**FORMS**

**FOR**

**AGENCY SUPERVISORS AND STUDENTS**

**NEW YORK CITY COLLEGE OF TECHNOLOGY**

**of the**

**City University of New York**

**300 Jay Street**

**NEW YORK CITY COLLEGE OF TECHNOLOGY ` Please Check:**

**CITY UNIVERSITY OF NEW YORK A.A.S. ( )**

**B.S. ( )**

**HUMAN SERVICES FIELD PRACTICUM FIELD WORK HOURS CERTIFICATION**

**SEMESTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

All students enrolled in the Human Services Field Practicum Internships are required to do two hundred and fifty (250) hours for Associate Degree (AAS) and three hundred (300) hours for Baccalaureate Degree of field work in an approved Social or Health Agency. This form is for keeping a record of hours worked during the semester. **The student and the Agency Supervisor must sign it.** You are responsible to keep accurate and authentic documentation of hours worked. Falsifying this document can result in dismissal from the program. **Photocopies are not accepted.**

Student's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course \_\_\_\_\_\_\_\_\_ Section \_\_\_\_\_\_\_\_\_\_\_\_

Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Date** | **Time In**  | **Time Out** | **Total Hours** | **Supervisor’s Signature** |
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 **TOTAL HOURS ON THIS TIME SHEET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **TOTAL HOURS ON PREVIOUS TIME SHEET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **TOTAL HOURS TO DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Student’s Signature Date Supervisor's Signature and Agency Stamp Date

Monthly Checklist for Field Supervisors

Student's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course \_\_\_\_\_\_\_ Section \_\_\_\_\_\_\_\_ Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meetings: Number of Assignments Comments**

|  |  |  |
| --- | --- | --- |
| Intern Orientation |  |  |
| Staff Meetings |  |  |
| Case Conferences |  |  |
| Community Meetings |  |  |
| Other (Please Specify) |  |  |

Supervision (Please check all that apply

|  |
| --- |
|  Individual \_\_\_\_\_ ½ hour weekly \_\_\_\_\_ 1 hour weekly \_\_\_\_\_ 1 hour bi-weekly |
|  Group \_\_\_\_\_ ½ hour weekly \_\_\_\_\_ 1 hour weekly \_\_\_\_\_ 1 hour bi-weekly |

 Contacts Formal # Informal # Comments

|  |  |  |  |
| --- | --- | --- | --- |
| Individual |  |  |  |
| Group |  |  |  |
| Family |  |  |  |

Professional Writing Number of Assignments Comments

|  |  |  |
| --- | --- | --- |
| Progress Notes (Individual, Group, or Family) |  |  |
| Phone Contacts |  |  |
| Intake Summary |  |  |
| Assessment and Planning Summary |  |  |
| Professional Letters |  |  |
| Special Projects (Flyers, Websites, Manuals, etc. please specify) |  |  |

**Concerns (regarding students’ performance, behavior, attitude and appearance this month) \_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Was the student supervised/informed about these concerns? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Agency Supervisor's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seminar Instructor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEW YORK CITY COLLEGE OF TECHNOLOGY**

**Brooklyn, New York 11201**

**Department of Human Services**

##### INTERN MID-SEMESTER EVALUATION FORM

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First

Number of Field Hours completed to date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** **HUS 2305 / HUS 2405 students must intern 9 hours per week and have at least 60 hours by mid-semester.**

**HUS 4700 / HUS 4801 students must intern 10 hours per week and have at least 72 hours by mid-semester.**

*Directions:* Please respond to the following statements by circling the appropriate ratings

 Below Average Average Above Average Excellent

1. Arrives on time consistently 1 2 3 4 5

1. Informs supervisor and makes arrangements 1 2 3 4 5

 for absences

3. Completes requested or assigned tasks on time 1 2 3 4 5

4. Presents written or verbal reports in a professional 1 2 3 4 5

 manner (clinically or administratively useful)

5. Demonstrates knowledge and sensitivity to 1 2 3 4 5

 ethical issues

6. Demonstrates knowledge of client population 1 2 3 4 5

7. Demonstrates knowledge of treatment approaches 1 2 3 4 5

8. Demonstrates knowledge of treatment setting 1 2 3 4 5

9. Responds to supervision 1 2 3 4 5

10. Communicates effectively with co-workers 1 2 3 4 5

11. Number of specific assignments Individual \_\_\_\_\_\_\_\_\_\_ Group \_\_\_\_\_\_\_\_\_\_

 Family\_\_\_\_\_\_\_\_\_\_\_\_\_ Community \_\_\_\_\_

12. Overall evaluation of student’s progress 1 2 3 4 5

13. Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEW YORK CITY COLLEGE OF TECHNOLOGY**

 **CITY UNIVERSITY OF NEW YORK**

 **HUMAN SERVICES DEPARTMENT**

***STUDENT’S EVALUATION OF SUPERVISOR/AGENCY***

This form is designed to give interns the opportunity to provide feedback about the supervision and experience they receive during their internship. This information will be useful in discussions with supervisors and will help your faculty instructor evaluate the learning opportunities at various internship sites.

Please answer all items. Space is provided at the end for general comments.

Supervisor's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please check:

Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A.A.S. ( ) B.S. ( )

Student's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section No. \_\_\_\_\_\_\_\_

**STUDENT’S EVALUATION OF SUPERVISOR:**

**I. INTRODUCTION TO SETTING. CHECK N/A\_\_\_\_\_ IF YOU ALREADY DID A PREVIOUS SEMESTER AT THIS SITE, SKIP TO PART II, ACTIVITIES OF SUPERVISION**

1. \_\_\_\_\_Yes \_\_\_\_\_No Did your supervisor give you a tour or arrange for a tour of the internship site?

2. \_\_\_\_\_Yes \_\_\_\_\_No Did your supervisor introduce you to other staff when you began the internship?

3. \_\_\_\_\_Yes \_\_\_\_\_No Did your supervisor discuss procedural matters, agency policy, etc., when you began the internship?

4. \_\_\_\_\_Yes \_\_\_\_\_No Did your supervisor discuss ethical and legal issues when you began the internship?

5. Overall during the internship, approximately how closely did the actual supervision contacts match the agreed upon plan?

Sometimes Often Never

6. Apart from scheduled meetings, how available was your supervisor if you requested additional contact?

Sometimes Often Never

**II. ACTIVITIES OF SUPERVISION**: Check off activities experienced in supervision

\_\_\_\_\_Using case notes or material to review your interactions with clients/community

\_\_\_\_\_Observing the supervisor providing treatment, assessments, or other services to clients.

\_\_\_\_\_Providing services yourself under the direct observation of your supervisor.

\_\_\_\_\_Discussing institutional issues.

\_\_\_\_\_Didactic instruction in specific topics or skills.

\_\_\_\_\_Reviewing assessments or other reports you have written.

\_\_\_\_\_Reviewing case notes or other records you have written.

\_\_\_\_\_Reviewing assessments or other reports written by other professionals.

\_\_\_\_\_Reviewing case notes or other records written by other professionals.

\_\_\_\_\_Discussing your personal impressions, reactions and adjustment to the internship.

\_\_\_\_\_Discussing your relationship with your supervisor.

**III. INTERPERSONAL ISSUES AND FEEDBACK FROM YOUR SUPERVISOR**

The items refer to how you were given feedback by your supervisor and the quality of your relationship.

Please check off if your supervisor participated in any of the following areas:

\_\_\_\_\_Recognizing areas in which your skills or knowledge are relatively strong.

\_\_\_\_\_Recognizing areas in which your skills or knowledge need improvement.

\_\_\_\_\_Recognizing and complimenting you for accomplishments or things you have done well .

\_\_\_\_\_Letting you know when your performance has not been good in certain areas.

\_\_\_\_\_Providing emotional support.

\_\_\_\_\_Dealing with differences

Based on your experience, briefly describe the ways in which you feel supervision was most helpful to you during your internship, anything not helpful and ways you think it could be more beneficial to you.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IV ACTIVITIES AT THE INTERNSHIP SITE** Check off all activities within your internship experience:

\_\_\_\_\_Observing the milieu of your setting or interacting informally with clients, but not directly

 observing or participating in treatment or other services.

\_\_\_\_\_Interacting informally with staff members.

 \_\_\_\_\_Observing treatment, assessment, or other direct service with clients.

\_\_\_\_\_Participating in or providing treatment, assessment, or other direct service with clients.

\_\_\_\_\_Attending meetings other than supervision or informal conversation.

\_\_\_\_\_Reading record, reports, etc.

\_\_\_\_\_Writing case notes, assessments, reports, correspondence, etc.

**\_\_\_\_\_**Other activities you participated in during your internship.:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What additional activities would have been useful to you during the internship? Did you mention this to your supervisor? Circle: YES or NO

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**V: OVERALL EVALUATION:** Would you recommend future students to this site? Explain your answer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JP/10.20.15

**NEW YORK CITY COLLEGE OF TECHNOLOGY**

 **CITY UNIVERSITY OF NEW YORK**

**HUMAN SERVICES DEPARTMENT**

**SUPERVISOR'S EVALUATION OF STUDENT**

**Please check: Associates ( ) Bachelor ( )**

Student's Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Agency and Services Provided: Circle All That Apply:

Children Services Family Services Older Adults Teens

Substance Abuse/Dependency Mental Health (Any) Physical Disabilities (Any) School Setting

Community Organization Hospital Setting After School Program Domestic Violence

Developmental (Intellectual) Disabilities LGBTQ Shelter System

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Student’s Assignment: Circle All That Apply:

Individual Counseling Group Counseling Family Counseling

Socialization /Activity Therapies Outreach Court

Community Events

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS: This form is designed to help supervisors provide feedback about the performance of interns. This form will become part of the intern's record for this course and is a major percentage of the course grade. Please answer each item using the 1-5 scale. While interns have promising potential, only rate the student’s work for this semester; thus all scale numbers are to be considered in the evaluation. The department uses this scale for internal research purposes, so in order to not skew the overall results always use the 1-5 rating. Rate the student as an intern for this semester, not an employee. Calculate the final average/grade for the internship site grade.

**RECORD THE TOTAL NUMBER FOR EACH GRADE GIVEN**

**N/A**

**5 (Far Above Expectations for intern-A) TOTAL:\_\_\_\_\_**

**4 (Above Expectations for intern-B ) TOTAL:\_\_\_\_\_**

**3 (Acceptable for intern-C) TOTAL:\_\_\_\_\_**

**2 (Below Expectations for intern-D) TOTAL:\_\_\_\_\_**

**1 (Far Below Expectations for intern-F) TOTAL:\_\_\_\_\_**

**AVERAGE THE TOTAL FOR FINAL GRADE plus/minus are allowed: \_\_\_\_\_\_\_\_**

**I. Basic Work Requirements**

\_\_\_\_\_\_\_\_\_ Arrives on time consistently, and if late/absent informs supervisor

\_\_\_\_\_\_\_\_\_ Reliably completes requested or assigned tasks on time.

\_\_\_\_\_\_\_\_\_ Completes required total number of hours or days on site.

\_\_\_\_\_\_\_\_\_ Is responsive to norms about clothing, language, communication, etc., on site.

**II. Ethical Awareness and Conduct**

\_\_\_\_\_\_\_\_\_ Knowledge of ethical guidelines of internship placement.

\_\_\_\_\_\_\_\_\_ Demonstrates awareness and sensitivity to ethical issues.

\_\_\_\_\_\_\_\_\_ Personal behavior is consistent with ethical guidelines.

\_\_\_\_\_\_\_\_\_ Consults with others about ethical issues, if necessary.

**III. Knowledge & Direct Service**

\_\_\_\_\_\_\_\_ Knowledge of treatment approaches

\_\_\_\_\_\_\_\_ Knowledge of client population

\_\_\_\_\_\_\_\_\_Appears comfortable interacting with clients

\_\_\_\_\_\_\_\_\_Initiates interactions with clients

\_\_\_\_\_\_\_\_\_Communicates effectively with clients

\_\_\_\_\_\_\_\_\_Builds rapport and respect with clients

\_\_\_\_\_\_\_\_\_Sensitive and responsive to client's needs

\_\_\_\_\_\_\_\_\_Sensitive to issues of gender differences

\_\_\_\_\_\_\_\_\_Believes client self-determination

\_\_\_\_\_\_\_\_\_Respects the personal values of clients

**IV. Supervision**

\_\_\_\_\_\_\_ Recognition of personal attitudes and biases.

\_\_\_\_\_\_\_ Willingness to discuss personal limitations, attitudes and biases.

\_\_\_\_\_\_\_ Personal commitment and conscientiousness.

\_\_\_\_\_\_\_ Prepared for weekly supervision sessions

**V. Student Work Evaluation**

\_\_\_\_\_\_\_ Biopsychosocial summary

\_\_\_\_\_\_\_ Treatment/Service plan

\_\_\_\_\_\_\_ Client data; record keeping

\_\_\_\_\_\_\_ Written or verbal reports are presented in professional manner.

\_\_\_\_\_\_\_ Appears comfortable interacting and communicating with staff members

**Overall Evaluation:**

 Identify areas which you have discussed with student as per their strengths:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify areas which you have discussed with student for improvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Would you recommend this intern for employment at his or her present level? Please explain and include any additional comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supervisor's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Student: I have read and discussed the evaluation with my supervisor and I AGREE\_\_\_ I DISAGREE\_\_\_\_

with evaluation. Student’s comments (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency stamp: