

SCHOOL COUNSELING
INTERNSHIP STUDENT RATING FORM

Name of Student: _____

Semester(s): _____

Please evaluate the internship performance of the above named student by checking the response category that best describes the student's typical behavior. If a specific performance has not been observed, do not check a response category for that item.

5 = VERY GOOD implies distinguished mastery of performance.

4 = GOOD implies good mastery of performance.

3 = AVERAGE implies acceptable mastery of performance.

2 = BELOW AVERAGE implies minimal mastery of performance.

1 = UNACCEPTABLE implies no mastery of performance.

KNOWLEDGE

Of the field of school counseling

Of the school counseling process

Of human growth, development, and behavior

Of medical aspects of school counseling

Of psychosocial aspects of school counseling

Of community resources

Of counseling theory

Of strategies for independent living

Of accepted standards of ethical conduct

Of federal, state, and local school counseling laws

SKILLS

Establishes effective counseling relationships

Maintains effective counseling relationships

Identifies functional limitations

Helps clients identify strengths and weaknesses

Does realistic planning

VERY GOOD implies distinguished mastery of performance.

GOOD implies good mastery of performance.

AVERAGE implies acceptable mastery of performance.

BELOW AVERAGE implies minimal mastery of performance.

UNACCEPTABLE implies no mastery of performance.

Effectively evaluates client progress

Plans and organizes work effectively

Accomplishes assigned tasks with minimal supervision

Makes sound decisions, based on good judgment

Makes timely decisions

Works hard

Works accurately

Presents neat and orderly work

Expresses self well orally

Expresses self well in writing

Maintains good case in records

PERSONAL QUALITIES

Possesses emotional stability

Acts in a mature manner

Learns quickly

Demonstrates flexibility

Demonstrates resourcefulness

Demonstrates imagination

Demonstrates originality

Profits from previous experience

Is reliable and dependable

Demonstrates interest and enthusiasm in work

Maintains appropriate personal appearance

Recognizes own strengths

Recognizes own weaknesses

VERY GOOD implies distinguished mastery of performance.

GOOD implies good mastery of performance.

AVERAGE implies acceptable mastery of performance.

BELOW AVERAGE implies minimal mastery of performance.

UNACCEPTABLE implies no mastery of performance.

Attends work as scheduled

Is punctual

RELATIONSHIPS

Works harmoniously with professional colleagues

Works harmoniously with support staff

Is accepted personally and socially by staff

Participates actively in staff meetings

Participates appropriately in staff meetings

Genuinely desires to be helpful

Treats clients with respect

Accepts individual differences without prejudice

Adheres to personnel policies and regulations

Works harmoniously with other agencies

SUMMARY

Potential as a school counselor

Readiness for employment

Overall evaluation of this student

Please add any additional comments you would like to make about this student.

Based on your experience with one of our students, please suggest areas of training within our School Counseling Program that may need to be strengthened, added, or changed, to better prepare our students for their internship experience.

To Be Completed By Intern: Based on your experience with this agency, please suggest ways that this internship site could have better met you needs.

Signatures:

Intern Signature

Date

On-Site Supervisor Signature

License/Certification Number

Faculty Supervisor Signature

License/Certification Number