

Complete this form **IN ADDITION** to the Evaluation Form, Clinical Hours Summary, and Feedback Form.

PART 1: Completed by STUDENT TRAINEE

Info	Student Trainee LAST Name	Student FIRST Name (Given)	Student Trainee Email Address
	Internship Site Name	Accreditation	Internship Completion Year

PART 2: Completed by CLINICAL SUPERVISOR

Rate the student trainee compared to others at their level of training

	Inadequate 5%	Poor 15%	Average 30%	Good 30%	Very Good 15%	Outstanding 5%	Not Observed
WORK EVALUATION							
1) Test Administration							
2) Interviewing							
3) Test Interpretation							
4) Individual Cog Behavior Therapy							
5) Individual Psychodynamic Therapy							
6) Other Individual Therapy							
7) Group Therapy							
8) Family / Couple Therapy							
9) Program Development / Evaluation							
10) Ability to Supervise							
11) Research							
12) Sensitivity/ Skill with Diversity							
PERSONAL APPRAISAL							
13) Social / Emotional Maturity							
14) Concern for Others							
15) Interpersonal Relationships							
16) Tact and Judgment							
17) Integrity							
18) Responsibility							
19) Initiative							
20) Industriousness							
21) Professional Attitude							

How familiar are you with this intern's work performance and personal characteristics?

What suggestions would you make to this intern regarding his/her future clinical training?

Intern Rating	How would you rate this intern's performance during internship? (Compared to that expected at this level of training?)					
	Inadequate	Below Average	Average	Very Good	Excellent	Exceptional

PART 3: Completed by STUDENT TRAINEE

What suggestions would you make to this internship setting and/or specific supervisors to improve the internship experience?

How well did your background clinical training prepare you for your full-year internship?

Were there any areas for which you were not adequately prepared, that you think a general clinical doctoral program should have provided for you?

Any other areas that you were not adequately prepared for, specific to your internship setting?

Internship Training – Additional Comments

Clinical Supervisor Name PRINT

Clinical Supervisor Signature

Date

Student Trainee Name PRINT

Student Trainee Signature

Date

Send **HARDCOPY ONLY**:
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