

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)

- | | | | |
|--|-----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> CED 680A | <input type="checkbox"/> CED 680B | <input type="checkbox"/> CED 680C | <input type="checkbox"/> CED 680D |
| <input type="checkbox"/> CED 780A | <input type="checkbox"/> CED 780B | <input type="checkbox"/> CED 780C | <input type="checkbox"/> CED 780D |
| <input type="checkbox"/> Mid semester evaluation | | <input type="checkbox"/> 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) Weak (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

	POOR	WEAK	AVERAGE	STRONG	EXCELLENT
Self-awareness	1	2	3	4	5
Emotional stability	1	2	3	4	5
Self-control	1	2	3	4	5

	POOR	WEAK	AVERAGE	STRONG	EXCELLENT
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
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
Ability to utilize 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

COUNSELING SKILLS AND PROCESS

	POOR	WEAK	AVG	STRONG	EXCELLENT
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

	POOR	WEAK	AVG	STRONG	EXCELLENT
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
Adherence to ethical 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

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

	POOR	WEAK	AVG	STRONG	EXCELLENT	NOT APPLICABLE
Ability to prepare a comprehensive case study	1	2	3	4	5	NOT APPLICABLE
Ability to organize a guidance or counseling program	1	2	3	4	5	NOT APPLICABLE
Knowledge of in-house referral sources	1	2	3	4	5	NOT APPLICABLE
Knowledge of community referral sources	1	2	3	4	5	NOT APPLICABLE
Knowledge of tests/appraisal and their interpretation	1	2	3	4	5	NOT APPLICABLE
Diagnostic skills	1	2	3	4	5	NOT APPLICABLE

	POOR	WEAK	AVG	STRONG	EXCELLENT	NOT APPLICABLE
Treatment planning implementation	1	2	3	4	5	NOT APPLICABLE
Supervisory abilities	1	2	3	4	5	NOT APPLICABLE

OVERALL RATING OF STUDENT

	POOR	WEAK	AVG	STRONG	EXCELLENT	NOT APPLICABLE
Counseling ability	1	2	3	4	5	NOT APPLICABLE
Coordination ability	1	2	3	4	5	NOT APPLICABLE
Consultation ability	1	2	3	4	5	NOT APPLICABLE
Potential for success in a similar setting	1	2	3	4	5	NOT APPLICABLE

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