

**UNIVERSITY OF CENTRAL ARKANSAS
DEPARTMENT OF PSYCHOLOGY AND COUNSELING**

COMMUNITY COUNSELING INTERN EVALUATION

Intern _____

Supervisor _____

Agency _____

Dates of Internship: From _____ To _____
mth/day/yr mth/day/yr

Circle one: Mid-semester evaluation Final evaluation

Please evaluate the intern's performance in each of the areas below by circling the appropriate number on the scale. Please rate the intern on competence to become licensed and to enter practice. If the intern did not engage in a particular activity listed, please circle NA.

A. Professionalism

1 = poor
Serious
Concerns

2 = fair
Some
Concerns

3 = average
Progressing
As Expected

4 = good
Above
Average

5 = excellent
Well Above
Average

1. Meeting appointments and deadlines	1	2	3	4	5	NA
2. Preparation and organization	1	2	3	4	5	NA
3. Communication with staff	1	2	3	4	5	NA
4. Ability to work with staff	1	2	3	4	5	NA
5. Appropriate ethical conduct	1	2	3	4	5	NA
6. Professional appearance	1	2	3	4	5	NA
7. Receptiveness in supervision	1	2	3	4	5	NA
8. Awareness of departmental/clinic goals	1	2	3	4	5	NA
9. Timeliness in completing charts/reports	1	2	3	4	5	NA
10. Respect for clients	1	2	3	4	5	NA
11. Awareness of own skills and limitations	1	2	3	4	5	NA
12. Familiarity with on-site referral sources and other resources	1	2	3	4	5	NA
13. Familiarity with off-site referral sources and other resources	1	2	3	4	5	NA

Specific Strengths/Concerns

B. Assessment and Diagnosis

	1 Close Supervision Needed	2	3 Moderate Supervision Needed	4	5 Minimal Supervision Needed	NA Not Applicable			
1. Intake skills				1	2	3	4	5	NA
2. Basic understanding of assessment results				1	2	3	4	5	NA
3. Basic use of assessment tools				1	2	3	4	5	NA
4. Ability to integrate information and make diagnosis				1	2	3	4	5	NA
5. Report/progress note writing				1	2	3	4	5	NA
6. Awareness of site's clinical population characteristics				1	2	3	4	5	NA

Specific Strengths/Concerns

C. Therapy Skills and Knowledge

	1 Close Supervision Needed	2	3 Moderate Supervision Needed	4	5 Minimal Supervision Needed	NA Not Applicable			
1. Ability to establish rapport with clients				1	2	3	4	5	NA
2. Ability to conceptualize clients' issues				1	2	3	4	5	NA
3. Application and integration of counseling theory				1	2	3	4	5	NA
4. Understanding of client-therapist dynamics				1	2	3	4	5	NA
5. Multicultural Awareness				1	2	3	4	5	NA

6. Ability to formulate treatment goals and effectively bring about change	1	2	3	4	5	NA
7. Group psychotherapy skills	1	2	3	4	5	NA

Specific Strengths/Concerns

D. Overall Rating

1. Overall quality of performance during internship

1 = poor Serious Concerns	2 = fair Some Concerns	3 = average Progressing As Expected	4 = good Above Average	5 = excellent Well Above Average
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2. Recommendation to enter professional practice

Recommend without Reservation	Recommend with Some Concern	Do not Recommend
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Explain overall rating

F. Summary of Activities

Please provide a brief narrative description of the intern's experiences.

G. Internship Experiences

Please list the **average weekly percentage** of time that the intern engaged in the experiences listed below.

1. Direct Services to Clients (average number hours per week ____)

activity	% of time
individual counseling	_____
group counseling	_____
marriage & family counseling	_____
psycho-educational interventions	_____
intake	_____
crisis intervention	_____
consultation	_____

2. Supervision and Staffing

activity	hours spent
individual supervision	_____
group supervision	_____
staffing	_____
total	_____

I. Signatures

These ratings have been discussed by the supervisor and the intern.

_____	_____	_____
Supervisor's signature	Date	Title
_____	_____	
Intern's signature	Date	