



COSCA (Counselling & Psychotherapy in Scotland)
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COSCA VALIDATION OF COURSES OFFERING THE COSCA COUNSELLING SUPERVISION COURSE

REPORT OF THE COSCA ASSESSOR

Please indicate where additional information is included and clearly mark all additional paperwork with the relevant Section number.

COSCA ASSESSOR	
Name of COSCA Assessor:	
Address	
Post Code	
Telephone No.	
Email address	
Name of Organisation applying for Validation	
Contact Person within the organisation	
Dates of Contact with the Applicant	
Date of Submission of the Report	
Title of the Course:	

Date of Receipt:	
Date to CVP:	

1. ETHICS AND PRACTICE (Please refer to Section B, Point 1 of the Guidelines)

1.1 Does the course delivery refer to and work within the COSCA Statement of Ethics and Code of Practice?

2. TRAINERS (Please refer to Section B, Point 2.2 and Point 3 of the Guidelines)

2.1 Please name and comment on the suitability (as per the criteria) of the core trainers involved in the course.

2.2 Please comment on the trainers' delivery of the course.

2.3 Please comment on your meeting(s) with trainers involved on the course.

2.4 How effectively did the trainers work as a team in delivery of the course?

3. TRAINER:PARTICIPANT RATIO (Please refer to Section B, Point 4 of the Guidelines)

3.1 What was the ratio of trainer:participants?

4. COURSE MONITORING (Please refer to Section B, Point 5 of the Guidelines)

4.1 Please comment on the review of the overall structure, method and standard of delivery.

5. RESOURCES (Please refer to Section B, Point 6 of the Guidelines)

5.1 Are the setting and resources sufficient for the course to be run to your satisfaction?

5.2 Does the organisation provide a safe learning environment for training?

5.3 Were participants aware of the assessor's role and how to contact her/him?

6. COURSE STRUCTURE AND CONTENT (Please refer to Section B, Points 7 and 8 of the Guidelines)

6.1 How effective is the course in meeting the Aims and Learning Outcomes?

6.2 Did the participants receive detailed information on the Aims and Learning Outcomes?

6.3 Please comment on how familiar the trainers were with the Aims, Learning Outcomes and content of the course and with the methods of delivery and assessment?

7. TIMING AND SPACING OF THE COURSE (Please refer to Section B, Point 9 of the Guidelines)

7.1 What was the timing and spacing of the course? Was it delivered over a number of full days, weekends, evenings, etc?

7.2 Was the balance of the course satisfactory?

7.3 Was there sufficient time to allow all the material to be delivered?

7.4 Do you have any concerns regarding the course structure?

8. ATTENDANCE (Please refer to Section B, Point 10 of the Guidelines)

8.1 Please comment on the level of attendance of the participants during the period of delivery of the course.

9. COURSE CONTENT (Please refer to section B, Point 11 of the Guidelines)

9.1 What methods of assessment were used in skills work?

9.2 Please comment on the effectiveness of skills training on the course.

9.3 How effective is the theoretical component of the course?

10. COUNSELLING PRACTICE PLACEMENT (Please refer to Section B, Point 12 of the Guidelines)

10.1 If appropriate, please list the names of the counselling practice placement supervisors used on the course.

10.2 Please comment on the suitability of each of the supervisors used on the course based on the criteria stated.

10.3 What was the ratio of supervision to practice placement on the course?

10.4 Please comment on the arrangements and suitability of the practice placement.

11. SELECTION OF PARTICIPANTS (Please refer to Section B, Point 13 of the Guidelines)

11.1 How was the applicants' selection procedure implemented?

12. ASSESSMENT (Please refer to Section B, Point 14 of the Guidelines)

12.1 Did participants receive information about the process and criteria for assessment?

12.2 Please comment on both the formative and summative assessment used on the course.

12.3 Did you consider that the participants were equally and fairly treated in the process of assessment?

12.4 Were the trainers in agreement regarding assessment outcomes?

13. APL/APEL (Please refer to Section B, Point 15 of the Guidelines)

13.1 How was the organisation's APL/APEL system implemented and was it carried out according to guidelines?

14. ADDITIONAL COMMENTS

Please comment on any concerns, specific issues or any particular aspect of the course you wish to draw to the attention of the CVP.

15. RECOMMENDATIONS AND CONCLUSIONS

Please state whether you recommend that this course should receive Full Validation. If you decide not to recommend the course for Full Validation, please state your reasons below.

Signature of Assessor:

Name (Please print):

Date: