Northeastern State University
College of Education
Department of Psychology & Counseling
Clinical Mental Health Counseling
Internship Evaluation Form

Name of Intern_____

Name of Supervisor_____

Many factors influence the effectiveness of a professional counselor. Listed below are several which have been identified as particularly important. Please evaluate the intern in as many areas as are applicable to his/her actual experiences using the following scale.

5 Very Satisfactory
4 Moderately Satisfactory
3 Moderately Unsatisfactory
2 Very Unsatisfactory
N/A Not Applicable

___ Demonstrates knowledge of the role and function of a professional counselor.

___ Demonstrates knowledge of and adheres to the agency's policies and procedures.

___ Exhibit's a professional attitude and possesses the requisite personal maturity necessary.

___ Identifies and utilizes community resources for consultation/ referral purposes.

____Exhibits skills in providing group counseling activities and interventions.

____ Exhibits skills in providing individual counseling activities and interventions.

____ Exhibits skills in communication/consultation with other professional staff.

_____Exhibits skills in research/ evaluation and assessment/diagnostic activities.

_____ Demonstrates knowledge related to professional standards and ethical/legal responsibilities.

____ Demonstrates knowledge of and exhibits skills in working with diverse populations.

_____ Demonstrates knowledge about human (child) developmental/ educational processes.

Please use the space provided for additional comments.

_____ _____

Signature of Site Supervisor Date

Please return the completed form to:

Northeastern State University
600 North Grand Ave
Tahlequah OK 74464
(918) 444-3015
Fax: (918) 458- 2397