

**University of Wisconsin River Falls
Counseling and School Psychology Department
Internship Evaluation Form**

The UWRP Counseling Program is grateful to you for your willingness to serve as a site supervisor. The final requirement for students is this formal evaluation. We encourage students to find a time to discuss the completed evaluation form with you, so that they can gain a clear understanding of their strengths and limitations as school counselors. If you have any questions, concerns or comments about the evaluation process, or your student(s), please contact Mark Gillen (mark.gillen@uwrf.edu) as soon as possible.

Name of Internship Student		
Name of Site Supervisor		
School Name		
Internship Dates: Spring or Fall (circle one) 20__		
Hours at site: Total:	Direct:	Indirect:

NA	1	2	3	4	5
Not Applicable	Needs much improvement	Needs some improvement	Adequate for beginning counselor	Above adequate for beginning counselor	Exceptional

Section I-Counseling and Interpersonal Skills

Please use a number from the above scale that best corresponds with the student's abilities:

1. Basic Counseling Skills _____
(e.g., active listening, basic reflections)
2. Advanced Counseling Skills _____
(e.g., cognitive/behavioral and other problem-solving skills)
3. Case Conceptualization _____
(e.g., understands, integrates, and utilizes theory, developmental models, and client(s) concerns)
4. Group Counseling Skills _____
5. Interpersonal Skills with students _____
6. Interpersonal Skills with parents, teachers & staff _____
7. Adheres to Ethical Standards _____

Section II-Knowledge

Please use a number from the scale on page one that best corresponds with the student's abilities:

8. Counseling theories _____
9. Counseling Process _____
10. Policies and Procedures of Site _____
11. Issues specific to clients served _____
12. Understanding of counselor role and responsibilities _____
13. Planning of appropriate classroom lessons _____
14. Delivery of classroom counseling lessons _____

Section III-School Counseling Content Guidelines

Please use a number from the scale on page one that best corresponds with the student's abilities:

15. Demonstrates an understanding of the psychological and sociological foundations of human development, learning, and behavior.

16. Demonstrates an ability to develop, organize, administer, evaluate, and promote a comprehensive school counseling program based on national standards and state developmental guidelines

17. Demonstrates skills necessary to work with school teams in the promotion of a safe and healthy school climate (e.g. prevention and intervention strategies, conflict resolution, peer mediation, crisis management).

18. Demonstrates an understanding of how diversity, inclusion, gender and equity impact academic achievement and personal-social and career development.

19. Demonstrates individual and group counseling skills that facilitate students' personal/social, academic, and career development throughout their K-12 experience.

20. Demonstrates an understanding of PK-16 career development theories, practices and programs, including the ability to facilitate student skills development.

21. Demonstrates knowledge of developmental approaches to assist all students and parents at points of educational transition (e.g. elementary school to middle school)

22. Demonstrates an understanding of prescribed policies and procedures (e.g. state and federal laws, institutional rules, regulations and standards, national ethical codes)

23. Demonstrates an ability to utilize research, and assessments to improve the school counseling program so as to improve the learning environment of all students.

24. Demonstrates an understanding of how technology can be utilized to support students, families and educators in making informed academic, career and personal/social choices.

25. Demonstrates an understanding of how to acquire ongoing professional development

Please identify areas that you consider to be strengths of the student:

Please identify areas that the student needs to continue to work on:

I certify that I have completed this evaluation and discussed it with the student

Site Supervisors Signature

Date

I have reviewed this evaluation with my site supervisor _____
Student Signature/Date