Mid-Rotation Evaluation

Intern Name: _____ Supervisor: _____

Rotation Name: _____ Date: _____

1 = Unsatisfactory: Functions considerably below expectations
2 = Development Required: Further training and supervision is required to meet expectations.
3 = Meets Expectations: Functions adequately for level of training.
4 = Exceeds Expectations: Functions above average for level of training
5 = Exceptional: Superior functioning for level of training.

	1	2	3	4	5	NA
Assessment Competence	☐	☐	☐	☐	☐	☐
Comments: _____						
Competence in Psychotherapy and Intervention	☐	☐	☐	☐	☐	☐
Comments: _____						
Competence in Consultation	☐	☐	☐	☐	☐	☐
Comments: _____						
Professional and Ethical Behavior	☐	☐	☐	☐	☐	☐
Comments: _____						
Response to Supervision	☐	☐	☐	☐	☐	☐
Comments: _____						
Individual and Cultural Diversity	☐	☐	☐	☐	☐	☐
Comments: _____						
Overall Rotation Functioning	☐	☐	☐	☐	☐	☐
Comments: _____						

Goals for second half of rotation:
1.

2.

3.

_____ _____
Intern's Signature Date

_____ _____
Supervisor's Signature Date