Interim Evaluation Form

Supervisor Name: _____ Intern Name: _____
please print) *(please print)*

Supervisor Signature: _____

Address: _____

_____

Phone: _____ Date: _____

Please complete the following by placing a checkmark (•) in the appropriate column.

At present the intern under my supervision:	GOOD	FAIR	POOR	N/A
1. Has an awareness of his/her own strengths and limitations				
2. Uses supervision for personal and professional growth.				
3. Hears and understands the supervisor's feedback during supervision.				
4. Openly and appropriately communicates with the supervisor.				
5. Readily seeks supervisory direction when needed.				
6. Initiates appropriate working relationships with clients				
7. Follows ethical procedures (e.g. confidentiality) in client relationships and in regard to organizational				
8. Is able to define appropriate counseling goals with clients.				
9. Is accepting of client differences.				
10. Can articulate and provide a rational for treatment approaches.				
11. Keeps all required records up to date.				
OVERALL:				
12. Is successfully fulfilling internship responsibilities.				
13. I have a concern, please contact me to discuss.				