the core and specialization areas defined by CACREP. Each student is assessed on each KPI throughout their program, and student data are utilized both to determine the need for remediation of deficiencies and to inform the program's broader curricular decisions.

KPIs are assessed by faculty and stakeholders (e.g., site supervisors) at multiple points during the student's academic program, measuring both content knowledge and applied knowledge/skill. Data is collected using the Qualtrics software system and assessed in the following manner:

Very Dissatisfied	Dissatisfied	Neither Dissatisfied or Satisfied	Satisfied	Very Satisfied	Unable to Determine
1	2	3	4	5	

"Y" corresponds to the year in the program and "F/S/Su" indicates the semester the course is typically completed.
"K" indicates an assessment of Knowledge   "S" indicates an assessment of Skill   "D" indicates an assessment of Dispositions

Entry-level Counseling Core Areas

I.   **Professional Orientation and Ethical Practice**

Key Performance Indicator	Data Point	Course	Course Name	Assessment
KPI 1: Describe the role and process of the professional counselor advocating on behalf of the profession and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients (CACREP II.F.1.d; II.F.1.e)	Y1-F	REHAB 201	Prof. Identity and Ethics	Community Advocacy Plan (K)
	Y1-F	COUN 200	Counseling techniques	Professional Identity Paper (K) Skill Documentation (S)
KPI 2: Demonstrate understanding of ethical standards of professional counseling organizations and credentialing bodies and applications of ethical and legal considerations in professional counseling (CACREP II.F.1.i)	Y1-F	REHAB 201	Prof. Identity and Ethics	Quiz #2 (K) Prof. Assoc. Research (K)
	Y3-Su/F	REHAB 239	Internship in CRMHC	Site supervisor evaluation (S) Professional Dispositions (D)

II.   Social and Cultural Diversity

Key Performance Indicator	Data Point	Course	Course Name	Assessment
KPI 3: Demonstrate understanding of theories and models of multicultural counseling, cultural identity development, and social justice and advocacy and apply multicultural and social justice counseling competencies to counseling conceptualization, assessment, and helping skills (CACREP II.F.2.b, II.F.2.c)	Y1-S	COUN 201	Multicultural Aspects of counseling	Diversity Interviews & Cultural Genogram (K)
				Treatment Intervention (S)
	Y2-S/Su	REHAB 238	CRMHC Practicum	Case Review (S)
				Site supervisor evaluation (S)

III.   Human Growth and Development

Key Performance Indicator	Data Point	Course	Course Name	Assessment
KPI 4: Conceptualize systemic and environmental factors that affect human development, functioning, and behavior and apply theories of individual and family	Y2-S	COUN 206	Counseling across the lifespan	Developmental History Paper (K)
	Y3-Su/F	REHAB 239	Internship in CRMHC	Case presentation (S)

Key Performance Indicator	Data Point	Course	Course Name	Assessment
development across the lifespan (CACREP II.F.3.a, II.F.3.f)				Site supervisor evaluation (S)
				Professional Dispositions (D)

IV. Career Development

Key Performance Indicator	Data Point	Course	Course Name	Assessment
KPI 5: Identify and describe strategies for assessing abilities, interests, values, personality and other factors that contribute to career development and apply methods of identifying and using assessment tools and techniques relevant to career planning and decision making (CACREP II.F.4.e, II.F.4.i)	Y2-S	COUN 203	Assessment in Counseling	Assessment Lab (K)
	Y1-F	COUN 220	Career development	Assessment Review and Role Play (S)

V. Counseling and Helping Relationships

Key Performance Indicator	Data Point	Course	Course Name	Assessment
KPI 6: Apply theories and models of counseling (CACREP II.F.5.a)	Y1-F	COUN 200	Counseling techniques	Skill Documentation (S)
	Y2-F	COUN 270	Advanced Counseling Theories	Case Study (S)
	Y3-SU/F	REHAB 239	Internship in CRMHC	Case presentation (S)
				Site supervisor evaluation (S)
				Professional Dispositions (D)
KPI 7: Demonstrate competence in essential interviewing, counseling, and case conceptualization skills (CACREP II.F.5.g)	Y1-F	COUN 200	Counseling techniques	Work in Labs (S)
	Y2-S	REHAB 238	Counseling practicum	Taped Counseling Session & Transcript (S)
				Site supervisor evaluation (S)

				Professional Dispositions (D)

VI. Group Counseling and Group Work

Key Performance Indicator	Data Point	Course	Course Name	Assessment
KPI 8: Identifies and applies ethical and culturally relevant strategies for designing and facilitating groups (CACREP II.F.6.g)	Y1-S	COUN 202	Group counseling	Group Presentation (K)
				Group facilitation and feedback (S)
	Y3-SU/F	REHAB 239	Internship in CRMHC	Site supervisor evaluation (S)

VII. Assessment and Testing

Key Performance Indicator	Data Point	Course	Course Name	Assessment
KPI 9: Identify and apply ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results (CACREP II.F.7.m)	Y2-S	COUN 203	Assessment in Counseling	Quizzes (K) Case Study (S)

VIII. Research and Program Evaluation

Key Performance Indicator	Data Point	Course	Course Name	Assessment
KPI 10: Articulates the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice (CACREP II.F.8.a)	Y2-S	COUN 203	Assessment in Counseling	Assessment Lab (K)
	Y2-S	Rehab 201	Prof. Identity and Ethics	Prof. Assoc. Research Paper (K)
	Y2-S	ERE 220	Research in Education	Research Paper (K)

Master's Program Entry-level Specialty Areas (KPIs)

IX. Clinical Rehabilitation Counseling

Key Performance Indicator	Data Point	Course	Course Name	Assessment
CRC KPI: Understand the history and development of rehabilitation counseling, and articulate theories and models related to rehabilitation counseling and rehabilitation counseling services within the continuum of care, such as inpatient, outpatient, partial hospitalization and aftercare, and the rehabilitation counseling services networks (CACREP V.D.1.a., V.D.2.d)	Y1-F	REHAB 204	Medical and psychosocial aspects of disability	Chapter (Research) Papers & Presentations (K)
				Intake Assignment (K)
	Y3-F	REHAB 268	Advanced Career Placement	Counseling Skills Activity (S)
	Y3-SU/F	REHAB 239	Internship in CRMHC	Case presentation (S)
				Site supervisor evaluation (S)

X. Marriage, Family and Child Counseling

Key Performance Indicator	Data Point	Course	Course Name	Assessment
MFCC KPI: Understand the history and development of marriage, family, and couple counseling (CACREP V.F.1.a)	Y1-F	COUN 231		Major Paper (K)
				Practice Assignment (K)
	Y3-F	COUN 233	Advanced Career Placement	Counseling Skills Activity (S)
	Y3-SU/F	COUN 239	Field Placement	Presentation (S)
				Site supervisor evaluation (S)

KPI alignment to Student Learning Outcomes

SLO 1.1 Demonstrate a theoretical base and rationale for counseling	KPI 2 KPI 7

SLO 1.2 Identify the needs of people in a changing society related to human development, cultural identity, social justice, and human sexuality over the life span	KPI 2 KPI 3 KPI 4
SLO 1.3 Articulate orally and in written form a theoretical base and rationale for career development and describe the importance of career choice in a changing society	KPI 5
SLO 1.4 Demonstrate awareness to the existence of cultural diversity and develop sensitivity to people of diverse backgrounds	KPI 3
SLO 1.5 Identify counseling, legal, and ethical concerns related to the needs of people who are living and developing in a pluralistic society	KPI 1
SLO 1.6 Adhere to the legal statutes of the State of California and ethical standards of the American Counseling Association.	KPI 2
SLO 1.7 Demonstrate knowledge of the research in advancing the counseling profession, including how to critique research to inform counseling practice	KPI 10
SLO 2.1 Maintain effective working relationships with members of the community.	KPI 1 KPI 3
SLO 2.2 Conduct effective crisis, trauma and emergency response management	KPI 7
SLO 2.3 Apply knowledge to conduct effective counseling	KPI 6
SLO 2.4 Accurately conduct diagnoses and apply measurement and evaluation in the field of counseling including treatment planning.	KPI 7 KPI 9
SLO 2.5 Apply professional counseling expertise under direct supervision	KPI 6
SLO 2.6 Demonstrate essential interviewing, counseling, including group work, and case conceptualization skills as well as evaluation of interventions	KPI 7 KPI 8
SLO 3.1 Use writing skills to communicate in a style and format (e.g., treatment planning, documentation) consistent with the American Psychological Association Publication Manual, 6th Edition.	KPI 7 KPI 10
SLO 3.2 Communicate with peers, professors, and supervisors in a manner that is consistent with appropriate terminology and consultative practices.	KPI 5
SLO 4.1 Demonstrate skills in assessment, evaluation, and case management when working with individuals, couples, and families from a systems perspective.	MFCC KPI

SLO 4.2 Apply conceptualization and implementation of treatment, planning, and intervention strategies in marriage, couple, and family counseling	MFCC KPI
SLO 5.1 Implement and maintain an active relationship to the broader rehabilitation community and related professional associations through consultation, education, advocacy and leadership activities.	CRC KPI
SLO 5.2 Produce research and other scholarly information that is related to promoting the rehabilitation and independence of people with disabilities using field experiences as a guide.	CRC KPI
SLO 5.3 Apply understanding of historical, cultural, ethical and legal considerations related specifically to the practice of rehabilitation and mental health counseling to promote high quality service provision to persons with disabilities	CRC KPI

Use of Evaluation Data to Inform Program Decisions:

In addition to the ongoing evaluation of students which is used to individually address student outcomes and address problems as they arrive, aggregate student data and other sources of assessment data, as described above, is systematically used for curriculum and program improvement. This information will inform decisions about program improvements to be implemented during the academic year. Department faculty gather to discuss data and trends that emerged. Annual reports are submitted to the university during the first semester of the subsequent year and faculty reconvene to make decisions regarding program modifications.

CSU, Fresno
Department of CER programs
Clinical Review Policy for CER Department

Due Process

In order to facilitate student success, all students (except Rehabilitation Services Administration (RSA) scholars—see *Note)* in the Counselor Education and Rehabilitation (CER) Department undergo a Clinical Review on their academic performance, counseling skills, and personal/professional dispositions while enrolled in COUN 208 and REHAB 238. However, throughout their program, students are continuously assessed for their abilities and dispositions as counselors-in-training and can be referred to the Clinical Review Committee at any time. Any CER faculty member may refer any student to the Clinical Review Committee for the following reasons: (1) academic performance issues that significantly jeopardize the student's progress, (2) personal/professional disposition, (3) unethical or unprofessional behavior either in or out of the classroom, and/or (4) mental health, family challenges, substance abuse, or other personal reasons that significantly impact the student's ability to perform the duties of a counselor. The Clinical Review Committee consists of the Clinical Review Committee Chair, at least 2 other Full-time CER Faculty Members, and the referring faculty (if relevant). It is expected that the instructor of record or faculty member involved will first meet with the student individually to discuss concerns. The instructor/faculty member will create a remediation plan and discuss it with the student and have the student sign the plan. If the instructor/faculty member finds that the conditions of the remediation plan have not been sufficiently met by the student in a specified amount of time or if the concerns need immediate attention, the instructor/faculty member will report the concerns to Student Affairs or other relevant resources on campus (e.g. the CARE team or Campus Police). Concurrently, the instructor/faculty member will also refer the student to the Clinical Review Committee.

The due process involved for students in such cases involves the following:

1. Instructor of record/faculty involved will create a remediation plan and meet with student to discuss conditions of the remediation plan and have student sign the plan. Signing the plan means that the student has reviewed the plan. A copy of the plan will be put in the student's file to be placed in the main office.
2. If conditions of the remediation plan have not been met or if concerns need immediate attention, the student will be referred to the Clinical Review Committee by instructor of record/faculty member. The faculty member involved will also refer the student to the office of Student Affairs or other resources on campus if relevant.
3. The Clinical Review Committee will meet to determine the student's appropriateness for the program and/or counseling field. The Clinical Review Committee may request a meeting with the student in question and/or contact other faculty for feedback.

4. After the Clinical Review Committee deliberates and has consulted with the Department Chair, one of the following will take place:
   a. A written Memorandum of Understanding (MOU) outlining specific areas of concern and specific remedies that are required and/or recommended will be developed and given to the student. Students may appeal to the Dean of Kremen School of Education and Human Development.
   Or:
   b. A recommendation for disqualification letter will be sent to the student and carbon copied to the Dean of Research and Graduate Studies, the Dean of Student Affairs, and the Dean of Kremen School of Education and Human Development. Students may appeal to the Dean of Kremen School of Education and Human Development.
5. If an MOU was provided to the student, the student is to complete all requirements on the MOU by the deadline as stated in the MOU. Once the student submits all required documents by the due date, the Clinical Review Committee will reconvene. If the requirements have been appropriately and sufficiently met in the view of the Clinical Review Committee, no further action is required. The process ceases (unless new incidences arise requiring further action).
6. If the requirements of the MOU have not been met, the Clinical Review Committee, after consultation with the Department Chair, may recommend one or more of the following:
   a. Recommend that the student be temporarily suspended for a given period of time to allow the student time to set his or her personal and/or professional issues in order.
   b. If the Clinical Review Committee concludes that disqualification is most likely to be in order, the Clinical Review Committee will send the student a letter recommending disqualification from the program and/or Department and carbon copy the following Deans: Research and Graduate Studies, Student Affairs, and Kremen School of Education and Human Development.
7. If the Clinical Review Committee recommends disqualification, the student may appeal to the Dean of the Kremen School of Education and Human Development. Before recommending disqualification from the program/Department, the Clinical Review Committee will consult with the Department Chair, program faculty, and other relevant resources on campus.

Note: RSA scholars are required to undergo at least two clinical reviews prior to graduation, to evaluate academic progress and skill sets beyond maintenance of 3.0 GPA

DEPARTMENT OF COUNSELOR EDUCATION AND REHABILITATION

CALIFORNIA STATE UNIVERSITY, FRESNO

<u>CLINICAL REVIEW OF PROFESSIONAL PERFORMANCE</u>

Student Name _____ Semester/Year _____

Instructor _____ Date _____ Pass / No Pass

Professional Performance Standards	1	2	3	4	5	Comments
Professional Behaviors						
1. Attention to Ethical and Legal Considerations						
Interpersonal Indicators						
2. Cooperativeness with Others						
3. Awareness of Own Impact on Others						
4. Ability to Deal with Conflict						
Personal Dispositions						
5. Openness to New Ideas						
6. Tolerates Ambiguity						
7. Willingness to Accept and Use Feedback						
8. Ability to Accept Personal Responsibility						
9. Ability to Express Feelings Effectively and Appropriately						
10. Initiative and Motivation						

Rubric for Rating the Professional Performance Standards

Professional Standards					
1. Attention to Ethical and Legal Considerations Rated from Inattentive (1) to Attentive (5)					
1	**2**	**3**	**4**	**5**
Engaged in dual relationships with clients		Was responsive to supervision for occasional personal-professional boundary confusion in verbal interactions with clients		Maintained clear personal-professional boundaries with clients
Acted with prejudice toward those of different race, culture, gender or sexual orientation or other diversity than self		Was responsive to supervision for occasional insensitivity to diversity in professional interactions		Demonstrated consistent sensitivity to diversity
Endangered the safety and the well-being of clients		Used judgment that could have put client safety and well-being at risk		Satisfactorily ensured client safety and well-being
Breached established rules for protecting client confidentiality including safeguards in technology used		Used judgment that could have put client confidentiality at risk including not used safeguards for any technology utilized		Appropriately safeguarded the confidentiality of clients including any technology used

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| Demonstrated insensitivity to role differences and power dynamics that may exist in relationship and settings, and does not manage them appropriately | | Sometimes maintained sensitivity to role differences and power dynamics that may exist in relationships and settings, and manages them appropriately | | Always maintained sensitivity to role differences and power dynamics that may exist in relationships and settings, and manages them appropriately |

Interpersonal

2. Cooperativeness with Others
Rated from Uncooperative (1) to Cooperative (5)

1	2	3	4	5
Demonstrated little or no engagement in collaborative activities		Engaged in collaborative activities but with minimum input		Worked actively toward reaching consensus in collaborative activities
Demonstrated unwillingness to compromise in collaborative activities		Accepted but rarely initiated compromise in collaborative activities		Demonstrated willingness to initiate compromise in order to reach group consensus
Undermined goal achievement in collaborative activities		Was concerned mainly with own part in collaborative activities		Showed concern for group as well as Individual goals in collaborative activities

3. Awareness of Own Impact on Others
Rated from Unaware (1) to Aware (5)

1	2	3	4	5
Words and actions reflected little or no concern for how others were impacted by them		Effort to determine how own words and actions impacted others was evident but sometimes inaccurate		Effort toward recognition of how own words and actions impacted others was accurate
Ignored supervisory feedback about how words and actions were negatively impacting others		Responded as necessary to feedback regarding negative impact of words and actions but at times, with resentment		Initiated feedback from others regarding impact of own words and behaviors; regularly incorporated feedback to effect positive change

4. Ability to Deal with Conflict
Rated from Unable (1) to Able (5)

1	2	3	4	5
Was unable or unwilling to consider others' points of view		Attempted but sometimes had difficulty grasping conflicting points of view		Demonstrated willingness and ability to consider others' points of view
Did not demonstrate willingness to examine own role in a conflict		Examined own role in a conflict only when directed to do so		Displayed willingness to examine own role in conflict consistently
Ignored supervisory advisement if not in agreement with own position		Was responsive to supervision in a conflict if it was offered		Was consistently open to supervisory critique about own role in a conflict
Did not show any effort a problem solving		Participated in problem solving when directed		Initiated problem solving efforts in conflicts
Displayed hostility when conflicts were addressed				Actively participated in problem solving efforts

Personal Disposition

5. Openness to New Ideas
Rated from Closed (1) to Open (5)

1	2	3	4	5
Was dogmatic about own perspective and ideas		Was amenable to discussion of perspectives other than own		Solicited others' opinions and perspectives about own work
Ignored or was defensive about constructive feedback		Accepted constructive feedback without defensiveness		Invited constructive feedback and demonstrated interest in others' perspectives
Showed little or no evidence of incorporating constructive feedback received to change own behavior		Demonstrated some evidence of effort to incorporate relevant feedback received to change own behavior		Demonstrated strong evidence of incorporation of feedback received to change own behavior

6. Tolerates Ambiguity
Rated from Intolerant (1) to Tolerant (5)

1	2	3	4	5
Showed little or no effort to *recognize* changing demands in the professional expectations and interpersonal contexts of professional counseling		Made some effort to *recognize* changing demands in the professional expectations and interpersonal contexts of professional counseling but was sometimes inaccurate		Showed accurate effort to *recognize* changing demands in the professional expectations and interpersonal contexts of professional counseling
Showed little or no effort to *flex* own response to changing demands in the professional expectations and interpersonal contexts of professional counseling		Effort of *flex* own response to changing demands in the professional expectations and interpersonal contexts of professional counseling was evident but sometimes inaccurate		Demonstrated accurate effort to *flex* own response to changing demands in the professional expectations and interpersonal contexts of professional counseling as needed
Refused to flex own response to changing demands in the professional expectations and interpersonal		Effort to flex own response to changing demands in the professional expectations		Independently monitored the professional expectations and interpersonal contexts of

1	2	3	4	5
contexts of professional counseling despite the knowledge of the need for change		and interpersonal contexts of professional counseling when directed to do so		professional counseling and flexed own response accordingly
Was intolerant of unforeseeable or necessary changes in established schedule or protocol		Accepted necessary changes in established schedule or protocol, but without effort to understand the reason for them		Accepted necessary changes in established schedule and attempted to understand needs for them

7. Willingness to Accept and Use Feedback

1	2	3	4	5
Discouraged feedback from others through defensiveness and anger		Was generally receptive to supervisory feedback		Invited feedback by direct request and positive acknowledgement when received
Showed little or no evidence of incorporating supervisory feedback received		Showed some evidence of incorporating supervisory feedback into own views and behaviors		Showed evidence of active incorporation of supervisory feedback received into own views and behaviors
Perceived feedback contrary to his/her own position as a personal affront		Showed some defensiveness to critique through "over-explanation" of actions but without anger		Openly accepted constructive feedback as an opportunity to grow and become a better service provider
Demonstrated greater willingness to give feedback than to receive it		Demonstrated greater willingness to receive feedback than to give it		Demonstrated a balanced willingness to give and receive supervisory feedback

8. Ability to Accept Personal Responsibility
Rated from Unable (1) to Able (5)

1	2	3	4	5
Refused to admit mistakes or examine own contribution to problems		Was willing to examine own role in problems when informed of the need to do so		Monitored own level of responsibility in professional performance
Lied, minimized or embellished the truth to extricate self from problems		Was accurate and honest in describing own and others' roles in problems		Invited constructive critique from others and applied it toward professional growth
Consistently blamed others for problems without self-examination		Potential to blame others initially, but later was open to self-examination about own role in problems		Accepted own mistakes and responded to them as opportunity for self-improvement, avoided blame in favor of self-examination

9. Ability to Express Feelings Effectively and Appropriately
Rated from Unable (1) to Able (5)

1	2	3	4	5
Showed no evidence of willingness and ability to articulate own feelings		Showed some evidence of willingness and ability to articulate own feelings, but with limited range		Was consistently willing and able to articulate the full range of own feelings
Showed no evidence of willingness and ability to recognize and acknowledge the feelings of others		Showed some evidence of willingness and ability to acknowledge others' feelings—sometimes inaccurate		Showed willingness and ability to acknowledge others' feelings
Acted out negative feelings (through negative behaviors) rather than articulating them				
Expressions of feelings were inappropriate to the setting		Expressions of feelings usually appropriate to the setting and was responsive to supervision when not		Expression of own feelings was consistently appropriate to the setting
Was resistant to discussion of own personal feelings in supervision		Willing to discuss own feelings in supervision when directed		Initiated discussion of own feelings in supervision
Lack of awareness of use of humor inappropriate to the setting		Expression of humor inappropriate to setting but willing to explore and increase awareness when prompted		Use of positive humor to promote resiliency and wellness

10. Initiative and Motivation
Rated from Poor (1) to Good (5)

1	2	3	4	5
Often missed deadlines and classes		Missed the maximum allowable classes and deadlines		Met all attendance requirements and deadlines
Rarely participated in class activities		Usually participated in class activities		Regularly participated in class activities
Often failed to meet minimal expectations in assignments		Met only the minimal expectations in assigned work		Met or exceeded expectations in assigned work
Displayed little or no initiative and creativity in assignments		Showed some initiative and creativity in assignments		Consistently displayed initiative and creativity in assigned work

Comments:

_____DATE_____

Signature of FACULTY SUPERVISOR

_____ DATE_____

Signature of STUDENT

Evaluation Status/Explanation:

The purpose of the clinical review process is to provide the counseling students with feedback to become an effective counselor/human service provider.
In the event the student ratings on this form fall below "3.0", this may indicate that additional growth and development is needed to successfully demonstrate effectiveness in carrying out the essential job functions in counseling/human services. Therefore, it is extremely important that the student take responsibility to meet with a faculty advisor to discuss the ratings in the respective categories and develop a plan for growth/improvement.

Arbitration/Appeal Statement: Please review Clinical Review Policy.

CSU, Fresno
Department of CER programs

Counselor Disposition Assessment

Name of Candidate: _____

Name of Supervisor: _____ Date: _____

(Circle one) COUN 208   COUN 238   COUN 239   COUN 249   COUN 219

REHAB 237   REHAB 238   REHAB 239

Descriptors are listed as evaluation guidelines for each of the dispositions. Included with each disposition are examples of behavioral indicators. Each indicator is offered as a suggested behavior, and not as a conclusive determining factor. Please check the appropriate box for each of the dispositions.

Rating scales

0 = not observed   1 = inadequate   2 = meet expectations   3 =exceeds expectations

DISPOSITION	0	1	2	3
Reflection. Examples of behavioral indicators include, but are not limited to:				
Continually evaluates the effects of his/her choices and actions on others (e.g., students, clients, families, and other professionals in the learning community).				
Applies, assesses, reflects upon, and adjusts counseling strategies to different needs of clients				
Accepts and incorporates suggestions in subsequent practice.				
Demonstrates accurate self-analysis regarding one's own strengths and weaknesses.				
Collects accurate data and incorporates it into the reflective process.				
Is open to corrective feedback.				

Critical thinking. Examples of behavioral indicators include, but are not limited to:				
Utilizes assessment data to adjust counseling approaches, consultation practices, or program implementation.				
Counselor work (e.g., case studies, group process evaluations, article critiques) indicates an ability to identify problems and solutions.				
Professional ethics. Examples of behavioral indicators include, but are not limited to:				
Recognizes the importance of research to inform counseling for students and clients with diverse needs.				
Shows commitment to ethical conduct.				
Actively advocates for students, clients, and families and encourages self-advocacy.				
Works within the system to meet the needs of students/clients and their families.				
Respects confidentially.				
Solicits and gives thoughtful consideration to alternative and contradictory opinions.				
Maintains a positive working relationship with peers in practicum/field placement with school/agency personnel.				
Views families as partners in the educational and counseling process.				
Exhibits care for quality in the preparation and implementation of work responsibilities.				
Adheres to ethical standards for counselors.				
Valuing diversity. Examples of behavioral indicators include, but are not limited to:				
Diagnose clients' needs by interpreting data from diverse sources (e.g., formal/informal assessments, student/client behavior and feedback, and collateral responses)				
Develop intervention plans compatible with diverse needs of clients.				
(Field placement) Accommodates all clients, including those from diverse backgrounds, experiences, and cultures.				
Respects clients/students as individuals with differing personal and family backgrounds and various skills, talents, and interests and is sensitive to community and cultural mores.				

Collaboration. Examples of behavioral indicators include, but are not limited to:			
Demonstrates the ability to work creatively and collaboratively with colleagues, clients, families, and the community.			
Values families as full partners in the counseling/educational process			
(Field Placement) Collaborates with school personnel, agencies, and families in all phases of intervention when possible.			
Works well with others to develop opportunities for peer and student learning.			
Plans and collaborates to ensure that appropriate supports for smooth transitions are in place.			
Life-long learning. Examples of behavioral indicators include, but are not limited to:			
Seeks out opportunities for professional development (e.g., attendance at workshops, in-service trainings, conferences) using the information learned to improve counseling practice.			
Seeks out opportunities to serve the school, students and community (e.g., extracurricular activities, Big Brothers, Big Sisters).			
Demonstrates a positive attitude toward learning.			
Demonstrates intellectual and academic curiosity.			
Maintains membership in professional organizations.			
Personal philosophy statement includes goals for professional development.			
Presents on an area of expertise or interest to teachers, community, profession, and/or parents at local, state, national or international conferences or trainings.			

Evaluation Calendar: The dispositional assessment will be completed at multiple points in the program. The chart below provides the evaluation calendar, including who bears responsibility for the evaluation.

Evaluation Point	Evaluator
1. Rehab 237 and COUN 208	Instructors of REHAB 237 and COUN 208
2. Practicum	University and Site Supervisor
3. Internship	University and Site Supervisor

Standard: The dispositional assessment serves both to facilitate student development while also to ensure minimum qualifications to graduate and ultimately to work as a professional counselor.

Students must score a minimum of 2 (out of 3) on each component of the dispositional assessment in order to be in good standing in the program. Students who score below a 2 (meets expectations) will, at a minimum, be required to engage in remediation efforts and may be removed from the program in cases when remediation is not a viable option *(Please see Clinical Review/Due Process policy).*