**Counseling Student Annual Self-Evaluation Form**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is to be completed and submitted, along with appropriate documentation, to students’ advisors **by February 15th**. This self-evaluation covers the previous 12 months.

Month & year when entered program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s intended career goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Courses taken and grades received:

 Semester Course number Grade

 *(e.g., Fall, 22) COUN 6000 AB*

1. Reflect on the grades and feedback received from your professors this past year:
2. Reflect on your development of professional dispositions:
3. Discuss your progress toward developing multicultural counseling and advocacy competencies.
4. Reflect on your level of self-care over the past year:
5. Level of participation in the CECP Graduate Student Organization this past year:
6. List all current professional memberships (including local, state, and national):
7. List other professional development activities (e.g., professional organization involvement, conferences and workshops, etc. attended this past year):
8. Note your plan for taking the master’s comprehensive exam:
9. Comment on your annual self-evaluation from last year and last year’s faculty annual evaluation (skip if this is your first year in the department).
10. If you are working on developing competencies in any specialized area of practice or track (e.g., school, clinical mental health – adult, child/adolescent, addictions), discuss your plan for developing those competencies.
11. Assess both your strengths as well as areas where change, growth, or improvement is desired or needed with respect to your educational and career goals.
12. Identify your educational and professional goals for the coming year.
13. What are your plans for obtaining licensure?
14. After the student and advisor discuss the above information, the advisor may want to offer additional comments below. Both should then sign as indicated below.

Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_