

## Doctoral Students Site Supervisor's Evaluation of Students in Counseling Internship

University of North Carolina at Greensboro  
Department of Counseling and Educational Development

**Intern:**

Please complete the following box before submitting this form to your host supervisor for completion.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Experience Being Rated: (Please check the appropriate boxes)

CED 780A       CED 780B       CED 780C       CED 780D

Mid semester evaluation       Final evaluation

Average Days Worked Per Week: \_\_\_\_\_ Total Hours Completed: \_\_\_\_\_

University Supervisor: \_\_\_\_\_

Internship Site: \_\_\_\_\_

Site Supervisor's Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Site Supervisor**

Please rate the student according to the following scale based on the student's current level of professional development.

Poor (1)    Inconsistent (2)    Average (3)    Strong (4)    Excellent (5)

Please be as objective as possible in your ratings. This evaluation is meant to be used for the professional development of our internship students, and so they need honest, instructive feedback. After you have completed this form, please share your responses and rationale for your responses with the student. Students will then submit this form to their university supervisor to be placed in their internship folders.

**PERSONAL CHARACTERISTICS**

	<b>POOR</b>	<b>INCONSISTENT</b>	<b>AVERAGE</b>	<b>STRONG</b>	<b>EXCELLENT</b>
Self-awareness	1	2	3	4	5
Emotional stability	1	2	3	4	5
Self-control	1	2	3	4	5
Sense of self-confidence	1	2	3	4	5
Dependability	1	2	3	4	5
Preparation	1	2	3	4	5
Ethical	1	2	3	4	5

	<b>POOR</b>	<b>INCONSISTENT</b>	<b>AVERAGE</b>	<b>STRONG</b>	<b>EXCELLENT</b>
Cooperativeness	1	2	3	4	5
Promptness	1	2	3	4	5
Adaptability	1	2	3	4	5
Ability to be tactful	1	2	3	4	5
Willingness to learn	1	2	3	4	5
Independence	1	2	3	4	5
Initiative	1	2	3	4	5
Responsibility	1	2	3	4	5
Receptiveness to feedback	1	2	3	4	5
Utilizes feedback	1	2	3	4	5
Interacts appropriately with clients	1	2	3	4	5
Interacts appropriately with other staff	1	2	3	4	5
Ability to be a team player	1	2	3	4	5
Recognizes personal limitations	1	2	3	4	5

COUNSELING SKILLS AND PROCESS

	<b>POOR</b>	<b>INCONSISTENT</b>	<b>AVERAGE</b>	<b>STRONG</b>	<b>EXCELLENT</b>
Genuine interest in clients	1	2	3	4	5
Ability to understand client's point of view	1	2	3	4	5
Respect for diversity	1	2	3	4	5
Ability to relate to diverse clients	1	2	3	4	5
Ability to secure client cooperation	1	2	3	4	5
Ability to establish and maintain rapport	1	2	3	4	5
Ability to maintain confidentiality	1	2	3	4	5

	<b>POOR</b>	<b>INCONSISTENT</b>	<b>AVERAGE</b>	<b>STRONG</b>	<b>EXCELLENT</b>
Adherence to ethical standards	1	2	3	4	5
Adherence to legal standards	1	2	3	4	5
Ability to use clinical appraisal techniques to gather client information	1	2	3	4	5
Ability to assess client needs	1	2	3	4	5
Insight into client's problems	1	2	3	4	5
Ability to use information to help clients with decision-making	1	2	3	4	5
Ability to document/keep appropriate and timely client records	1	2	3	4	5
Demonstrates understanding of site's functions	1	2	3	4	5
Willingness to seek supervision/consultation as needed	1	2	3	4	5
Demonstrates a personal theoretical counseling orientation that is based on a critical review of existing counseling theories	1	2	3	4	5
Demonstrates effective application of multiple counseling theories	1	2	3	4	5
Demonstrates an understanding of case conceptualization and effective interventions across diverse populations and settings	1	2	3	4	5

ADDITIONAL SKILLS (Rate only those that are applicable for this site and this intern)

	<b>POOR</b>	<b>INCONSISTENT</b>	<b>AVERAGE</b>	<b>STRONG</b>	<b>EXCELLENT</b>	
Ability to prepare a comprehensive case study	1	2	3	4	5	NA
Ability to organize a guidance or counseling program	1	2	3	4	5	NA
Knowledge of in-house referral sources	1	2	3	4	5	NA
Knowledge of community referral sources	1	2	3	4	5	NA
Knowledge of tests/appraisal and their interpretation	1	2	3	4	5	NA
Diagnostic skills	1	2	3	4	5	NA
Treatment planning implementation	1	2	3	4	5	NA
Supervisory abilities	1	2	3	4	5	NA

OVERALL RATING OF STUDENT

	<b>POOR</b>	<b>INCONSISTENT</b>	<b>AVERAGE</b>	<b>STRONG</b>	<b>EXCELLENT</b>
Counseling ability	1	2	3	4	5
Coordination ability	1	2	3	4	5
Consultation ability	1	2	3	4	5
Potential for success in a similar setting	1	2	3	4	5

Are there other evaluation issues specific to your site on which the intern should be evaluation? If so, please comment on them in the space provided.

**Please comment on the following questions.**

What are the strengths of the student as an intern?

What areas need further development?

What recommendations would you make to enhance this student's development?

Please feel free to use the following space, or the back of this page, for any additional comments.

Student's Signature/Date: \_\_\_\_\_

Host's Signature/Date: \_\_\_\_\_

Printed Host's Name: \_\_\_\_\_

*Note: The student's signature indicates that he/she has read the evaluation and has discussed it with his/her site supervisor. It does not necessarily indicate that he/she is in agreement with it. Significant disagreement on the part of the student regarding this assessment should be noted in writing and forwarded as an addendum to this form.*

**Site Supervisors:**

Please tear this form off of the Evaluation of the Counseling Intern, and if necessary, mail to the address below so that the University supervisor or Internship Coordinator can contact you.

Please indicate if you would like a conference, by phone or in person, with the University supervisor concerning this intern.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Please indicate if you would like a conference, by phone or in person, with the Internship Coordinator concerning this intern or other internship activities/requirements.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes for either of the above questions, please provide contact information below.

Site Supervisor's Name: \_\_\_\_\_

Agency/Site/School: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Intern's Name: \_\_\_\_\_

Please mail to:

ATTN: Internship Coordinator  
Department of Counseling and Educational Development  
P.O. Box 26170  
University of North Carolina at Greensboro  
Greensboro, NC 27402