

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 rationale 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.	_____	_____	_____	_____