



<b>Student's Name:</b>	<b>UFID:</b>
<b>Term and Year:</b>	<b>Number of Credits:</b>
<b>Doctoral Advisor/Supervisor's Name:</b>	
<b>Doctoral Advisor/Supervisor's Signature:</b>	<b>Date:</b>

<b>Instructions:</b> Rate the student on the following skills and abilities according to the following scale: (1) Unsatisfactory, (2) Below expectations for training level, (3) Satisfactory; meets expectations for training level, (4) Above expectations for training level, (5) Outstanding, (NA) Insufficient contact to judge.						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Development of professional skills						
Cooperation with supervisor						
Adherence to policies and procedures						
Timeliness in completing required paperwork						
Fulfillment of duties outlined in prospectus						
Provision of work samples						
Openness to feedback on professional performance						
Openness to feedback on personal performance/behaviors						
General adaptation to work setting						
General professional functioning and effectiveness						

<b>Instructions:</b> In the space provided, please type your comments about the student's progress in the Internship in Counselor Education.		
	<b>Satisfactory</b>	<b>Unsatisfactory</b>
<b>Recommended Grade:</b>		

<b>Due last day of classes of term in which student is registered for Internship in Agency Program Administration.</b>	<b>Print this form. It cannot be saved.</b>
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