THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE

Department of Counseling

**End of Semester Self-Evaluation**

1. Have you been successful in realizing your goals as stated at the beginning of the semester? Please be specific and describe how you have or have not achieved these goals.

2. Provide an evaluation of your skills and your perception of your effectiveness as a counselor based on your performance during this clinical experience.

3. Do you have any suggestions/recommendations regarding your clinical placement and/or the practicum/internship class? Please be specific.