

Counselling Skills Evaluation

**M.A. / M.Ed. Program in Counselling
Educational Psychology and Leadership Studies
UNIVERSITY OF VICTORIA**

To the Referee: This form is meant to be completed by a counselling course instructor or a supervisor in a volunteer or professional clinical 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 of the University of Victoria.

Name of Applicant _____ Date of Report _____

Location of Supervisory or Teaching Relationship _____

Context of Relationship _____

■ i.e. **course:** number/title _____
grade, duration, content

■ **clinical setting,** volunteer/ _____
paid, duties performed,
duration _____

Dates and duration of contact _____

Type and amount of supervision provided _____

We are particularly interested in areas that include the applicant's *academic skills, helping skills, professional* and *ethical behaviours*, and *personal awareness*. Please also share the basis for your perceptions in the comments section of each area.

■ **Academic Skills** (please circle appropriate descriptor and amplify with comments)

Exceptional Excellent Very Good Good Average Below Average

Comments:

■ **Helping Skills** (please circle appropriate descriptor and amplify with comments)

Exceptional Excellent Very Good Good Average Below Average

Comments:

—see over

■ **Professional and Ethical Behaviors** (please circle appropriate descriptor and amplify with comments)

Exceptional Excellent Very Good Good Average Below Average

Comments:

■ **Personal Awareness** (please circle appropriate descriptor and amplify with comments)

Exceptional Excellent Very Good Good Average Below Average

Comments:

■ **What is your overall assessment** of this applicant as a candidate to our Masters in Counselling program?

Exceptional Excellent Very Good Good Average Below Average

Comments:

If you would like to make any further comments about the applicant or about the information you have provided, please attach a letter.

Name of Referee _____ Position Title _____
(please print)

Address _____

Telephone _____ E-mail _____

Signature _____ Date _____

I would be willing to communicate further by telephone or e-mail about this applicant should the committee want further information or clarification. yes no



Please return this form to:

Graduate Secretary
Educational Psychology & Leadership Studies
Faculty of Education, University of Victoria
PO Box 3010, Victoria, BC V8W 3N4