Intern Performance Evaluation Form

Student: _____ Date_____
Supervisor: _____ Site _____
Term: ____Fall ____Winter ____Spring ____Summer Intern's final term at site? __Yes __No
Term in Practicum/Internship Sequence:
First Second Third Fourth or more

This form should be completed by the site supervisor at the end of each term. Four domains of Intern competence are listed below along with specific items in each domain. Circle the number to the right of each item that best describes your perceptions of the intern's skills compared to all other people you have trained at the same level of professional development. If the current evaluation is for the intern's final term at the site, it should be treated as a summative evaluation. (The term "client" as used herein refers to any person receiving services including students, parents, teachers or patients.) IO = *Inadequate Opportunity to Observe*
NR = *Not Relevant to the Setting*

Counseling Skill Competency	***Clearly*** *Deficient*		***Clearly*** *Adequate*		***Clearly*** *Excellent*		
	1	**2**	**3**	**4**	**5**	**IO**	**NR**
Explains the nature and objectives of counseling when appropriate.	1	2	3	4	5	IO	NR
Conducts a systematic and complete intake interview	1	2	3	4	5	IO	NR
Establishes a working relationship with clients.	1	2	3	4	5	IO	NR
Gains client confidence.	1	2	3	4	5	IO	NR
Conveys warmth to the client	1	2	3	4	5	IO	NR
Conveys competence to the client	1	2	3	4	5	IO	NR
Facilitates the client expression of thought and feeling	1	2	3	4	5	IO	NR
Specifies the client problems in concrete terms	1	2	3	4	5	IO	NR
Uses a variety of counselor responses.	1	2	3	4	5	IO	NR
Responds to client affect.	1	2	3	4	5	IO	NR
Helps client explore personal alternatives.	1	2	3	4	5	IO	NR
Establishes relevant counseling goals with client.	1	2	3	4	5	IO	NR
Balances between implementing planned strategies and remaining spontaneous in the counseling session.	1	2	3	4	5	IO	NR
Implements an intervention strategy consistent with client information and goals.	1	2	3	4	5	IO	NR

Evaluates client progress with respect to goals.	1	2	3	4	5	IO	NR
Addresses interpersonal dynamics between self and client (comments on the process)	1	2	3	4	5	IO	NR
Monitors own reactions to clients	1	2	3	4	5	IO	NR
Facilitates the client's resolution of concerns.	1	2	3	4	5	IO	NR
Appropriately refers and terminates clients.	1	2	3	4	5	IO	NR
Understands diverse cultural, ethnic, sexual, and social backgrounds and values	1	2	3	4	5	IO	NR
Conceptualization Skills	*Clearly Deficient*		*Clearly Adequate*		*Clearly Excellent*		
Conceptualizes a case accurately.	1	2	3	4	5	IO	NR
Develops appropriate goals as a result of conceptualization.	1	2	3	4	5	IO	NR
Understands interplay between strategies & goals.	1	2	3	4	5	IO	NR
Identifies key themes relevant to the client.	1	2	3	4	5	IO	NR
Identifies key factors maintaining client problems	1	2	3	4	5	IO	NR
Supervision Competency	*Clearly Deficient*		*Clearly Adequate*		*Clearly Excellent*		
Meets with supervisor as scheduled.	1	2	3	4	5	IO	NR
Forms working relationship with supervisor.	1	2	3	4	5	IO	NR
Handles feedback well.	1	2	3	4	5	IO	NR
Uses supervision constructively.	1	2	3	4	5	IO	NR
Open to growth and learning.	1	2	3	4	5	IO	NR
Professional Skill Competency	*Clearly Deficient*		*Clearly Adequate*		*Clearly Excellent*		
Willingly assumes responsibility	1	2	3	4	5	IO	NR
Establishes and maintains facilitative working relationship with staff.	1	2	3	4	5	IO	NR
Shares skills and competencies with peers and supervisors.	1	2	3	4	5	IO	NR
Keeps adequate and timely client records and documentation.	1	2	3	4	5	IO	NR
Behaves professionally (e.g., demeanor, dress, language, commitments, etc.).	1	2	3	4	5	IO	NR

Organizes and recognizes implications of case material.	1	2	3	4	5	IO	NR
Accurately evaluates own counseling session performance.	1	2	3	4	5	IO	NR
Behaves ethically and responsibly with clients, colleagues, and adjunct agencies.	1	2	3	4	5	IO	NR
Manages time well.	1	2	3	4	5	IO	NR
Follows through on professional commitments.	1	2	3	4	5	IO	NR

Comments:_____
_____
_____
_____
_____
_____
_____
_____

Suggested grade: _____ Pass _____ No Pass

In comparison to other counselors at this stage in their training, how would you evaluate this person's performance?

1	2	3	4	5	6	7	8	9
Clearly Deficient				Like Others				Clearly Excellent

Total number of hours at internship site: _____

_____ _____
Signature of Site Supervisor *Date*

Site Phone Number: _____

If this is the last supervision assessment: I will be willing to sign off on the NCC Supervisors Form
Yes ___ No ___

My signature indicates I have read and discussed the material above with my internship supervisor. It does not indicate my total or partial agreement with the evaluation.

_____ _____
Signature of Intern *Date*

Intern Phone Number: _____