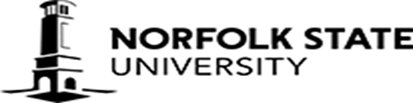
**School of Education**

**Secondary Education and School Leadership**

**School Counseling Internship Interim Evaluation**

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Intern's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On-Site Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The interim evaluation is designed to facilitate feedback from the Site Supervisor regarding the performance of the intern in this period of the internship experience. Please review your assessment with the intern prior to submitting it to me. Feel free to type your responses on the form.

1. Comment on the intern’s professionalism. Please include information about attendance, reliability, ability to work cooperatively and collaboratively with you and others, and ethical awareness and conduct.

1. Please comment on the intern’s demonstration of a broad and accurate knowledge of the duties and responsibilities of a School Counselor.

1. What would you identify as this intern's strength(s)?

1. What would you identify as the most important area(s) in which this intern needs to improve?

Please forward the interim evaluation to Dr. Melendez O. Byrd, via [mobyrd@nsu.edu](mailto:mobyrd@nsu.edu)

Thank you for your support of our intern.