**Midterm / Final Evaluation**  
**Practicum / Internship I / II**  
Department of Counselor Education  
Adams State University  

**Specialty:**  
- Clinical Mental Health Counseling (CMHC)  
- School Counseling (SC)  

**Course:**  
- Practicum  
- Internship I  
- Internship II  
- Midterm Evaluation  
- Final Evaluation  

*Be sure to check the appropriate boxes above.*  
*This form is to be completed by site supervisor and discussed with student.*

Student Name___________________________________   900 # __________________

Cohort_________________ Semester/Year__________________

Course Instructor: ___________________________________________________________

Supervisor Name: ___________________________________________________________

Site Name: _________________________________________________________________

Please circle the appropriate response for each statement. For each item, please use the following scale to rate the level of expectation demonstrated by the student:

3 = Exceeds    2 = Meets    1 = Below    0 = Unsatisfactory    N/A = Not observed

**Overall Site Performance:**  
(Assess the ability of student to perform her/his major duties at site)  
- 3  
- 2  
- 1  
- 0  
- N/A

**Recognizes Limitations as a Counselor:**  
(Student seeks supervision or client referral when appropriate)  
- 3  
- 2  
- 1  
- 0  
- N/A

**Overall Rating of Professional Duties:**  
(Student relates to others in an appropriate manner, applies legal/ethical standards appropriately, respects the fundamental rights, dignity and worth of others, receives, integrates and utilizes feedback, behaves in accordance with the program’s standards and behaves maturely and professionally)  
- 3  
- 2  
- 1  
- 0  
- N/A
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Overall Rating of Personal Development: 3 2 1 0 N/A
(Student demonstrates appropriate self-control, aware of her/his own belief system, values and limitations, understands how beliefs etc. impact counseling process, willingness to self-explore and compensate for deficiencies and participates in activities in an appropriate manner, recognizes limitations as a CMH counselor & seeks supervision or client referral when appropriate)

Student Receptivity to Supervisor Feedback: 3 2 1 0 N/A

Student Preparedness to work in the CMHC/SC field: 3 2 1 0 N/A
(A rating of 2 or above indicates “Yes.” A rating of 1 or below indicates “No” the student is not ready to advance)

Start Date at Site: ________________

<table>
<thead>
<tr>
<th>Site Hours</th>
<th>Direct Hours</th>
<th>Group Hours</th>
<th>Indirect Hours</th>
<th>Site Supervision</th>
<th># of Weeks at Site</th>
<th>Total Hours</th>
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</thead>
<tbody>
<tr>
<td># of Hours</td>
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</tbody>
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*Direct hours indicate work with client / student present. Indirect hours indicate work without client present.

Comments:

Supervisor’s Signature_____________________________________
Date__________________

Student’s Signature_______________________________________
Date__________________

(By signing, student agrees that she/he has read and understands the evaluation)