PROGRAM LEARNING OUTCOME (PLO) 1: PROFESSIONAL COUNSELOR DISPOSITIONS
ANALYSIS AND REPORT
FALL, 2015

(CMHC, RC, and SC) within the Department of Counseling and Human Services at the

University of Scranton will:

dispositions

EXECUTIVE SUMMARY

A systematic assessment of PLO 1 was conducted in November, 2015. The

Data from one semester of student work (SP15) was inputted and evaluated using Excel. First-time results include individual domain scores for the entire sample that are also disaggregated by program [CMHC ($n = 7$); RC ($n = 5$); and SC ($n = 4$)]

RESULTS

The 4-point likert

overall sample existed in Domains D1- Commitment to Wellness ($m = 3.19$); D10-

Problem Solving ($m = 3.31$); and D11- Stress Management ($m = 3.38$).

ACTION REPORT

1) Preliminary working draft sent to Standards Work Group via e-mail for preview and subsequent discussion at an upcoming meeting (11/19/15).

2) Draft reviewed and approved by Standards Work Group on 11/24/15. Sent to Paul Datti, Acting Department Chairperson, for distribution to faculty. Report will be discussed and an approval vote will be conducted at the next Department Meeting on December 3, 2015.

University of Scranton

Professional Counseling Student Disposition Evaluation Form

(This is to be completed by the university supervisor)

Student Name: _____ Date: _____

Program (please circle): Clinical Mental Health Counseling   Rehabilitation Counseling   School Counseling

Purpose (please circle):   Initial   Pre-Practicum   Post-Practicum   Internship

Rating Key:
1 = does not meet expectations *(This rating indicates minimum competency in a particular area(s) of development has not been met)*
2 = partially meets expectations *(This rating indicates that there is still some growth needed in a particular area(s) of development.)*
3 = meets expectations *(This rating is typical of beginning level counselors with respect to development)*
4 = exceeds expectations *(This rating indicates development that is superior to that which is considered typical)*

Additional Comments:

Faculty Printed Name _____

Faculty Member Signature _____ Date: _____