

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

**Semester and Year:** \_\_\_\_\_

**Name of Intern:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Faculty Supervisor:** \_\_\_\_\_

**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 and add any comments. Your responses will be carefully considered when assigning a grade for the internship experience.

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.

**PLEASE COMMENT ON THE FOLLOWING:**

1. Were the expectations, requirements and evaluation procedures for the internship clearly explained to you by the Wake Forest Counseling Department?
2. Did you have adequate contact with the student's campus supervisor?
3. Were you able to meet with the student an hour per week for supervision activities?
4. What could have been done to improve the internship experience  
**By the Department of Counseling?**

**By the student?**

**By you or your site?**

**Signature of Site Supervisor**\_\_\_\_\_

**Date**\_\_\_\_\_