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  

<table>
<thead>
<tr>
<th>1 = poor</th>
<th>2 = fair</th>
<th>3 = average</th>
<th>4 = good</th>
<th>5 = excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious Concerns</td>
<td>Some Concerns</td>
<td>Progressing As Expected</td>
<td>Above Average</td>
<td>Well Above Average</td>
</tr>
</tbody>
</table>

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


B. Assessment and Diagnosis

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close Supervision Needed</td>
<td>Moderate Supervision Needed</td>
<td>Minimal Supervision Needed</td>
<td>Not Applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Intake skills
2. Basic understanding of assessment results
3. Basic use of assessment tools
4. Ability to integrate information and make diagnosis
5. Report/progress note writing
6. Awareness of site’s clinical population characteristics

Specific Strengths/Concerns


C. Therapy Skills and Knowledge

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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</tr>
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</table>

1. Ability to establish rapport with clients
2. Ability to conceptualize clients’ issues
3. Application and integration of counseling theory
4. Understanding of client-therapist dynamics
5. Multicultural Awareness
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  2 = fair  3 = average  4 = good  5 = excellent
   Serious Concerns  Some Concerns  Progressing As Expected  Above Average  Well Above Average

2. Recommendation to enter professional practice

   Recommend without Reservation  Recommend with Some Concern  Do not Recommend

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 ____)

<table>
<thead>
<tr>
<th>activity</th>
<th>% of time</th>
</tr>
</thead>
<tbody>
<tr>
<td>individual counseling</td>
<td>_____</td>
</tr>
<tr>
<td>group counseling</td>
<td>_____</td>
</tr>
<tr>
<td>marriage &amp; family counseling</td>
<td>_____</td>
</tr>
<tr>
<td>psycho-educational interventions</td>
<td>_____</td>
</tr>
<tr>
<td>intake</td>
<td>_____</td>
</tr>
<tr>
<td>crisis intervention</td>
<td>_____</td>
</tr>
<tr>
<td>consultation</td>
<td>_____</td>
</tr>
</tbody>
</table>

2. **Supervision and Staffing**

<table>
<thead>
<tr>
<th>activity</th>
<th>hours spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>individual supervision</td>
<td>_____</td>
</tr>
<tr>
<td>group supervision</td>
<td>_____</td>
</tr>
<tr>
<td>staffing</td>
<td>_____</td>
</tr>
<tr>
<td>total</td>
<td>_____</td>
</tr>
</tbody>
</table>

I. **Signatures**

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

________________________________________  _______________  __________________
  Supervisor's signature       Date        Title

________________________________________  _______________
  Intern's signature           Date