



PSY 499 Internship Student Evaluation

8/11

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Please provide feedback about your SSU Student Intern. While this form is not due until the end of the semester, we suggest that you discuss the items midway through the semester to acknowledge the student's strengths and give direction on specific areas to develop. **Your role in furthering your student's professional development is very much appreciated!**

Please return this form to your student with the signed *Time Log*. If you have questions or are uncomfortable sharing your feedback with the student, please contact the Internship Coordinator, Dr. Lorna Catford at lorna.catford@sonoma.edu or 707-664-2402.

Your Name _____ Phone _____ E mail _____

Agency Name/Address _____

Student Name _____

Please circle your response to the following statements:	Strongly Disagree	Disagree	Neutral / NA	Agree	Strongly Agree
1. Student arrives on time/keeps appointments	1	2	3	4	5
2. Student works effectively with staff	1	2	3	4	5
3. Student works effectively with clients	1	2	3	4	5
4. Student is respectful of client needs / programs	1	2	3	4	5
5. Student is sensitive to cultural differences	1	2	3	4	5
6. Student maintains appropriate boundaries with clients	1	2	3	4	5
7. Student participates effectively in case discussions	1	2	3	4	5
8. Student maintains client confidence	1	2	3	4	5
9. Student exhibits excellent communication skills	1	2	3	4	5
10. Student is improving counseling-related skills	1	2	3	4	5
11. Student is improving other psychological skills	1	2	3	4	5
12. Student conducts her/himself in a professional manner	1	2	3	4	5
13. Student asks for guidance as needed	1	2	3	4	5
14. Student responds appropriately to constructive criticism	1	2	3	4	5
15. Student demonstrates reflective self-evaluation	1	2	3	4	5
16. Please rate student's overall performance	1	2	3	4	5
17. What are the SSU student Intern's strengths?					

18. How would you like to see the Intern improve?

19. What comments do you have for the SSU Internship Coordinator?