

**EVALUATION OF STUDENT INTERN
BY FACULTY SUPERVISOR
DEPARTMENT OF COUNSELING - WAKE FOREST UNIVERSITY**

Semester and Year: _____

Name of Intern: _____

Site: _____

Site Supervisor: _____

Faculty Supervisor: _____ Choose: Group and/or Individual?

PLEASE RATE AND COMMENT:

Supervisor: Please rate this student's performance as you have observed it this past semester on a scale of 1-5 as described below.

Scale: 1 – Poor, 2 – Fair, 3 – Good, 4 – Very Good, 5 – Superior.

___1. Commitment, involvement and seriousness of purpose.

___2. Attitude toward and receptivity to supervision.

___3. Skill in working with clients.

___4. Level of acceptance of and empathy with clients.

___5. Awareness of ethical parameters.

___6. Cooperation with staff of agency.

___7. Professional growth during internship.

___8. Motivation and initiative.

PARTICULAR STRENGTHS OF STUDENT:

AREAS NEEDING MORE DEVELOPMENT:

**IN YOUR OPINION, IS THIS STUDENT READY TO ADVANCE TO THE
NEXT LEVEL OF TRAINING? Yes No**

Signature_____

Date_____