The following items should be assessed for one-on-one sessions. For each item on this form, decide if each skill “was demonstrated with no need for improvement” (2)—there are no recommendations for improvement in this area, “was demonstrated but there is room for improvement” (1)—item was met, but there is some room for improvement, or “was unsatisfactory” (0)—coaching/direction is needed. Depending on the length of the observation, the evaluator may not have an opportunity to observe all items. Code as N/A if an item was not observed.

| COUNSELOR SKILL ITEMS | Was demonstrated with no need for improvement=2  
|-----------------------|------------------------------------------------------------------
|                       | Was demonstrated but there is room for improvement=1  
|                       | Skill was unsatisfactory=0  
|                       | Not Applicable=N/A  
| COMMENTS |  

**A. SESSION STRUCTURE/FORMAT**

1. The Counselor completed the following steps during the one-on-one session:
   - Check-in (rapport building, review of rule compliance, and assessment of current issues)
   - Review (intervention discussed in prior meeting application or practice of prior interventions review homework assignments, discussion of goals and goal progress, community referral agencies if applicable)
   - Intervention (identify criminogenic need. Teach relevant skills, target problematic thinking, engage client in problem solving (MUST BE A CBT intervention)
   - Homework (Assign homework that practices the intervention outside of the session, help the offender generalize learning of the intervention to new situations)

**Overall Session Structure/format Rating**

Total points = ___

Avg rating (Total points/# of items-not including N/A) = ___

**B. COUNSELOR KNOWLEDGE/MODELING**

1. Uses cognitive restructuring techniques, where applicable

2. Displays pro-social thinking and behavior

**Overall Counselor Knowledge/Modeling Rating**

Total points = ___

Avg rating (Total points/# of items-not including N/A) = ___

**C. TEACHING SKILLS**

1. Teaches—Introduces the skill/technique and provides opportunity for the client to explore the relevance and usefulness of the skill/technique

2. Models—Counselor demonstrates technique or skill steps to participants

3. Practices—Client practiced the skill steps/technique being taught

4. Feedback—Provides constructive feedback to client

**Overall Teaching Skills Rating**

Total points = ___

Avg rating (Total points/# of items-not including N/A) = ___
**COUNSELOR SKILL ITEMS**

<table>
<thead>
<tr>
<th>D. BEHAVIOR MANAGEMENT</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recognizes anti-social thinking and behavior</td>
<td></td>
</tr>
<tr>
<td>2. Effectively addresses anti-social thinking and behavior</td>
<td></td>
</tr>
<tr>
<td>3. Provides appropriate reinforcement of pro-social thinking and behavior</td>
<td></td>
</tr>
<tr>
<td>4. Verbal praise/reinforcement is used</td>
<td></td>
</tr>
<tr>
<td>5. Verbal praise is specific to the targeted behavior (i.e. Counselor explains the specific behavior being reinforced)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Behavior Management Rating</th>
<th>Total points =</th>
<th>Avg rating [Total points/# of items-not including N/A] =</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E. INTERPERSONAL CHARACTERISTICS</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has rapport with client</td>
<td></td>
</tr>
<tr>
<td>2. Communicates to the client in a respectful manner</td>
<td></td>
</tr>
<tr>
<td>3. Avoids argumentation/power struggles</td>
<td></td>
</tr>
<tr>
<td>4. Sets limits and boundaries</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Interpersonal Characteristics Rating</th>
<th>Total points =</th>
<th>Avg rating [Total points/# of items-not including N/A] =</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OVERALL AVERAGE GROUP RATING</th>
<th>Total points/Total items-not including N/A</th>
</tr>
</thead>
</table>

Comments/Notes:


Individual Session Evaluation Form

Areas of strength:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Areas for training or growth:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Evaluator Signature: ___________________________ Date: ____________
Observed Staff Signature: ___________________________ Date: ____________
Supervisor Signature: ___________________________ Date: ____________

Coaching Plan:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________