

Site Supervisor Evaluation
CMHC Internship 699B & CPSY 699C

Intern Name: _____ **Semester/Year** _____

Please complete this evaluation of the counseling internship student after they have completed 16 week of internship. Please review this evaluation with the intern and return a copy of the completed evaluation to the WAU faculty supervisor for inclusion in the student's semester grade. Thank you.

Rate the intern's functioning based on the following rubric:

3 points	ADVANCED	Consistently demonstrates outstanding performance
2 points	TARGET	Demonstrates skill development congruent with an intern
1 point	DEVELOPING	Demonstrates inconsistently or below the level of an intern
0 points	UNSATISFACTORY	Does not demonstrate this skill
N/A	NOT APPLICABLE	No opportunity to observe or unable to evaluate

Professional Behaviors

• Awareness of agency/educational setting policies	3	2	1	0	N/A
• Adherence to policies and procedures	3	2	1	0	N/A
• Timeliness of reports	3	2	1	0	N/A
• Attendance	3	2	1	0	N/A
• Preparation and follow-up	3	2	1	0	N/A
• Dependability	3	2	1	0	N/A

Comments: _____

Attitude

• Willingness to perform responsibilities	3	2	1	0	N/A
• Openness to new ideas	3	2	1	0	N/A
• Motivation	3	2	1	0	N/A
• Initiative	3	2	1	0	N/A
• Ability to work cooperatively with staff and develop positive interpersonal relationships	3	2	1	0	N/A
• Commitment	3	2	1	0	N/A
• Awareness of self	3	2	1	0	N/A

Comments: _____

Counseling Skills

• Ability to establish therapeutic relationships	3	2	1	0	N/A
• Competence in basic counseling skills	3	2	1	0	N/A
• Knowledge of therapeutic dynamics	3	2	1	0	N/A
• Skill in diagnosis/assessment and establishing treatment plans	3	2	1	0	N/A
• Appropriate use of intervention techniques and strategies	3	2	1	0	N/A
• Knowledge of counseling process, stages and outcomes	3	2	1	0	N/A
• Competence in writing appropriate notes and reports	3	2	1	0	N/A
• Adherence to ethical standards	3	2	1	0	N/A
• Knowledge of referral resources	3	2	1	0	N/A

Comments: _____

Supervision Process

• Responsiveness	3	2	1	0	N/A
• Perceptiveness	3	2	1	0	N/A
• Willingness to disclose as appropriate	3	2	1	0	N/A
• Ability to articulate issues, questions, and concerns	3	2	1	0	N/A
• Appropriate use of time and resources	3	2	1	0	N/A
• Participation in staff meetings/school activities	3	2	1	0	N/A

Comments: _____

Briefly identify areas in which this counselor's training program seems to be particularly strong:

Briefly identify areas in which this counselor's training program is limited/needs strengthening:

 Site Supervisor Signature Date

 Faculty Supervisor Signature Date

 Intern Signature Date