

## APPENDIX M: Intern Mid-Semester Evaluation

Clinical Mental Health Counseling Program Saint Cloud State University Department of Community Psychology Counseling and Family Therapy (To be completed by the site supervisor for both semesters)
<b>Student's Name:</b> _____ <b>Semester:</b> _____
Please evaluate the internship performance of the above-named student by checking the response category that best describes the student's behavior. If a specific performance has not been observed, do not check a response category for that item.
<b>5 - VERY GOOD:</b> implies distinguished mastery of performance. <b>4 - GOOD:</b> implies good mastery of performance. <b>3 - AVERAGE:</b> implies acceptable mastery of performance. <b>2 - BELOW AVERAGE:</b> implies minimal mastery of performance. <b>1 - UNACCEPTABLE:</b> implies inadequate mastery of performance. <b>0 - NOT ADDRESSED/NOT OBSERVED:</b> not addressed/not observed

The information requested here will be used as feedback to this student on his/her performance and learning. This evaluation will serve as significant input into determination of the grade recorded on the student's transcript, and as feedback to our faculty on the effectiveness of our training programs.

Please assign the student a rating in each performance component:

Item	Rating 0 – 1 – 2 – 3 – 4 – 5
Worked toward becoming actively involved in staff activities (meetings, in-service training, etc.).	
Worked toward becoming familiar with the mission, goals, policies, and procedures of the institution.	
Worked toward using learning resources and opportunities made available by the agency/school.	
Demonstrated punctuality/dependability in meeting schedules and fulfilling time commitments.	
Demonstrated willingness to meet with supervisor and/or other staff members for feedback/consultation.	
Demonstrated ability to use feedback for professional development.	
Demonstrated usage of professional ethical standards (e.g., confidentiality)	
Demonstrated genuineness/congruence in client relationships.	
Demonstrated ability to attend/listen to clients.	
Demonstrated ability to elicit relevant information from/about clients.	
Demonstrated ability to use appropriate interventions/problem solving strategies.	
Demonstrated flexibility/adaptiveness when faced with unfamiliar/unexpected situations.	

Demonstrated general capability for establishing positive, helpful relationships with clients.	
Demonstrated cultural competency in working with clients from diverse backgrounds.	

Please comment on student's general performance at the midpoint of his/her clinical experiences:

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Site Supervisor Signature

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Date

Return this form to the student or to the following address:

Clinical Coordinator  
Clinical Mental Health Counseling Program  
Saint Cloud State University  
Department of Community Psychology Counseling and Family Therapy  
B210 Education Building  
720 Fourth Ave South, St. Cloud, MN 56301- 4498