



OBSERVATION OF COUNSELING EFFECTIVENESS

Instructions: Conduct observation of counseling session. Complete this form. Share results of observation with the counselor. File this completed form with appropriate Dean's office.

Counselor	Session Number	Semester/Year
Modality of Session <input type="checkbox"/> In-person <input type="checkbox"/> Virtual		Counselor was informed in advance of the timing of this observation <input type="checkbox"/> Yes <input type="checkbox"/> No
Observer Name		Observation Date
What strengths were observed in this counseling session? 		
What specific things do you believe may have improved the effectiveness of the counseling session? 		
Additional Comments 		

Observation of Counseling Effectiveness

Criteria	Evaluation
<p><i>Therapeutic Relationship/Attending Skills including but not limited to:</i> <i>Active listening, communicating respectfully, validating, fostering safety, comfort with range of emotions/thoughts shared/presented in session, able to challenge student when appropriate, and tracking of issues presented by student.</i></p>	<p><input type="checkbox"/> Excellent <input type="checkbox"/> Commendable <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p>
<p>Comments and examples to support rating</p>	
<p><i>Therapeutic Process Skills including but not limited to:</i> <i>Effective pacing, open-ended questions, attending to student nonverbal communication, appropriate affective interventions, appropriate cognitive interventions, and appropriate behavioral interventions</i></p>	<p><input type="checkbox"/> Excellent <input type="checkbox"/> Commendable <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p>
<p>Comments and examples to support rating</p>	
<p><i>Assessment Skills including but not limited to:</i> <i>Able to organize data from session into meaningful framework, able to identify relevant cultural and developmental issues, able to differentiate normative vs problematic student behaviors, able to support student goal setting/evaluating progress, able to refer to/share appropriate resources, and able to assess self-performance during session</i></p>	<p><input type="checkbox"/> Excellent <input type="checkbox"/> Commendable <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p>
<p>Comments and examples to support rating</p>	

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Please complete the following:		
<i>Began session on time</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Effective use of time</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments and Discussion		
Counselor's Comments		
Signatures		
Counselor's Signature indicating that the counselor has read this observation	Date	I have read this observation <input type="checkbox"/> Yes
Observer's Name		
Observer's Signature	Date	I did this observation on the date listed at the top of the form <input type="checkbox"/> Yes

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If needed, please use this page for additional comments.	
Counselor	Semester/Year
Observer Name	Observation Date
Additional Comments	