



Program

Counselor Education

School of Education

On-Site Supervisor Evaluation of Counseling Intern

Intern's Name:		
Name of On-Site Supervisor:		
Agency or School Name:		
Dates Evaluation Covers:	From:	To:

This evaluation is intended to help the intern, on-site supervisor, and university supervisor assess the intern's progress in the development of the knowledge, values, and skills necessary for the practice of counseling. The evaluation guide presented here is a tool to assist in that process. Please complete this form to the best of your ability, share it with the intern, sign and date the form, and forward the completed signed form to the university supervisor. Feel free to include additional areas or criteria that you believe are important. If a conference to discuss this evaluation is needed, please contact the university supervisor.

Thank you for your time in completing the evaluation of the intern's performance.

Core Requirements

The student has successfully demonstrated... (Please initial)	YES	NO
A total of 300 hours of work on-site this semester (FINAL ONLY)	_____	_____
A total of 120 DIRECT hours with students/clients (FINAL ONLY)	_____	_____
Adequate skills with individual counseling	_____	_____
Adequate skills with at least two long-term client contacts	_____	_____
Adequate skills with group counseling - At least one group with a minimum of four members for a series of sessions.	_____	_____
Adequate skills in consultation	_____	_____
Adequate skills in testing/assessment	_____	_____
Adequate skills in making referrals	_____	_____
Adequate skills in training and development	_____	_____

Directions: Indicate competency by placing a check mark in the appropriate column.

Rating Scale:

1 = Area of strength; 2 = Adequate; 3 = Area needing Improvement
 NA = Not applicable; no opportunity to observe

		1	2	3	NA
Personal and Professional Competencies					
1.	Punctuality				
2.	Attendance				
3.	Ability to follow through and complete tasks				
4.	Ability to meet deadlines				
5.	Responsibility for actions				
6.	Commitment to the helping profession				
7.	Initiative and willingness to become involved				
8.	Adherence to professional and ethical practices				
9.	Professional judgment				
Use of Supervision					
10.	Initiative in seeking help from supervisor				
11.	Openness to new ideas				
12.	Receptivity to feedback				
Use of Resources					
13.	Skill in accessing and using resources within the internship community				
14.	Knowledge of community programs/resources				
15.	Awareness of client requested resources				
16.	Skill in using a variety of resources				
17.	Skill in making referrals				
Self-Organization Skills					
18.	Ability to organize and carry out a work plan				
19.	Ability to keep appropriate documentation				
20.	Professional discipline in use of time				
21.	Initiative for involving self in learning activities				
22.	Completion of assigned tasks				
Counseling Skills and Knowledge					
23.	Establishing of rapport with student/client				
24.	Goal setting with client/student				
25.	Use of effective and appropriate counseling strategies and techniques				
26.	Assessment of client's/student's progress				
27.	Effective termination with student/client				
28.	Effective group counseling skills				
29.	Accurate assessment of client's/student's needs				
30.	Knowledge of counseling theory and research				
31.	Knowledge of developmental theories				

32.	Appropriate application of multicultural perspective				
33.	Effective classroom guidance and/or psycho-educational skills				
Communication Skills					
34.	Writing skills				
35.	Oral skills				
36.	Ability to effectively collaborate with other professionals				
Overall Evaluation					
37.	Overall evaluation of intern				

Comments

38. In your opinion, what are this intern's areas of strength?

39. What areas do you believe the intern should focus on to enhance his/her competence as a professional counselor?

40. Has the administrative support from the university supervisor been adequate? If no, please indicate suggestions.

Additional Comments:

Signatures:

On Site Supervisor: _____
Printed Name
Signature

Date: _____

Student: _____
Printed Name
Signature

Date: _____

University Supervisor: _____
Printed Name
Signature

Date: _____