

Appendix D. Midterm/Final Evaluation
Internship
Midterm/Final Student Evaluation Form

Student Name: _____ Date: _____

Course and section number: _____ Student ID: _____

Site Supervisor Name: _____ Check one:
 Midterm Evaluation
 Final Evaluation

Dear Site Supervisor:

Thank you for supervising the student named above during the counseling Internship. This formal evaluation is to be completed in collaboration with the student, at both the midpoint and final deadlines of the Internship. (Students can find these deadlines listed in their Blackboard course.) Please complete this evaluation as thoroughly and accurately as possible to provide a clear picture of the student's progress-to-date. The purpose of this evaluation is two-fold: to provide a structured format for you to give feedback to your student and to assist the university instructor in assigning a course grade.

The student is to be evaluated on these areas: professional work skills, counseling skills, ethics, and response to supervision using the rubric provided below. Consider each statement in reference to your knowledge and observations of the supervisee's performance in relation to their level of training.

Please don't hesitate to contact our office directly at internship@liberty.edu if you have any questions or concerns.

Sincerely,
 The Internship Team
 Department of Counselor Education and
 Family Studies
 Liberty University

Supervisor's initials: _____

SECTION I: PROFESSIONAL WORK SKILLS

In rating the student on these skills consider how well and consistently the student:

- Manages time effectively
- Interacts with others in a positive, professional manner
- Presents a professional demeanor in appearance and behavior
- Adheres to your agency policies and procedures
- Completes all documentation in an accurate and timely manner

IB	1	2	3	4
Insufficient basis for evaluation	Clearly deficient			Clearly excellent

Comments:

SECTION II: COUNSELING SKILLS (Note: In some Practicum sites, students may not be directly involved in developing a treatment plan or making a clinical diagnosis)

In rating the student on these skills consider how well and consistently the student:

- Demonstrates basic counseling skills
- Demonstrates joining and empathy with clients
- Is able to identify presenting problems
- Demonstrate understanding of how to develop and initiate a treatment plan
- Demonstrate understanding of clinical diagnoses
- Is aware of his/her impact on the client

IB	1	2	3	4
Insufficient basis for evaluation	Clearly deficient			Clearly excellent

Comments:

SECTION III: ETHICS

In rating the student on these skills consider how well and consistently the student:

- Can articulate and apply the ACA Code of Ethics
- Maintains appropriate boundaries with clients
- Able to identify potential ethical dilemmas and seeks supervisory consultation

IB	1	2	3	4
Insufficient basis for evaluation	Clearly deficient			Clearly excellent

Comments:

Supervisor's initials: _____

SECTION IV: RESPONSE TO SUPERVISION

In rating the student on these skills consider how well and consistently the student:

- Attends supervision on a regular basis
- Is open and willing to learn from supervision
- Is non-defensive when confronted with concerns
- Follows the directives of the supervisor
- Takes the initiative to resolve any misunderstanding or conflict with the supervisor
- Takes the initiative to seek professional counseling when personal issues affect professional performance

IB	1	2	3	4
Insufficient basis for evaluation	Clearly deficient			Clearly excellent

Please note that while the supervision evaluation is taken into consideration and weighted heavily, this evaluation is not the student's final grade. Other factors, including timeliness and the completion of all assignments, also play a determining factor in a student's final grade in the course.

Suggested grade: _____ Pass _____ No Pass

In comparison to other students at this stage in their training, how would you evaluate this student's performance?

IB	1	2	3	4
Insufficient basis for evaluation	Clearly deficient			Clearly excellent

Comment:

Supervisor's initials: _____

SUMMARY OF TIME SPENT IN PLACEMENT ACTIVITIES

To Be Filled Out By The Student & Approved By The Supervisor:

In the following section the student is asked to calculate the amount of time spent in each of 3 types of activities:

1. **Direct Client Contact** (Direct client services include: doing individual, couple, and family counseling, group counseling, co-therapy, co-leading groups, and conducting intakes)
2. **Individual Supervision** (includes one hour per week of individual and/or triadic supervision)
3. **Related Activities** (observation of counseling, and other counseling-related activities, staff meeting, counseling related administrative work, writing progress notes, filing counseling-related files/documents, telephone calls to clients, and billing insurance companies)

The categories that are provided are guidelines only. What is important is that the student and the supervisor achieve a description that most fairly reflects the activities of the student. Please indicate the number of hours for each of the following:

Please indicate the number of hours for each of the following:

Type of Activity	First Quarter (Informal Eval)	Midterm (Formal Eval)	Third Quarter (Informal Eval)	Final (Formal Eval)	Total Hours
1. Direct Client Contact Hours					
2. Direct Client Contact Hours (with couples and families)					
3. Individual Supervision Hours					
4. Group Supervision					
5. Related Activities Hours					
Total Each Column					

Signatures:

Total All:

_____ Site Supervisor

_____ Date

_____ Student

_____ Date