

**WCSU Counselor Education Program
Fitness to Practice Evaluation Form**

Student Name: _____ Student ID _____

Evaluator: _____ Date: _____

This is to notify you that your professional performance has been evaluated according to the Fitness to Practice (FTP) Review policy in the Student Handbook:

Standard	Unacceptable	Acceptable	Not Observed
1. Follows ethical and legal codes and laws	__0	__1	__N
2. Displays multicultural competence	__0	__1	__N
3. Open to new ideas	__0	__1	__N
4. Aware of own impact on others	__0	__1	__N
5. Responsive, adaptable, and cooperative	__0	__1	__N
6. Receptive to and uses feedback	__0	__1	__N
7. Responds to conflict appropriately	__0	__1	__N
8. Accepts personal responsibility	__0	__1	__N
9. Expresses feelings effectively and appropriately	__0	__1	__N
10. Dependable in meeting obligations	__0	__1	__N

Is the candidate acceptable in each FTP Standard observed? ___ yes ___ no

If no, describe the specific behavior(s) observed indicating competence not achieved:

What will happen next? (describe responsibility of student and/or faculty)

_____ resolved _____ remediation plan _____ Faculty Review Committee ___ Other (explain)

Student Signature

Faculty

Others in attendance