**Site Supervisor’s Evaluation of Internship Supervisee**

**(CSD 6920 – Supervised School Experience)**

Department of Counseling and Student Development,

Eastern Illinois University

Supervisee Name Check one: □ Midterm □ Final

Site Supervisor’s Name Date:

**Instructions:** Please evaluate your supervisee’s experience by checking your response to the following items.

**Rating Scale:**

**»** Excellent = Supervisee provides consistent evidence of excellence in the competency.

» Above Average = Supervisee provides evidence of above average skills in the competency.

» Average = Supervisee provides evidence of average skills in the competency.

» Below Average = Supervisee provides evidence of below average skills in the competency.

» Poor = Supervisee needs remedial work in this area.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CHARACTERISTICS** | **Poor** | **Below Average** | **Average** | **Above Average** | **Excellent** | **Not Applicable** |
| 1. Responsible: *Comments:* |  |  |  |  |  |  |
| 2. Shows initiative *Comments:* |  |  |  |  |  |  |
| 3. Cooperative *Comments:* |  |  |  |  |  |  |
| 4. Professional (i.e., behavior, dress, attitude) *Comments:* |  |  |  |  |  |  |
| 5. Punctual and dependable *Comments:* |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUPERVISION** | **Poor** | **Below Average** | **Average** | **Above Average** | **Excellent** | **Not Applicable** |
| 1. Capacity to accept and act on constructive criticism *Comments:* |  |  |  |  |  |  |
| 2. Commitment to developing professional competence *Comments:* |  |  |  |  |  |  |
| 3. Seeks help and directions *Comments:* |  |  |  |  |  |  |
| 4. Prepares for supervision *Comments:* |  |  |  |  |  |  |

**(Continued on next page)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUPERVISION** | **Poor** | **Below Average** | **Average** | **Above Average** | **Excellent** | **Not Applicable** |
| 5. Ability to communicate clearly and effectively in speech and writing *Comments:* |  |  |  |  |  |  |
| 2. Actively works to recognize and overcome deficits *Comments:* |  |  |  |  |  |  |

**Evaluation Areas:**

1. What management, organizational, and administrative skills did you see the supervisee developing?

2. Describe the quality of the supervisee’s collegial relationships.

3. Describe the quality of the supervisee’s external relationships (parents, school agencies, etc.).

4. How did the supervisee respond to any ethical, diversity, and/or gender issues encountered?

5. Describe the quality of the supervisee’s written records and reports.

6. Describe the quality of the supervisee’s individual and/or group counseling skills.

7. Describe the supervisee counseling effectiveness. Please include support management, assessment/diagnosis,

 and intervention selection skill.

**Final Evaluation:**

In your profession opinion, should the supervisee receive a passing grade in Supervised School Experience (Internship):

□ YES, with no reservations.

□ YES, but with some reservations (Please explain, if not stated in this evaluation.)

□ NO. Please contact the EIU Faculty Supervisor in charge of Internship immediately.

Signature of Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature indicates that I have read the above report and have discussed the content with my supervisor. It does not

necessarily indicate that I agree with the report in part or in whole.

Signature of Supervisee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_