

## Internship/Practicum Student Evaluation

**Student's Name:**

**Name of Agency:**

**Name of Supervisor:**

	<b>Strengths</b>	<b>Suggested Areas for Improvement</b>
<b>Commitment, investment in the internship, initiative</b>		
<b>Knowledge of program policies, procedures and philosophy</b>		
<b>Reliability, dependability, completion of work on time</b>		
<b>Professional and ethical conduct</b>		
<b>Clinical skills, Ability with clients</b>		
<b>Communication, interpersonal skills</b>		
<b>Openness to instruction or correction</b>		
<b>Anything else we should know?</b>		

I verify that (student) invested/worked \_\_\_\_\_ hours at (agency). (Please note that supervisory, preparation, training, journal keeping, and other non-direct service time can be included in addition to direct service hours. Custodial time, such as house cleaning and monitoring sleeping clients, should not be included.) \*A signature is only needed for faxed or mailed forms.

\_\_\_\_\_  
Supervisor\*

\_\_\_\_\_  
Date