



MASTER OF ARTS IN COUNSELING PSYCHOLOGY INTERN EVALUATION FORM

This form is being used for (mark one):

☐ First semester evaluation

☐ Second semester evaluation

Intern's name: _____ Internship site: _____

(To the intern) The rest of this form is to be filled out by the on-site supervisor. You are expected to discuss the evaluation with the supervisor in a face-to-face meeting and then both sign the form.

(To the on-site supervisor) The Practicum experience is designed to accomplish certain objectives. Using the scale below, please rate the degree to which the student meets those objectives. We are also asking a few questions about the MAC program, based on this intern as a representation of the program. Please circle the number corresponding to the intern's performance as compared to other interns. Please do not assign any intern all scores of "5" unless the intern is clearly highly remarkable in every single aspect of the internship.

Outstanding (Exemplary)	Excellent – Above Average	Very Good (Average)	Good – Needs Signif. Improvement	Poor or Inappropriate
5	4	3	2	1
1. Cooperative relations with agency staff				
a. Cooperates with staff, peers, co-worker.....	5	4	3	2 1 n/a []
b. Accepts positive and negative criticism	5	4	3	2 1 n/a []
c. Applies what was learned (in supervision) to subsequent situations.....	5	4	3	2 1 n/a []
d. Seeks supervision when needed.....	5	4	3	2 1 n/a []
2. The broader system behind the subsystem				
a. is familiar with how society influences individual dysfunction.....	5	4	3	2 1 n/a []
b. Skillfully utilizes community resources.....	5	4	3	2 1 n/a []
c. Understands how the agency functions in a community setting	5	4	3	2 1 n/a []
3. Professional standards and ethics				
a. Conducts self in a professional manner.....	5	4	3	2 1 n/a []
b. Dresses professionally	5	4	3	2 1 n/a []
c. Able to maintain confidentiality.....	5	4	3	2 1 n/a []
d. Treats others with respect.....	5	4	3	2 1 n/a []
4. Responsibility for quality of own work				
a. Is consistently on time and prepared.....	5	4	3	2 1 n/a []
b. Takes responsibility for work coverage.....	5	4	3	2 1 n/a []
c. Completes assignments on time.....	5	4	3	2 1 n/a []
d. Shows ability to evaluate own work.....	5	4	3	2 1 n/a []
5. Developing and integrating new knowledge				
a. Seeks feedback and critique as needed.....	5	4	3	2 1 n/a []
b. Recognizes his/her own strengths and weaknesses.....	5	4	3	2 1 n/a []
c. Takes advantage of training/readings provided by agency.....	5	4	3	2 1 n/a []
6. Preparation by the MAC program of this intern for this site				
a. Has prepared this student to be professional in an internship.....	5	4	3	2 1 n/a []
b. Has taught this intern the necessary theoretical foundations for the internship.....	5	4	3	2 1 n/a []
c. Has taught this intern necessary clinical and interpersonal skills.....	5	4	3	2 1 n/a []
d. Has been the inspiration for this intern's enthusiasm and motivation.....	5	4	3	2 1 n/a []

INTERN EVALUATION FORM

7. Please identify the student's areas of strength:

9. Please identify areas of needed growth:

8. Other comments:

Total number of internship hours that the student has completed:

First semester hours:

Face-to-face hours (approx.)	_____
Other internship-related hours	_____
Total hours for this semester	_____

Second semester hours:

Face-to-face hours (approx.)	_____
Other internship-related hours	_____
Total hours for this semester	_____

Total internship hours: _____

Have you and the Intern discussed this evaluation orally? (required) ☐ Yes ☐ No

If "no," please indicate a reason why this requirement has not been fulfilled: _____

Supervisor's signature: _____ Date: _____

MAC intern's signature: _____ Date: _____