



Student Affairs Midterm Internship Evaluation

Counseling and Human Resource Development

INSTRUCTIONS: The site supervisor and intern complete this form together at the midpoint of each semester of internship and submitted to the university supervisor. If you have any questions concerning this evaluation process, please contact the university supervisor of the intern.

Intern: _____ Site Supervisor: _____

Evaluation Period (from-to): _____ Site: _____

Please indicate the specific experiences this intern has at this site:

- | | |
|--|---|
| <input type="checkbox"/> Report writing/report keeping/counseling notes
<input type="checkbox"/> Administration and interpretation of tests/assessments
<input type="checkbox"/> Individual counseling and advising
<input type="checkbox"/> Community liaison/consultation
<input type="checkbox"/> Career counseling/academic advising
<input type="checkbox"/> Group counseling or student organization work | <input type="checkbox"/> Programming/planning activities
<input type="checkbox"/> Staff presentations/workshops/conferences
<input type="checkbox"/> Group counseling/group advising
<input type="checkbox"/> Collaboration with other professionals
<input type="checkbox"/> Other _____ |
|--|---|

Please identify three areas of intern's strengths:

1. _____
2. _____
3. _____

Please identify three areas intern can improve:

1. _____
2. _____
3. _____

Goals identified by the intern needing attention for personal and professional growth for the remainder his/her internship at this site.

1. _____
2. _____
3. _____

Please sign and return to University Supervisor for signature:

Intern _____ Date _____

Site Supervisor _____ Date _____

University Supervisor _____ Date _____

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