 **Counselor Education Internship in Counselor Education Internship Experience End-of-Experience Report**

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| **Student’s Name:** | **UFID:** |
| **Term and Year:** |  |
| **Supervisor’s Name:** |
| **Supervisor’s Signature:** | **Date:** |

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| **Instructions**: 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. |
|  |  |  |  |  |  |  |
|  **All Domains** | **1** | **2** | **3** | **4** | **5** | **NA** |
| 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 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Supervision Domain** |  |  |  |  |  |  |
|  Knowledge & application of roles and relationships related to clinical supervision |  |  |  |  |  |  |
| Assessment of supervisees’ developmental level and other relevant characteristics |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Teaching Domain** |  |  |  |  |  |  |
| Knowledge & application of roles and responsibilities related to educating counselors |  |  |  |  |  |  |
| Knowledge & application of pedagogy and teaching methods related to counselor education |  |  |  |  |  |  |

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| Instructions: In the space provided, please type your comments about the student’s performance. |
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**Due last day of classes of term in which student is registered for this experience.**