

NEW YORK CITY COLLEGE OF TECHNOLOGY
CITY UNIVERSITY OF NEW YORK
HUMAN SERVICES DEPARTMENT

SUPERVISOR'S EVALUATION OF STUDENT

Please check: Associate () Bachelor ()

Student's Full Name: _____

Supervisor's Name _____

Title: _____ Email: _____

Agency Site: _____

Agency Address: _____

Description of Agency and Services Provided: Circle All That Apply:

- | | | | |
|---|---------------------|-----------------------------|-------------------|
| Children Services | Family Services | Older Adults | Teens |
| Substance Abuse/Dependency | Mental Health (Any) | Physical Disabilities (Any) | School Setting |
| Community Organization | Hospital Setting | After School Program | Domestic Violence |
| Developmental (Intellectual) Disabilities | | LGBTQ Shelter System | |

Other: _____

Description of Student's Assignment: Circle All That Apply:

- | | | |
|------------------------------------|------------------|-------------------|
| Individual Counseling | Group Counseling | Family Counseling |
| Socialization / Activity Therapies | Outreach | Court |
| Community Events | | |

Other: _____

INSTRUCTIONS: This form is designed to help supervisors provide feedback about the performance of interns. This form will become part of the intern's record for this course and is a major percentage of the course grade. Please answer each item using the 1-5 scale. While interns have promising potential, only rate the student's work for this semester, thus all scale numbers are to be considered in the evaluation. The department uses this scale for internal research purposes, so in order to not skew the overall results always use the 1-5 rating. Rate the student as an intern for this semester, not an employee. Calculate the final average/grade for the internship site grade.

RECORD THE TOTAL NUMBER FOR EACH GRADE GIVEN

N/A

Five (Far above Expectations for intern-A) TOTAL: _____

4 (Above Expectations for intern-B) TOTAL: _____

3 (Acceptable for intern C) TOTAL: _____

2 (Below Expectations for intern-D) TOTAL: _____

1 (Far Below Expectations for intern-F) TOTAL: _____

AVERAGE THE TOTAL FOR FINAL GRADE plus/minus are allowed: _____

I. Basic Work Requirements

- _____ Arrives on time consistently, and if late/absent informs supervisor
- _____ Reliably completes requested or assigned tasks on time.
- _____ Completes required total number of hours or days on site.
- _____ Is responsive to norms about clothing, language, communication, etc., on site.

II. Ethical Awareness and Conduct

- _____ Knowledge of ethical guidelines of internship placement.
- _____ Demonstrates awareness and sensitivity to ethical issues.
- _____ Personal behavior is consistent with ethical guidelines.
- _____ Consults with others about ethical issues, if necessary.

III. Knowledge & Direct Service

- _____ Knowledge of treatment approaches
- _____ Knowledge of client population
- _____ Appears comfortable interacting with clients
- _____ Initiates interactions with clients
- _____ Communicates effectively with clients
- _____ Builds rapport and respect with clients
- _____ Sensitive and responsive to client's needs
- _____ Sensitive to issues of gender differences
- _____ Believes client self-determination
- _____ Respects the personal values of clients

IV. Supervision

- _____ Recognition of personal attitudes and biases.
- _____ Willingness to discuss personal limitations, attitudes and biases.
- _____ Personal commitment and conscientiousness.
- _____ Prepared for weekly supervision sessions

V. Student Work Evaluation

- _____ Biopsychosocial summary
- _____ Treatment/Service plan
- _____ Client data; record keeping
- _____ Written or verbal reports are presented in professional manner.
- _____ Appears comfortable interacting and communicating with staff members

Overall Evaluation:

Identify areas, which you have discussed with student as per their strengths:

Identify areas, which you have discussed with student for improvement: _____

Would you recommend this intern for employment at his or her present level? Please explain and include any additional comments:

Supervisor's Signature _____ Date _____

Student: I have read and discussed the evaluation with my supervisor and I AGREE ___ I DISAGREE ___

with evaluation. Student's comments (optional): _____

Student's Signature _____ Date _____

Agency stamp: