

Name:	ID#
Email:	Date

## INTERNSHIP PERFORMANCE EVALUATION FORM

To be completed in conjunction with the supervisor and student at the completion of each contracted Internship and returned to the FRC Director by the student.

**Supervisor:** \_\_\_\_\_ **Site:** \_\_\_\_\_

**Semester:** ☐ Fall ☐ Spring ☐ Summer Intern's Final Term at Site? ☐ Yes ☐ No

*Five domains of 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 student's skills compared to other people at the same level of professional development.*

**1 = Unsatisfactory** - Demonstrating unacceptable level of competence. Requires remediation.

**2 = Satisfactory** - Demonstrating acceptable level of competence. Requires frequent supervision and feedback.

**3 = Good** - Demonstrating acceptable level of competence expected for interns stage of counsellor development. Requires regularly scheduled supervision.

**4 = Very good** - Demonstrating a high level of performance frequently. Requires a minimum amount of supervision.

**5 = Excellent** - Demonstrating a high level of performance consistently. Ability to teach or supervise others.

**IO = Inadequate Opportunity to Observe**

**NR = Not Relevant to the Setting**

COUNSELLING SKILLS COMPETENCY	Comments
1. Gains client trust and confidence.	1 2 3 4 5 IO NR _____
2. Gathers relevant client historical information.	1 2 3 4 5 IO NR _____
3. Specifies client's problems in concrete terms.	1 2 3 4 5 IO NR _____
4. Helps client explore personal alternatives.	1 2 3 4 5 IO NR _____
5. Establishes relevant counselling goals with client.	1 2 3 4 5 IO NR _____
6. Implements an intervention strategy consistent with client goals.	1 2 3 4 5 IO NR _____
7. Evaluates client progress with respect to goals.	1 2 3 4 5 IO NR _____

*Office Use Only*

**FRC Director's Signature:** \_\_\_\_\_

**Copies:** ☐ Student ☐ FRC ☐ Internship Supervisor

June 2008/IN#CL119

INFORMATION SERVICE & ASSESSMENT SKILL COMPETENCY										Comments
1.	Familiar with current information services.	1	2	3	4	5	IO	NR		
2.	Uses current sources of information.	1	2	3	4	5	IO	NR		
3.	Helps client accumulate and interpret information relevantly.	1	2	3	4	5	IO	NR		
4.	Helps others (staff, parents, etc.) accumulate and interpret information relevantly.	1	2	3	4	5	IO	NR		
5.	Appropriately chooses methods of assessment to determine client concerns, problems, or characteristics.	1	2	3	4	5	IO	NR		
6.	Appropriately interprets and uses assessment results with client and others.	1	2	3	4	5	IO	NR		

SUPERVISION COMPETENCY										Comments
1.	Meets with supervisor as scheduled.	1	2	3	4	5	IO	NR		
2.	Forms working relationship with supervisor.	1	2	3	4	5	IO	NR		
3.	Handles feedback well.	1	2	3	4	5	IO	NR		
4.	Prepares for supervision sessions.	1	2	3	4	5	IO	NR		
5.	Open to growth and learning.	1	2	3	4	5	IO	NR		

PROFESSIONAL SKILL COMPETENCY										Comments
1.	Behaves professionally (e.g. demeanor, dress, language, etc.).	1	2	3	4	5	IO	NR		
2.	Organizes and recognizes implications of case material.	1	2	3	4	5	IO	NR		
3.	Accurately evaluates own counselling session performance.	1	2	3	4	5	IO	NR		
4.	Behaves ethically and responsibly with clients, colleagues and adjunct agencies.	1	2	3	4	5	IO	NR		
5.	Knows legal rights of clients.	1	2	3	4	5	IO	NR		
6.	Knows legal aspects of counselling.	1	2	3	4	5	IO	NR		

CASE MANAGEMENT SKILL COMPETENCY							Comments
1.	Knows community resources.	1	2	3	4	5	IO NR _____
2.	Appropriately uses referral within and outside the site.	1	2	3	4	5	IO NR _____
3.	Responsibly schedules and meets with clients.	1	2	3	4	5	IO NR _____
4.	Keeps adequate and timely client records.	1	2	3	4	5	IO NR _____
5.	Consults with other staff regarding client needs.	1	2	3	4	5	IO NR _____
6.	Fulfills administrative responsibilities of the position.	1	2	3	4	5	IO NR _____

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SUPERVISOR COMMENTS & RECOMMENDATIONS:

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\_\_\_\_\_  
Signature of Internship Supervisor

\_\_\_\_\_  
Date

**My signature indicates I have read and discussed the material above with my internship supervisor.**

\_\_\_\_\_  
Signature of Intern

\_\_\_\_\_  
Date