

# EXPERIENCE PROVIDER INTERN EVALUATION

Name of Intern: \_\_\_\_\_

Date: of Evaluation \_\_\_\_\_

Internship Starting Date: \_\_\_\_\_

Concluding Date \_\_\_\_\_

**Instructions:** Please circle the appropriate rating for each category. If it does not apply, please write "not applicable" under comments. Use current and past interns as the comparison group. Return completed form to: MFT Secretaries [mftptsec@byu.edu](mailto:mftptsec@byu.edu) 234 TLRB, Provo, UT 84602 (801) 422-5680 or FAX 801-422-0163. Thank you for the opportunities you provide our students.

**SUMMARY OF JOB PERFORMANCE:**

	Poor	Below Average	Average	Above Average	Excellent	Comments
<b>Clinical Competence in the Job:</b>						
Initiation of Treatment	1	2	3	4	5	_____
Assessment and Diagnosis	1	2	3	4	5	_____
Treatment Planning	1	2	3	4	5	_____
Case Management	1	2	3	4	5	_____
Therapeutic Intervention	1	2	3	4	5	_____
Ethical/Legal Standards Applied	1	2	3	4	5	_____
Interactions with Supervisor	1	2	3	4	5	_____
Awareness of Personal Biases Related to Treatment (Self of the Therapist)	1	2	3	4	5	_____
<b>Professionalism:</b>						
Personal Appearance	1	2	3	4	5	_____
Attitude	1	2	3	4	5	_____
Punctuality	1	2	3	4	5	_____
Dependability	1	2	3	4	5	_____
Confidentiality	1	2	3	4	5	_____
Adaptability						
<b>Interpersonal Relationships and Job Skills:</b>						
Staff Relations	1	2	3	4	5	_____
Empathy	1	2	3	4	5	_____
Cooperation	1	2	3	4	5	_____
Friendliness	1	2	3	4	5	_____
Creativity	1	2	3	4	5	_____
Communication, Verbal	1	2	3	4	5	_____
Communication, Written	1	2	3	4	5	_____

	Poor	Below Average	Average	Above Average	Excellent	Comments
<b>Personal Attributes:</b>						
Enthusiasm	1	2	3	4	5	_____
Persistence	1	2	3	4	5	_____
Assertiveness	1	2	3	4	5	_____
Emotional Stability	1	2	3	4	5	_____
Motivation	1	2	3	4	5	_____
<b>Overall Rating of Intern</b>	1	2	3	4	5	_____

Number of client hours for semester	Individual	Relational
Number of client contact hours completed this semester/term		
Number supervision hours completed for this semester/term.		

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name (Please Print)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_