



College of Health Science and Human Service
 Department of Counselor Education and School Psychology

SCHOOL COUNSELOR INTERNSHIP EVALUATION FORM

Evaluation of _____ Semester/Year _____

Evaluator's Name _____ School _____

Mid-Term or Final Evaluation (Circle) Total Contact Hours _____ Total Supervision Hours _____

Use the following scale to evaluate the trainee in each of the following areas. Circle the number.

0=Did Not Observe 1=Unsatisfactory 2=Satisfactory 3=Very Good 4=Excellent 5=Not Applicable

The Trainee:	Evaluation
Arrives on time and keeps appointments	0 1 2 3 4 5
Dresses appropriately and interacts with others appropriately	0 1 2 3 4 5
Is motivated and self-directed	0 1 2 3 4 5
Accepts and makes use of constructive advice and supervision	0 1 2 3 4 5
Understands the role, function, professional identity of school counselor	0 1 2 3 4 5
Understands school counseling program, goals, activities, etc.	0 1 2 3 4 5
Demonstrates knowledge of issues, policies, laws and legislation relevant to schools and school counseling	0 1 2 3 4 5
Demonstrates knowledge of school setting and environment	0 1 2 3 4 5
Demonstrates knowledge of academic requirements	0 1 2 3 4 5
Develops rapport with colleagues, administrators, teachers, staff, parents	0 1 2 3 4 5
Develops rapport and trust with students	0 1 2 3 4 5
Demonstrates commitment to advocacy for all students	0 1 2 3 4 5
Demonstrates coordination, collaboration, referral, and team-building efforts with teachers, parents, support personnel, and community	0 1 2 3 4 5
Appropriately represents the school counseling program to administrators, teachers, parents, and the community	0 1 2 3 4 5
Understands methods to evaluate the school counseling program	0 1 2 3 4 5
Successfully conducts individual and small-group counseling	0 1 2 3 4 5
Maintains appropriate confidentiality	0 1 2 3 4 5
Successfully conducts classroom guidance and demonstrates appropriate classroom management	0 1 2 3 4 5
Conducts successful consultations with teachers and administrators	0 1 2 3 4 5
Conducts successful consultations with parents	0 1 2 3 4 5

Supervisor's Signature _____ Date _____

Student's Signature _____ Date _____

[Sign to indicate acknowledgement, but not necessarily agreement:]