
CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

COUN 530 e-FORM – 2 WEEK PROGRESS REPORT

Student Name:

Instructor Name:

Supervisor Name:

Dates covered for this review period:

Today's date:

Semester/Year:

Instructions: Please check the areas you are working on in this 2-week period with this student.

Professionalism:

Please check the areas you are working on in this 2-week period with this student.

- Interpersonal Appropriateness
- Ethical Decision-making
- Responsibility & Dependability
- Taking Supervision Well/Openness to Feedback

Please comment as necessary:

Skills:

Please check the areas you are working on in this 2-week period with this student.

- Assessment & Diagnosis
- Relationship Building
- Case Conceptualization
- Treatment Planning
- Documentation
- Termination & Referral

Please comment as necessary:

Student Development:

- Student is performing exceptionally well for their level of experience
- Student is performing adequately for their level of experience
- Student performance is below average with a few minor concerns
- Student performance shows serious concerns

Please comment as necessary:

NOTE: Please state any concerns you may have, so further contact can be initiated.