FINAL INTERN EVALUATION: SUPERVISOR FORM

Intern Name: ________________________________

Date of Evaluation: __ / ____ / _____

Supervisor: ________________________________

Internship Site: ________________________________

Instructions: This form is designed to help supervisors provide feedback about the performance of interns at the completion of their experience. This form will become part of the intern’s record for this course and will be considered in assigning grades for the internship. Please answer each item using the scale provided. Space is provided following each category group for specific comments. There is also space at the end of this form for general comments. If you feel it would be helpful to put anything into context from the outset, please feel free to do so below.

Initial Comments: ________________________________

Answer Code for Evaluation Items and Questions
NA. Not Applicable or not enough information to form a judgment
1. Far Below Expectations – needs much improvement, a concern
2. Below Expectations – needs some improvement to meet standards
3. Acceptable – meets standards at average level for interns
4. Above Expectations – performs above average level for interns
5. Far Above Expectations – a definite strength, performs well beyond average levels for interns

I. Basic Work Requirements
   a. Arrives on time consistently
      4 5
      1 2 3
   b. Uses time effectively
      4 5
      1 2 3
   c. Informs supervisor and makes arrangements for absences
      5
      1 2 3 4
   d. Reliably completes requested or assigned tasks on time
      5
      1 2 3 4
   e. Completes required total number of hours or days on site
      5
      1 2 3 4
f. Is responsive to norms about clothing, language, etc., on site 1 2 3 4 5

Comments: 

II. Ethical Awareness and Conduct
a. Knowledge of general ethical guidelines 1 2 3 4 5
b. Knowledge of ethical guidelines of internship placement 1 2 3 4 5
c. Demonstrates awareness and sensitivity to ethical issues 1 2 3 4 5
d. Personal behavior is consistent with ethical guidelines 1 2 3 4 5
e. Consults with others about ethical issues if necessary 1 2 3 4 5

Comments: 

III. Knowledge and Learning
a. Knowledge of Client Population
   1. Knowledge level of client population at beginning of internship 1 2 3 4 5
   2. Knowledge level of client population at end of internship 1 2 3 4 5
b. Knowledge of Appropriate Counseling Approaches
   1. Knowledge of appropriate counseling approaches at beginning of internship 1 2 3 4 5
   2. Knowledge of appropriate counseling approaches at end of internship 1 2 3 4 5
c. Learning
   1. Receptive to learning when new information is offered 1 2 3 4 5
2. Actively seeks new information from staff or supervisor  
   | 1 | 2 | 3 | 4 |
3. Ability to learn and understand new information  
   | 3 | 4 | 5 |
4. Understanding of concepts, theories, and information  
   | 1 | 2 | 3 |
5. Ability to apply new information in school counseling setting  
   | 1 | 2 | 3 | 4 |

Comments: __________________________________________________________

_______________________________________________________________

IV. Response to Supervision  
a. Actively seeks supervision when necessary  
   | 1 | 2 | 3 | 4 |
b. Receptive to feedback and suggestions from supervisor  
   | 1 | 2 | 3 | 4 |
c. Understands information communicated in supervision  
   | 1 | 2 | 3 | 4 |
d. Successfully implements suggestions from supervisor  
   | 1 | 2 | 3 | 4 |
e. Aware of areas that need improvement  
   | 1 | 2 | 3 |
f. Willingness to explore personal strengths and weaknesses  
   | 1 | 2 | 3 | 4 |

Comments: __________________________________________________________

_______________________________________________________________

V. Interactions with Clients  
a. Appears comfortable interacting with clients  
   | 1 | 2 | 3 |
b. Initiates interactions with clients  
   | 1 | 2 | 3 |
c. Communicates effectively with clients  
   | 1 | 2 | 3 |
d. Builds rapport and respect with clients  
   | 1 | 2 | 3 |
e. Is sensitive and responsive to client’s needs 1 2 3 4
f. Is sensitive to cultural differences 1 2 3 4 5
g. Is sensitive to issues of gender differences 1 2 3 4 5

Comments: ____________________________________________________________

______________________________________________________________

Suggested areas for further study: ________________________________________

______________________________________________________________

VI. Interactions with Coworkers
a. Appears comfortable interacting with other staff members 1 2 3 4 5
b. Initiates interactions with staff 1 2 3 4 5
c. Communicates effectively with staff 1 2 3 4 5
d. Effectively conveys information and expresses own opinions 1 2 3 4 5
e. Effectively receives information and opinions from others 1 2 3 4 5

Comments: ____________________________________________________________

______________________________________________________________

______________________________________________________________

VII. Work Products
a. Reliably and accurately keeps records 1 2 3 4 5
b. Written or verbal reports are accurate and factually correct 1 2 3 4 5
c. Written or verbal reports are presented in professional manner 1 2 3 4 5
d. Reports are clinically or administratively useful 1 2 3 4 5

3
Comments: ________________________________________________________________

____________________________________________________________

Overall, what would you identify as this intern’s strong points? __________________________

____________________________________________________________

____________________________________________________________

What would you identify as areas in which this intern should improve?____________________

____________________________________________________________

____________________________________________________________

Would you recommend this intern for school counselor certification/licensure?

_____ Yes  _____ Yes, with reservations  _____ No

If ‘yes, with reservations’ or ‘no’, please explain: ______________________________________

____________________________________________________________

____________________________________________________________

Supervisor’s Signature: ________________________________________________  Date: __________

Thank you for your time in supervising this intern and in completing this evaluation.

Questions/Concerns?

Contact: Dr. Rhonda Norman
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