

**CLINICAL MENTAL HEALTH COUNSELING
M.A. Program
Washington Adventist University
Clinical Internship CPSY 699A & CPSY 699D
Internship Evaluation Form**

Student: _____ Date: _____

Site: _____

Internship Supervisor: _____

Supervisor License #: _____

Evaluations are completed at the mid-term (8 weeks) and at the end of each semester. Students may complete up to 300 clinical hours per semester. This student evaluation form should be completed collaboratively with the student and reviewed once it is completed. Final evaluation needs to be completed the second to last week of the semester. The student then submits this form with the documentation of clinical hours to the internship coordinator. Evaluation is to be based on current level of progress and competence in the internship. Please circle the number that best describes the student's competence as given in the description below. Rate each category independently. Put N/A where a criterion is not applicable.

_____ Student Overall Average Rating

_____ Supervisor Overall Average Rating

Rating Scale

Remediation Plan	Minimal Remediation	In Progress	Meets Expectations	Exceeds Expectations	Demonstrates Excellence	
0	1	2	2.5	3	3.5	4

I. PROFESSIONAL PRESENTATION AND BEHAVIOR:

Area	Self	Supervisor	Comments/Suggestions for Improvement
1. Shows readiness and ability to assume responsibility with increasing level of autonomy			
2. Conducts self in a professional manner through dress, composure, organization, confidence and desire to help			
3. Relates to peers, staff and others in professional manner			

4. Completes reports such as case notes, process notes on time, with relevant information in clear concise style			
5. Demonstrates understanding of and conforms to ethical principles in professional work and practice			
6. Recognizes and limits self to the boundaries of his/her competence			
7. Demonstrates respect of cultural, individual and role differences, including age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socio-economic status			
8. Demonstrates the ability to develop and implement treatment goals			

Additional Comments/Recommendations:

II. COMMUNICATION SKILLS AND ABILITIES

1. Demonstrates a willingness to establish client/counselor relationship in a manner that a working alliance and safe environment can be created			
2. Initiates and terminates sessions in a timely way			
3. Demonstrates an understanding of content and context of the client's story			
4. Demonstrate the capacity to integrate and apply theoretically sound approaches to therapeutic interventions			
5. Utilizes empathy and warmth without overly identifying with client and unnecessary self-disclosure			

6.Utilizes confrontation appropriately and with respect			
7.Displays congruence/genuineness through verbal and nonverbal behavior			
8.Utilizes probe/questions that help the client to perform deeper self-exploration or discovery			
9.Uses clarification, paraphrasing and summarizing effectively			
10.Give and receive feedback regarding clinical cases with supervisors			
11.Demonstrates ability to write intake/assessment reports			

Additional Comments/Recommendations:

III. PERSONAL AND PROFESSIONAL DEVELOPMENT SKILLS

1.Utilizes feedback and recognizes strengths and weaknesses non-defensively			
2.Handles frustration and ambiguity in a professional way			
3.Demonstrates sensitivity and tolerance for others viewpoints			
4.Take active role in seeking supervision, in order to discuss concerns, ideas, and ways for improving skills			
5.Able to Co-lead or lead group psychotherapy			

Additional Comments/Recommendations:

This evaluation form will be placed on the student's program file. The signatures of the student and supervisor verify that both have reviewed its content. The signature of the faculty member will attest that the trainee has completed the field internship experience as defined by the counseling psychology program.

Student: _____

Date: _____

Site Supervisor: _____

Date: _____

Faculty: _____

Date: _____