

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: