

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY & COUNSELING
College Counseling / Student Services

INTERN EVALUATION FORM
(to be completed by the trainee)

Student's name: _____ Site Supervisor's name: _____

Placement site _____

Address _____

Length of your fieldwork (include start and end dates): _____

Please rate your fieldwork experience below. Your ratings and written comments will be given to your university fieldwork professor and field site supervisor(s) only after final grades are submitted.

Indicate the percentage of time (total = 100%) you spent in the following types of supervised activities:

_____ case or student issues discussion _____ audio or videotaping

Indicate the percentage of time (total = 100%) of your clinical experience obtained in:

_____ individual counseling _____ group counseling

_____ co-teaching with supervisor _____ specialized training

Using the following scale, please assess your fieldwork experience.

4 = strongly agree **3** = agree **2** = neutral **1** = disagree **0** = strongly disagree
NA = not applicable

My supervisor...

1. _____ established a supportive and collaborative relationship with me.
2. _____ established clear goals conjointly with me against which progress was measured in supervision.
3. _____ gave clear and appropriate feedback about positive and non-facilitative counseling behaviors.
4. _____ gave direct suggestions to me when appropriate.
5. _____ labeled my counseling behavior as effective or ineffective rather than right or wrong.
6. _____ helped me conceptualize cases/situations. We worked together to evolve a joint conceptualization for students.
7. _____ provided suggestions for alternative ways of conceptualizing students.
8. _____ provided suggestions for alternative ways of intervening with students.
9. _____ helped me develop assessment skills.
10. _____ helped me develop diagnosis skills.
11. _____ helped me develop relationship-building skills.
12. _____ helped me develop intervention skills.

