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
<table>
<thead>
<tr>
<th>Identifies functional limitations</th>
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<tbody>
<tr>
<td>Helps clients identify strengths and weaknesses</td>
</tr>
<tr>
<td>Does realistic planning</td>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Effectively evaluates client progress</th>
</tr>
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<tbody>
<tr>
<td>Plans and organizes work effectively</td>
</tr>
<tr>
<td>Accomplishes assigned tasks with minimal supervision</td>
</tr>
<tr>
<td>Makes sound decisions, based on good judgment</td>
</tr>
<tr>
<td>Makes timely decisions</td>
</tr>
<tr>
<td>Works hard</td>
</tr>
<tr>
<td>Works accurately</td>
</tr>
<tr>
<td>Presents neat and orderly work</td>
</tr>
<tr>
<td>Expresses self well orally</td>
</tr>
<tr>
<td>Expresses self well in writing</td>
</tr>
<tr>
<td>Maintains good case in records</td>
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**PERSONAL QUALITIES**

<table>
<thead>
<tr>
<th>Possesses emotional stability</th>
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</thead>
<tbody>
<tr>
<td>Acts in a mature manner</td>
</tr>
<tr>
<td>Learns quickly</td>
</tr>
<tr>
<td>Demonstrates flexibility</td>
</tr>
<tr>
<td>Demonstrates resourcefulness</td>
</tr>
<tr>
<td>Demonstrates imagination</td>
</tr>
<tr>
<td>Demonstrates originality</td>
</tr>
<tr>
<td>Profits from previous experience</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
<tr>
<td>Is reliable and dependable</td>
</tr>
<tr>
<td>Demonstrates interest and enthusiasm in work</td>
</tr>
<tr>
<td>Maintains appropriate personal appearance</td>
</tr>
<tr>
<td>Recognizes own strengths</td>
</tr>
<tr>
<td>Recognizes own weaknesses</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Attends work as scheduled</th>
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</thead>
<tbody>
<tr>
<td>Is punctual</td>
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</tbody>
</table>

**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 your needs.
Exhibit 1.4.c.12: School Counseling Internship Rating Form

Signatures:

__________________________  _______________________
Intern Signature             Date

__________________________                     _______________________
On-Site Supervisor Signature                                           License/Certification Number

__________________________                   _______________________
Faculty Supervisor Signature                                           License/Certification Number