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|  | ***College of Education***  ***Department of Educational Psychology*** |

**Supervised Internship Experiences**

M.Ed. Student Affairs - Intern Evaluation of On-Site Supervisor

**Student’s Name (Last, First, MI):**       **NAU ID:**

**Program:** M.Ed. Student Affairs **Campus:** Choose an item.

**Semester/Yr:**

**Site Supervisor’s Name:**       **Site Name:**

**DIRECTIONS: The intern is to complete this evaluation form at the end of the internship. The original completed form is given to the Faculty Supervisor and a copy is given to the Agency Supervisor.**

**Below Average Average Above Average**

1. Provide me with an orientation &

understanding of the site. 1 2 3 4 5 6

1. Gave time & energy in supervising. 1 2 3 4 5 6
2. Accepted & respected me as a person. 1 2 3 4 5 6
3. Provide useful feed-back relative to my

strengths & weaknesses. 1 2 3 4 5 6

1. Taught me new professional approaches

in working with clients. 1 2 3 4 5 6

1. Helped me to identify & achieve work

goals. 1 2 3 4 5 6

1. Was consistent & flexible in supervision. 1 2 3 4 5 6
2. Encouraged me to engage in professional

behavior. 1 2 3 4 5 6

1. Provided clarifications & resource

information upon request. 1 2 3 4 5 6

1. Explained & applied criteria fairly in

evaluating my performance. 1 2 3 4 5 6

**Additional comments or Suggestions:**

Intern Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

On-Site Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**