

## SCSU MFT INTERNSHIP EVALUATION (Supervisor Form)

Name of Student: \_\_\_\_\_ Term (circle one): Fall Spring Summer

Internship Site: \_\_\_\_\_ Semester as intern (circle one): 1 2

Please evaluate the internship performance of the intern by checking the response category that best describes your perception of his/her abilities or behavior.

Item	Excellent	Very Good	Average	Below Average	Unacceptable	Not Observed /Applicable
Demonstrates ability to think systemically						
Knowledge of the marriage and family therapy theories						
Practices according to the AAMFT Code of Ethical Conduct						
Practices according to the MN state laws pertaining to the practice of MFT						
Understands professional limits						
Ability to translate assessment results into empirically-based decisions and evaluate the outcomes of services						
Knows theory and literature related to client's problems and selects appropriate treatment interventions						
Readiness for employment						
Demonstrates awareness of transference and counter-transference						
Ability to create a treatment plan						
Maintains accurate records in a timely manner						
Demonstrates the sensitivity and skills to create, implement, and evaluate effective strategies among individuals with diverse characteristics (e.g., ethnic, cultural, SES)						
Establishes effective therapeutic relationships						
Helps clients identify strengths						
Can assess based on DSM-IV or 5 criteria						
Can assess the level of risk of harm that a client's behaviors pose						
Ability to evaluate the effectiveness of						

interventions developed from the designated goals						
Evaluates clients' outcomes for the need to continue or terminate therapy						
Attends work as scheduled						
Maintains appropriate personal appearance						
Adheres to personnel policies and regulations						
Works harmoniously with professional colleagues and staff						

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

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Based on your experience, please suggest area of training within our MFT program that may need to be strengthened, added, or changed, to better prepare our students for their internship experience

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Intern Signature

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Date

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On-Site Supervisor Signature

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License/Certification Number

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Faculty Supervisor Signature

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License/Certification Number